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Acute IOP Spike in Herpetic Uveitis Patient with History of Steroid Induced Glaucoma

Abstract

Herpetic eye infections can cause an anterior uveitis which can lead to IOP increase. This is commonly treated with steroids and anti-virals but can be complicated in patients with history of steroid induced glaucoma.

I. Case History

- 68 YO WM
- Red irritated left eye, diagnosed six days previous with HSV keratitis
- Ocular history
  - POAG OU
  - H/O steroid induced glaucoma OU 2’ systemic steroid use S/P bone marrow transplant for CML
  - No previous history of red eye
- Medications
  - Valciclovir 500mg PO TID, erythromycin UNG BID
  - Alphagan BID OU, Methazolamide 50mg PO BID
    - Non-compliance with alphagan since start of red eye
  - Allergies to: timolol, dorzolamide, and latanoprost
- Other salient information
  - S/P SLT OU

II. Pertinent findings

- Cornea: clear at this visit
- Anterior chamber: Rare cell
- IOP: 32,42

III. Differential diagnosis

- Primary
  - Mild herpes simplex anterior uveitis with trabeculitis
- Others
  - Herpes zoster ophthalmicus without rash and with anterior uveitis

IV. Diagnosis and discussion
Herpetic anterior uveitis is an inflammation of the anterior uvea secondary to a herpes viral infection. Anterior uveitis is seen in 10% of pts with HSV keratitis and 50% of pts with HZO. The most common complication of the disease is an acute IOP elevation.

Unique features of case
- H/O POAG
- H/O steroid induced glaucoma
- Acute IOP increase

V. Treatment, management

Treatment
- Pressure lowered in office using apraclonidine to 17,32
- Continue current medications
- Pred-Forte QID OS
- Timolol XE QAM OS, previous ADR mild irritation
- Restart alphagan BID OU

Response to treatment
- 2 Day follow-up
  - IOP decreased to 17, 30
  - Anterior uveitis resolved
- 7 day follow-up
  - IOP decreased to 18, 25
  - Taper of Pred-Forte started at this visit

VI. Conclusion

Anterior uveitis is a complication that can be seen with a herpetic eye infection. The uveitis can cause a trabeculitis which can lead to acute IOP increase. This IOP increase can be treated with topical steroids with oral antiviral medication; however this treatment can become complicated when the pt has a history of POAG and steroid induced glaucoma.
