

Chronic herpetic retinitis: clinical features and long-term outcomes

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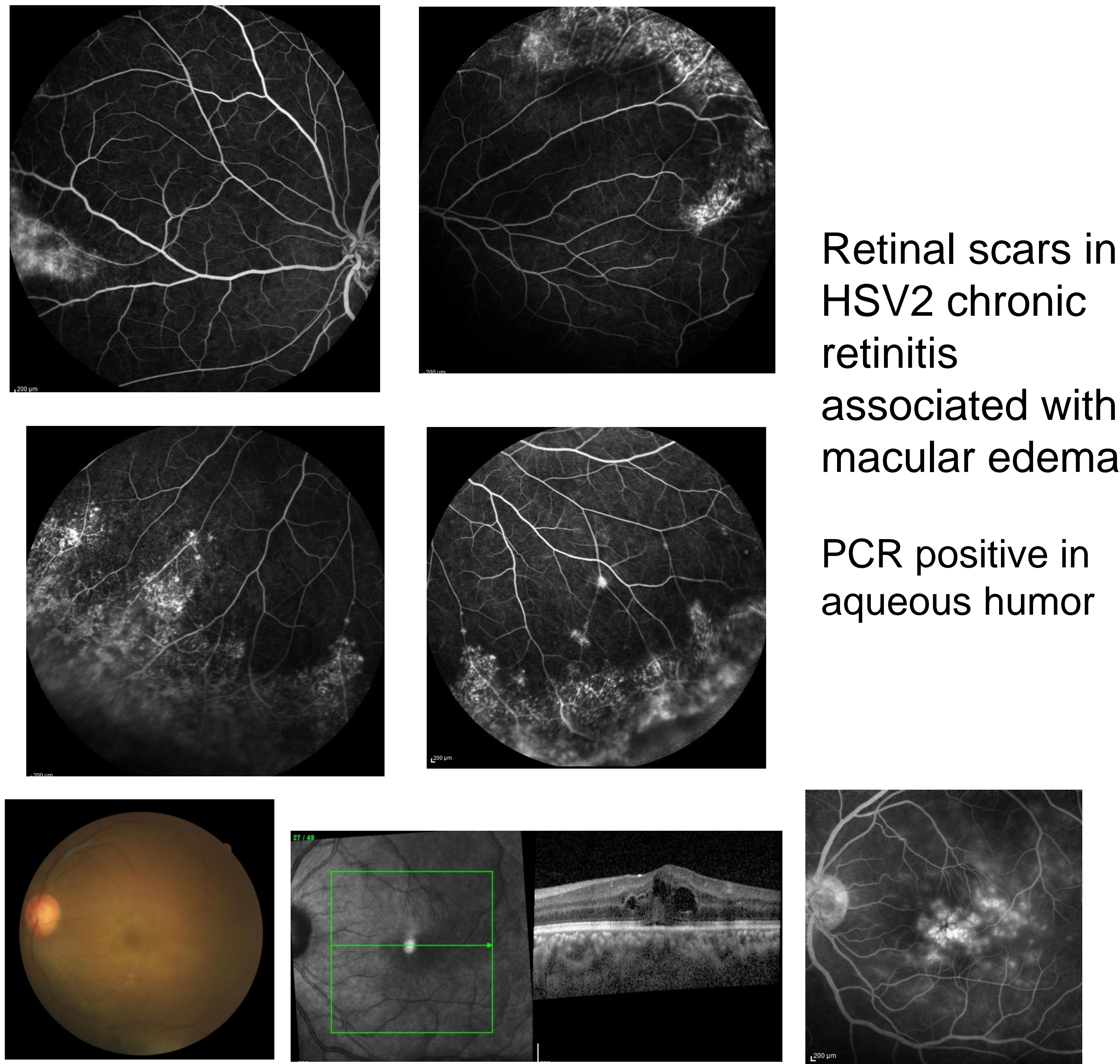
Conflict of Interest : None

Background : Herpes viruses are involved in the etiology of uveitis in 5-10% of cases. Most of these cases have anterior uveitis but 3-10% of patients have posterior uveitis. In addition to the typical acute retinal necrosis (ARN), numerous atypical clinical forms have been described and include mild forms of ARN, occlusive retinal arteritis as well as non-necrotizing forms.

We describe the particular evolution of recurrent bilateral uveitis associated with atrophic retinal lesions at the time of the first examination with positive herpes virus detection in the aqueous humour. In addition, intraocular inflammation increased on immunosuppressive treatments, improved on antiviral therapy, and recurred after discontinuation of anti-herpetic drugs.

Patients & Methods :The records of four consecutive patients were retrospectively reviewed.

Results :
Uveitis was granulomatous and bilateral (3 cases) or unilateral (1 case). Immunosuppressive treatments worsened the clinical situation whereas anti-herpetic treatments improved the control of intraocular inflammation.



Cases	1	2	3	4
Gender	female	male	male	female
Age (years)	43	30	26	63
Follow-up (years)	10	3	1	1
Initial presentation				
Onset	sudden	sudden	sudden	sudden
Bilateral	yes	no	yes	no
Active granulomatous keratic precipitates	yes	yes	yes	yes
Iris aspect	normal	normal	normal	normal
Synechiae	no	no	no	no
IOP mmHg	19 ODS	14 OD/12 OS	10 ODS	12 OD/33 OS
Retinal scars	peripheral	peripheral posterior pole	peripheral posterior pole	peripheral
Finger-like aspect of Retinal scars	yes	no	yes	no
Immune status	competent	competent	competent	competent
Extraocular herpetic lesions	numerous	labial	no	no
Positive PCR in aqueous humour	VZV	HSV-2	HSV-2	HSV-2
Coefficient in aqueous humour	N/A	positive	positive	N/A
Complications	cystoid macular edema papillitis	thick epiretinal membrane Retinal detachment	papillitis	hyalitis of grade 3+ IOL luxation
Immunosuppressive treatment	not administered	worsening	worsening	not administred
Antiviral treatment	improving	No change	No change	improving
Antiviral treatment discontinuation	uveitis recurrence	uveitis recurrence	not discontinued	not discontinued

Discussion:
Some mild forms have been described with a self-limiting evolution of retinal necrosis occurring mostly within one month after the onset of chickenpox in immunocompetent patients. 1,2 The bilateral involvement shown in the current study is similar to the more common cases of bilateral chorioretinal scarring reported in the context of neonatal HSV infections.

Conclusions: This description should be added to the broad repertoire of clinical polymorphisms associated with herpes virus infections. Recognising these cases should be useful due to their sensitivity to anti-herpetic treatments.

References :
Matsuo T, Nakayama T, Koyama T, et al. Mild type of acute retinal necrosis syndrome. Am J Ophthalmol. 1988
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