

# Herpes zoster ophthalmicus in a 1-year-old child

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## DESCRIPTION

A girl aged 15 months presented with a 2-day history of fatigue and fever, along with a vesicular rash over her right eye and forehead (see [figure 1](#)).

Swabs were sent for PCR and were positive for varicella zoster DNA, and a working diagnosis of herpes zoster ophthalmicus was made. There was no history of varicella zoster infection, although there was suggestion that there had been in utero exposure. She was treated with intravenous acyclovir for 48 hours until ophthalmology review confirmed that there was no ocular involvement. She was then discharged to complete a further 7 days of oral and topical treatment. Follow-up 3 weeks later showed complete resolution of the rash.

In general, herpes zoster is uncommon in individuals younger than 10 years of age and rare in infants.<sup>1</sup> Herpes zoster infections are more common and often more dangerous in immunocompromised patients, with the potential for life-threatening complications. Prompt antiviral therapy should be started in all immunocompromised patients.<sup>2</sup>



**Figure 1** Herpes zoster ophthalmicus affecting the right eye.

## Learning points

- ▶ Urgent treatment with acyclovir and ophthalmology review are needed for any child presenting with herpes zoster affecting the eye.
- ▶ Herpes zoster infection in immunocompromised children needs prompt recognition and treatment.
- ▶ 1.2% of babies who were exposed in utero to varicella in the second or third trimester develop shingles in infancy or childhood.<sup>3</sup>

Herpes zoster ophthalmicus has a good prognosis in healthy children; however, known sequelae include keratitis and anterior uveitis.

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