

Herpes zoster optic neuritis: a catastrophe of a disease

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ABSTRACT

Herpes zoster optic neuritis (HZON) is a rare sequelae of herpes zoster ophthalmicus (HZO). Ocular complications occur in 78% of cases which mainly involve anterior segment structures, while neuro-ophthalmic complications are rare. We report a case of isolated optic neuritis secondary to HZO in a young patient with uncontrolled diabetes. A 45-years-old diabetic gentleman, presented with a five days history of left eye painless blurred vision. Four weeks prior, he had vesicular rashes over the left periorbital area extending to the left parietal scalp, without ocular complaint. The rash was resolved with a two-week course of oral acyclovir. On examination, left visual acuity was no light perception with presence of relative afferent pupillary defect. The left fundus showed a swollen optic disc with Paton's lines, while the right fundus was normal. The extraocular movement and other neurological examinations revealed insignificant findings. The patient had uncontrolled diabetes with elevated HbA1C. Other blood parameters were normal, including infective and connective tissue disease screening, anti-myelin oligodendrocyte glycoprotein and anti-aquaporin 4 antibody. MRI of the brain and orbit reported normal findings. Pulsed intravenous methylprednisolone was commenced with oral acyclovir followed by a tapering dose of oral prednisolone. On follow-up, vision remained poor with the development of optic atrophy. Isolated optic neuritis is a rare complication of HZO which may lead to profound vision loss. Treatment with antiviral therapy and systemic steroids may help improve vision. Varicella zoster virus vaccination should be considered for at-risk populations to prevent such devastating complications.