

# Dendritic Corneal Ulcers and Stromal Keratitis

**Information for patients**

**Ophthalmology Services**

## **What is the Cornea?**

The cornea is the window of your eye. It is the clear glass-like front.

## **What is the herpes virus?**

The herpes simplex virus is very common. Most people have herpetic infection at some time of their lives.

However, only in a few unlucky people does the virus affect the cornea. No one knows why some people develop corneal infections and not others. (It has nothing to do with sex, that is a different type of herpes).

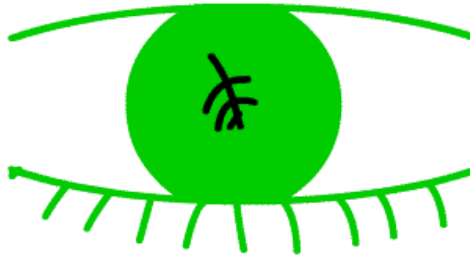
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## What are Dendritic Ulcers?

The virus causes a special type of corneal ulcer, called 'dendritic' (after a Latin term that means 'many fingered').

A dendritic ulcer has many 'fingers' like the branch of a tree. It can be seen with the slit lamp microscope used to examine your eye. Fluorescent yellow drops are used to show the ulcer up more closely.



## What do you feel?

As the cornea has many nerves it feels pain easily. Dendritic ulcers are painful; your eye(s) feels as though something is scratching it. Sunlight and bright light also feels painful. As the ulcer is like 'paint on a window' your sight may be blurred.

## How are Dendritic Ulcers treated?

The treatment is acyclovir eye cream 5 times a day for 10 days. Depending on your particular ulcer, a different treatment time and occasionally different drugs will be needed.

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With prompt treatment recovery can be 100% successful. Sometimes you get a faint scar, although this is more likely without treatment.

### **Will it re-occur?**

Dendritic ulcers may re-occur.

### **What should I do if it re-occurs?**

It is helpful to keep a tube of unopened cream with you, especially on holiday. If you develop another episode, it is quite safe to start treatment. (Acyclovir is safe even if you are mistaken and there is no infection).

Like any infection, stress overwork or lack of sleep can trigger a re-occurrence. Dendritic ulcers can be triggered by sunlight. Dark glasses may help prevent a re-occurrence, and they certainly help during an attack.

If you develop frequency episodes, you can also seek medical advice from your GP, emergency department, however treatment is not so urgent as to need to attend late in the evening or during the night. Ask your doctor if long term acyclovir cream or tablets may be helpful as prevention.

### **‘Stromal’ or ‘Herpetic’ Keratitis**

If the infection is in the substance of the cornea the condition is called ‘stromal keratitis’ (also called ‘disciform’ or herpetic’).

In this condition, in addition to acyclovir cream, low dose steroids drop may be needed (such as predsol), but only close

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ophthalmological supervision. If you need steroid drops for one episode, you may also need them for future episodes.

### Will Stromal Keratitis re-occur?

Stromal Keratitis may re-occur.

### What should I do if it does?

Preventative treatment may work. Acyclovir tablets 200mg once or twice a day halves the number of episodes, but may be needed for a year or two. **Always use medication as directed.**

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**Further Information and advice can be obtained from:**

**Maidstone Hospital Eye Clinic**

09:00am – 17:00pm, Monday to Friday

Telephone: 01622 226202

**Tunbridge Wells Hospital (Pembury) Eye Clinic**

**Answerphone** 01892 633877

09:00am – 17:00pm, Monday to Thursday

**Telephone:** 01892 633880

09:00am – 13:00pm, Friday


**Telephone:** 01892 634450

**For out of hours ring:** 01622 729000, ask for the on-call eye doctor or go to your nearest Emergency Department

**NHS 111** - Telephone 111

**NHS 111**

**NHS Choices online**

 **111**

[www.nhs.uk](http://www.nhs.uk)

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**Telephone:** ☎ 01622 224960 or ☎ 01892 632953

**Email:** [mtw-tr.palsoffice@nhs.net](mailto:mtw-tr.palsoffice@nhs.net)

**or visit their office** at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

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