

Herpes simplex is a virus that infects the skin, mucous membranes, and nerves. There are two major types of herpes simplex virus (HSV). Type I is the most common and primarily infects the face, causing the familiar “cold sore” or “fever blister.” Type II is the sexually transmitted form, infecting the genitals. While both can spread to the eye and cause infection, type I is by far the most frequent type associated with herpes simplex eye disease.

Type I is very contagious and commonly transmitted by skin contact with someone who has the virus. Almost everyone—about 90% of the population—is exposed to type I herpes, usually during childhood.

After the original infection, the virus lies in a quiet or dormant period, living in the nerve cells of the skin or eye. Occasionally, the virus can reactivate and cause new cold sores or blisters to form. Reactivation can be triggered by any number of reasons including:

- Stress
- Sun exposure
- Fever
- Trauma to the body
- Menstruation
- Certain medications

Infection can be transferred to the eye by touching an active lesion and then your eye.

What is herpes simplex eye disease?

Once present in the eye, herpes simplex typically infects the eyelids, conjunctiva (the thin, filmy mucous membrane that covers the inside of your eyelids and the white part of your eye), and cornea (the clear front window of the eye).

Signs and symptoms

- Red eye
- Eye Pain
- Tearing
- Light sensitivity
- Irritation
- Blurred vision

The disease usually begins with an infection on the surface of the cornea. Your eye will turn red and become sore and sensitive to light. After time, the infection may spread deeper into the cornea and cause inflammation inside the eye or possibly permanent scarring of the cornea. Chronic ulcers, which are sometimes very difficult to heal, may also develop on the cornea.

How is herpes simplex eye disease treated?

The form of treatment will depend on the severity of the infection. Mild infection is typically treated with topical and sometimes oral antiviral medication. Your

ophthalmologist (eye M.D.) may gently scrape the affected area of the cornea to remove the diseased cells. In cases of severe scarring and vision loss, a corneal transplant may be required.

It is very important to consult an ophthalmologist before beginning any treatment since some medications or eye drops may actually make the infection worse.

How can recurrent infections from herpes simplex be prevented?

There is no complete cure for herpes—once the virus is in the body, you cannot get rid of it. After an initial outbreak of ocular herpes, there is a 50% chance of having a recurrence of the infection. The second outbreak may come weeks or years after the initial attack. However, the following preventive measures can help control recurrent outbreaks:

- If you have an active cold sore or blister, avoid touching your eyes.
- Avoid over-the-counter steroid eye drops. Steroids cause the virus to multiply.
- Stop wearing contact lenses if you keep having multiple recurrences.
- See an ophthalmologist immediately if symptoms of ocular herpes begin to return.