

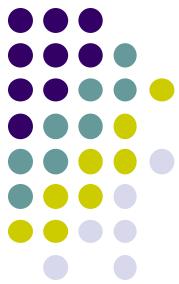
HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or pain-like
- 2)

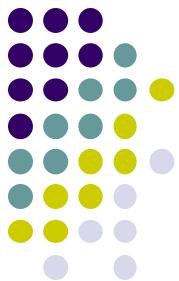
HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2)

HZO Manifestations



Skin:

1) Ulcerated lesions with pain and/or **dysesthesia**

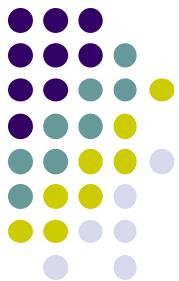
2) Sequelae of eyelid skin involvement:

bad thing 1

bad thing 2

,
bad thing 3

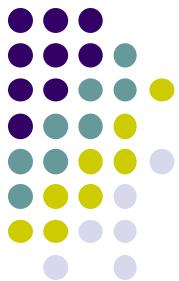
HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

HZO Manifestations



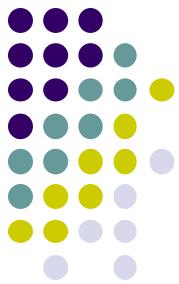
Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- | | |
|----|---------|
| 1) | -itis 1 |
| 2) | -itis 2 |

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

What is the characteristic color in...

Scleritis:

Episcleritis:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

What is the characteristic color in...

Scleritis: **Violaceous**

Episcleritis:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

What is the characteristic color in...

Scleritis: **Violaceous**

Episcleritis:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

What is the characteristic color in...

Scleritis: **Violaceous**

Episcleritis: **Bright red or salmon pink**

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*.

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

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- 1) **Scleritis**
- 2) **Episcleritis**

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Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
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Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

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- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
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Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

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- 1) **Scleritis**
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Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

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Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

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- 1) **Scleritis**
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Can be *diffuse* or *nodular*: Both

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Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
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Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

Hyperemia blanches with topical phenylephrine 2.5%:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
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Can be *diffuse* or *nodular*: Both

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Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

Hyperemia blanches with topical phenylephrine 2.5%: Episcleritis

HZO Manifestations



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- 1) Ulcerated lesions with pain and/or dysesthesia
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Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

Hyperemia blanches with topical phenylephrine 2.5%: Episcleritis

Inflamed vessels have a 'crisscross' pattern:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
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**For each statement, indicate whether it applies
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Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

Hyperemia blanches with topical phenylephrine 2.5%: Episcleritis

Inflamed vessels have a 'crisscross' pattern: Scleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
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If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

Hyperemia blanches with topical phenylephrine 2.5%: Episcleritis

Inflamed vessels have a 'crisscross' pattern: Scleritis

Responds to topical therapy:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dyesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
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Can be *diffuse* or *nodular*: Both

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Hyperemia blanches with topical phenylephrine 2.5%: Episcleritis

Inflamed vessels have a 'crisscross' pattern: Scleritis

Responds to topical therapy: Episcleritis

HZO Manifestations



Skin:

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Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

Hyperemia blanches with topical phenylephrine 2.5%: Episcleritis

Inflamed vessels have a 'crisscross' pattern: Scleritis

Responds to topical therapy: Episcleritis

Pain may awaken the pt at night:

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dyesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

**For each statement, indicate whether it applies
to Scleritis, Episcleritis, Neither, or Both**

Can be *diffuse* or *nodular*: Both

If nodular, nodule is mobile: Episcleritis

Can be anterior or posterior: Scleritis

Is more common in women than men: Both

Can be *necrotizing* or *non-necrotizing*: Scleritis

Scleromalacia perforans is a variant: Scleritis

Associated with severe pain: Scleritis

Some cases are associated with a systemic autoimmune condition: Both

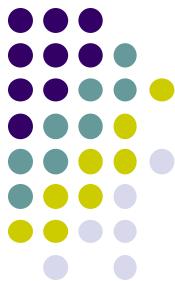
Hyperemia blanches with topical phenylephrine 2.5%: Episcleritis

Inflamed vessels have a 'crisscross' pattern: Scleritis

Responds to topical therapy: Episcleritis

Pain may awaken the pt at night: Scleritis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

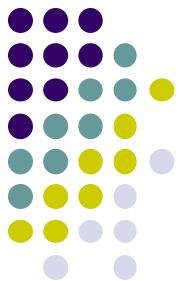
Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) ya feel me? keratopathy (on exam, check two words)
- 2)
- 3)
- 4)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

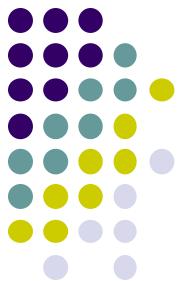
Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic keratopathy (on exam, check corneal sensation)
- 2)
- 3)
- 4)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

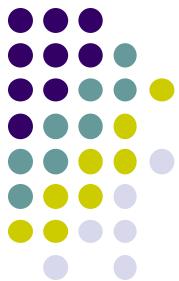
Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **epi staining pattern 1** or **epi staining pattern 2** **epithelial keratitis**
- 3)
- 4)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3)
- 4)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **one type** or **another**
- 4)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic keratopathy (on exam, check corneal sensation)
- 2) Punctate or dendritic epithelial keratitis
- 3) Stromal keratitis: Interstitial or nummular
- 4)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **Interstitial** or **nummular**
- 4) **circle-ish** keratitis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

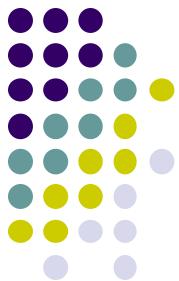
Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **Interstitial** or **nummular**
- 4) **Disciform** keratitis

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check corneal sensation)
- 2) Punctate or dendritic epithelial keratitis

What is the pathogenesis of neurotrophic keratopathy?

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check corneal sensation)
- 2) Punctate or dendritic epithelial keratitis

What is the pathogenesis of neurotrophic keratopathy?

Decreased corneal sensation leads to compromised epithelial integrity and inadequate epithelial regeneration, which in turn result in poor epithelial healing. Severe cases can proceed to stromal melting and corneal perforation.

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

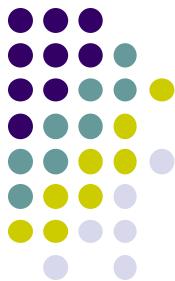
- 1) **Neurotrophic keratopathy** (on exam, check corneal sensation)
- 2) Punctate or dendritic epithelial keratitis

What is the pathogenesis of neurotrophic keratopathy?

Decreased corneal sensation leads to compromised epithelial integrity and inadequate epithelial regeneration, which in turn result in poor epithelial healing. Severe cases can proceed to stromal melting and corneal perforation.

Where does herpetic (HSV or HZV) dz rank as a cause?

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check corneal sensation)
- 2) Punctate or dendritic epithelial keratitis

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What's #2?

HZO Manifestations



Skin:

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Sclera:

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Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check corneal sensation)
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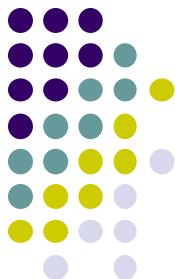
Where does herpetic (HSV or HZV) dz rank as a cause?

#1

What's #2?

Damage to the ophthalmic branch of the trigeminal nerve during surgical tx of trigeminal neuralgia

HZO Manifestations



Skin:

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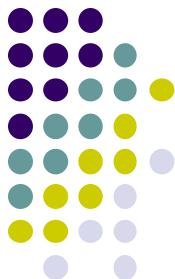
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Where does herpetic (HSV or HZV) dz rank as a cause?

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Is a nidus of corneal epithelial trauma necessary to initiate the process?

HZO Manifestations



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Is a nidus of corneal epithelial trauma necessary to initiate the process?

No, it can happen in intact corneas

HZO Manifestations



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Is a nidus of corneal epithelial trauma necessary to initiate the process?

No, it can happen in intact corneas

How does it present at the slit lamp?

HZO Manifestations



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Where does herpetic (HSV or HZV) dz rank as a cause?

#1

Is a nidus of corneal epithelial trauma necessary to initiate the process?

No, it can happen in intact corneas

How does it present at the slit lamp?

Early and/or mild disease presents only with punctate epithelial changes. Severe/advanced cases present with a central epithelial defect that slowly enlarges and deepens.

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
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Cornea:

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- 3) Stromal keratitis: Interstitial or nummular
- 4) Disciform keratitis

How do HZO dendrites differ from HSV dendrites?

	HSV	HZO
<i>Terminal bulbs?</i>		

HZO Manifestations



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HZO Manifestations



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How do HZO dendrites differ from HSV dendrites?

	HSV	HZO
<i>Terminal bulbs?</i>	Yes	No
<i>Edges stain with rose bengal?</i>		

HZO Manifestations



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How do HZO dendrites differ from HSV dendrites?

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HZO Manifestations



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- 4) Disciform keratitis

What does nummular mean?

HZO Manifestations



Skin:

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Sclera:

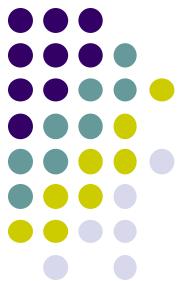
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Cornea:

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- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **Interstitial** or **nummular**
- 4) **Disciform** keratitis

*What does nummular mean?
'Coin-like'*

HZO Manifestations



Skin:

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- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

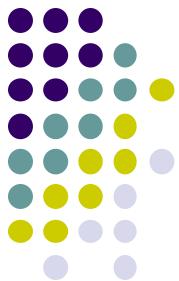
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What specific corneal tissue is the primary site of inflammation in disciform keratitis?

HZO Manifestations



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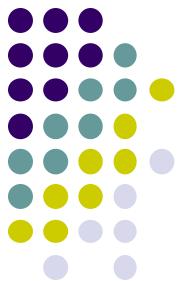
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The endothelium

HZO Manifestations



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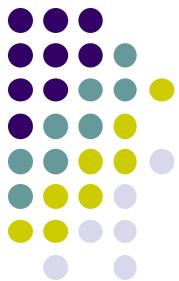
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- 4) **Disciform keratitis**

What specific corneal tissue is the primary site of inflammation in disciform keratitis?

The endothelium

What is the other common name for this condition?

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

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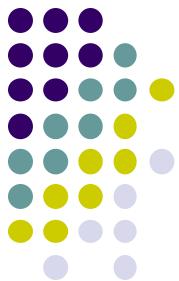
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What is the other common name for this condition?

Endotheliitis

HZO Manifestations



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- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
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- 2) Punctate or dendritic epithelial keratitis
- 3) Stromal keratitis: Interstitial or nummular
- 4) **Disciform keratitis**

What specific corneal tissue is the primary site of inflammation in disciform keratitis?

The endothelium

What is the other common name for this condition?

Endotheliitis

How does it present at the slit lamp?

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

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- 4) **Disciform keratitis**

What specific corneal tissue is the primary site of inflammation in disciform keratitis?

The endothelium

What is the other common name for this condition?

Endotheliitis

How does it present at the slit lamp?

As a disc-shaped area of stromal edema with KP on the underlying endothelium

HZO Manifestations



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- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

Sclera:

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- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **Interstitial** or **nummular**
- 4) **Disciform** keratitis

Anterior uveitis:

- 1) Iritis → **pattern** atrophy of the iris secondary to **three words**
- 2)

HZO Manifestations



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Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2)

HZO Manifestations



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Anterior uveitis:

- 1) Iritis → sector atrophy of the iris secondary to vasculitis-induced ischemia
- 2)

How does HZO iris atrophy differ from the iris atrophy associated with HSV iritis?

HZO Manifestations



Skin:

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- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → sector atrophy of the iris secondary to vasculitis-induced ischemia
- 2)

How does HZO iris atrophy differ from the iris atrophy associated with HSV iritis?

In HSV the atrophy tends to be diffuse, not sectoral

HZO Manifestations



Skin:

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Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **-itis** → increased IOP

HZO Manifestations



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Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

HZO Manifestations



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Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

Posterior manifestations:

- 1) Focal **-itis**
- 2)

HZO Manifestations



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Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

Posterior manifestations:

- 1) Focal **choroiditis**
- 2)

HZO Manifestations



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Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

Posterior manifestations:

- 1) Focal **choroiditis**
- 2) Occlusive retinal vasculitis → **scary bad dz (three words)**

HZO Manifestations



Skin:

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- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

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Anterior uveitis:

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Posterior manifestations:

- 1) Focal **choroiditis**
- 2) Occlusive retinal vasculitis → **acute retinal necrosis**

HZO Manifestations



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- 1) Scleritis
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Cornea:

- 1) Neurotrophic keratopathy (on exam, check corneal sensation)
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- 3) Stromal keratitis: Interstitial or nuclear
- 4) Disciform keratitis

What else is in the differential for an occlusive retinal vasculitis?

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Anterior uveitis:

- 1) Iritis → sector atrophy of the iris stroma
- 2) Trabeculitis → increased IOP

schemia

Posterior manifestations:

- 1) Focal choroiditis
- 2) Occlusive retinal vasculitis → acute retinal necrosis

HZO Manifestations



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What else is in the differential for an occlusive retinal vasculitis?

- TB
- Sarcoid
- Wegener's
- Behçet
- Syphilis

Anterior uveitis:

- 1) Iritis → sector atrophy of the iris stroma
- 2) Trabeculitis → increased IOP

schemia

Posterior manifestations:

- 1) Focal choroiditis
- 2) Occlusive retinal vasculitis → acute retinal necrosis

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Anterior uveitis:

- 1) Iritis → sector atrophy of the iris secondary to vasculitis-induced ischemia
- 2) Trabeculitis → increased IOP

Posterior manifestations:

- 1) Focal choroiditis ?
- 2) Occlusive retinal vasculitis → acute retinal necrosis

If this occurs in an AIDS patient,
what closely-related might it be?

HZO Manifestations



Skin:

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- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → sector atrophy of the iris secondary to vasculitis-induced ischemia
- 2) Trabeculitis → increased IOP

Posterior manifestations:

- 1) Focal choroiditis progressive outer retinal necrosis (PORN)
- 2) Occlusive retinal vasculitis → acute retinal necrosis



If this occurs in an AIDS patient,
what closely-related might it be?

HZO Manifestations



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Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

Posterior manifestations:

- 1) Focal **choroiditis**
- 2) Occlusive retinal vasculitis → **acute retinal necrosis**

Optic nerve manifestations:

- 1) **two more –'itises'**
- 2)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
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Anterior uveitis:

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Posterior manifestations:

- 1) Focal **choroiditis**
- 2) Occlusive retinal vasculitis → **acute retinal necrosis**

Optic nerve manifestations:

- 1) **Papillitis**
- 2) **Optic neuritis**

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **Interstitial** or **nummular**
- 4) **Disciform** keratitis

Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

Posterior manifestations:

- 1) Focal **choroiditis**
- 2) Occlusive retinal vasculitis → **acute retinal necrosis**

Optic nerve manifestations:

- 1) **Papillitis**
- 2) **Optic neuritis**

Orbital manifestations:

- 1) Occlusive vasculitis → **lid prob** \$ and/or **2^o to congestion**
- 2)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **Interstitial** or **nummular**
- 4) **Disciform** keratitis

Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

Posterior manifestations:

- 1) Focal **choroiditis**
- 2) Occlusive retinal vasculitis → **acute retinal necrosis**

Optic nerve manifestations:

- 1) **Papillitis**
- 2) **Optic neuritis**

Orbital manifestations:

- 1) Occlusive vasculitis → **ptosis** and/or **proptosis**
- 2)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or **dysesthesia**
- 2) Sequelae of eyelid skin involvement: **Entropion, ectropion, trichiasis**

Sclera:

- 1) **Scleritis**
- 2) **Episcleritis**

Cornea:

- 1) **Neurotrophic keratopathy** (on exam, check **corneal sensation**)
- 2) **Punctate** or **dendritic** epithelial keratitis
- 3) Stromal keratitis: **Interstitial** or **nummular**
- 4) **Disciform** keratitis

Anterior uveitis:

- 1) Iritis → **sector** atrophy of the iris secondary to **vasculitis-induced ischemia**
- 2) **Trabeculitis** → increased IOP

Posterior manifestations:

- 1) Focal **choroiditis**
- 2) Occlusive retinal vasculitis → **acute retinal necrosis**

Optic nerve manifestations:

- 1) **Papillitis**
- 2) **Optic neuritis**

Orbital manifestations:

- 1) Occlusive vasculitis → **ptosis** and/or **proptosis**
- 2) Occlusive vasculitis → CN palsy, especially **CN#**, in up to **##** cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic keratopathy (on exam, check corneal sensation)
- 2) Punctate or dendritic epithelial keratitis
- 3) Stromal keratitis: Interstitial or nummular
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → sector atrophy of the iris secondary to vasculitis-induced ischemia
- 2) Trabeculitis → increased IOP

Posterior manifestations:

- 1) Focal choroiditis
- 2) Occlusive retinal vasculitis → acute retinal necrosis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stromal keratitis
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO drug (abb.) and dose within time frame

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stromal keratitis
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

↔
(acyclovir)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

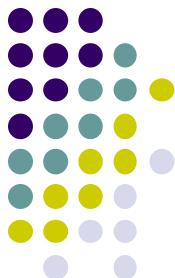
Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of

unpleasant sequelae of HZO (three words)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°
--IV if immunocompromised
--Start amitriptyline within 72° to ↓ intensity and duration of post-herpetic neuralgia
--Treat skin lesions with nonpharmacologic maneuver and nonspecific med

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → [redacted]
 - 2) Trabeculitis → [redacted]
- Treat [redacted] and/or [redacted] with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → keratitis
 - 2) Trabeculitis
- Treat keratitis and/or uveitis with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → keratitis
 - 2) Trabeculitis
- Treat keratitis and/or uveitis with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

- Start PO ACA 800 mg 5x/d within 72°
--IV if immunocompromised
--Start amitriptyline within 72° to ↓ intensity and duration of post-herpetic neuralgia
--Treat skin lesions with warm compresses and antibiotic ointment
--Treat keratitis and/or uveitis with topical steroids and cycloplegia
--Consider PO med to ↓ early zoster pain

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → keratitis
 - 2) Trabeculitis
- Treat keratitis and/or uveitis with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

- Start PO ACA 800 mg 5x/d within 72°
--IV if immunocompromised
--Start amitriptyline within 72° to ↓ intensity and duration of post-herpetic neuralgia
--Treat skin lesions with warm compresses and antibiotic ointment
--Treat keratitis and/or uveitis with topical steroids and cycloplegia
--Consider PO steroids to ↓ early zoster pain

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → keratitis
 - 2) Trabeculitis
- Treat keratitis and/or uveitis with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
 - 2) Occlusive vasculitis
- Consider PO steroids to ↓ early zoster pain
- Consider med cream for post-herpetic neuralgia

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis → keratitis
 - 2) Trabeculitis
- Treat keratitis and/or uveitis with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
 - 2) Occlusive vasculitis
- Consider PO steroids to ↓ early zoster pain
- Consider capsaicin cream for post-herpetic neuralgia

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

- Start PO ACA 800 mg 5x/d within 72°
--IV if immunocompromised
--Start amitriptyline within 72° to ↓ intensity and duration of post-herpetic neuralgia
--Treat skin lesions with warm compresses and antibiotic ointment

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic keratitis
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
 - 2) Trabeculitis
- Treat keratitis and/or uveitis with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
 - 2) Occlusive vasculitis
- Consider PO steroids to ↓ early zoster pain
- Consider capsaicin cream for post-herpetic neuralgia

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Management of HZO

- Start PO ACA 800 mg 5x/d within 72°
- IV if immunocompromised
- Start amitriptyline within 72° to ↓ intensity and duration of post-herpetic neuralgia
- Treat skin lesions with warm compresses and antibiotic ointment

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic keratopathy
- 2) Punctal plugs
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
 - 2) Trabeculitis
- Treat keratitis and/or uveitis with topical steroids and cycloplegia

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

- Start PO ACA 800 mg 5x/d within 72°
--IV if immunocompromised
--Start amitriptyline within 72° to ↓ intensity and duration of post-herpetic neuralgia
--Treat skin lesions with warm compresses and antibiotic ointment

--Treat keratitis and/or uveitis with topical steroids and cycloplegia

--Consider PO steroids to ↓ early zoster pain

--Consider capsaicin cream for post-herpetic neuralgia

--Manage neurotrophic keratopathy with PF ATs, ointments, +/- punctal plugs, +/- tarsorrhaphy

(preservative-free artificial tears)

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of
post-herpetic neuralgia

What can be done to prevent HZO?

s,

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of
post-herpetic neuralgia

What can be done to prevent HZO?

There is a vaccine that reduces the risk of developing zoster

s,

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of **post-herpetic neuralgia**

What can be done to prevent HZO?

There is a vaccine that reduces the risk of developing zoster

Who should receive it?

s,

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of **post-herpetic neuralgia**

What can be done to prevent HZO?

There is a vaccine that reduces the risk of developing zoster

Who should receive it?

Everyone over age 60 years

If HZO occurs in a vaccinated pt, all is not lost. What benefit accrues to a vaccinated pt who develops HZO?

s,

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of **post-herpetic neuralgia**

What can be done to prevent HZO?

There is a vaccine that reduces the risk of developing zoster

Who should receive it?

Everyone over age 60 years

If HZO occurs in a vaccinated pt, all is not lost. What benefit accrues to a vaccinated pt who develops HZO?

Being vaccinated reduces the likelihood of developing post-herpetic neuralgia by 2/3!

s,

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of **post-herpetic neuralgia**

What can be done to prevent HZO?

There is a vaccine that reduces the risk of developing zoster

Who should receive it?

Everyone over age 60 years

If HZO occurs in a vaccinated pt, all is not lost. What benefit accrues to a vaccinated pt who develops HZO?

Being vaccinated reduces the likelihood of developing post-herpetic neuralgia by 2/3!

s,

HZO Manifestations



Skin:

- 1) Ulcerated lesions with pain and/or dysesthesia
- 2) Sequelae of eyelid skin involvement: Entropion, ectropion, trichiasis

Sclera:

- 1) Scleritis
- 2) Episcleritis

Cornea:

- 1) Neurotrophic ulcers
- 2) Punctate keratitis
- 3) Stroma
- 4) Disciform keratitis

Anterior uveitis:

- 1) Iritis →
- 2) Trabeculitis

Posterior manifestations:

- 1) Focal chorioretinitis
- 2) Occlusive vasculitis

Optic nerve manifestations:

- 1) Papillitis
- 2) Optic neuritis

Orbital manifestations:

- 1) Occlusive vasculitis → ptosis and/or proptosis
- 2) Occlusive vasculitis → CN palsy, especially CN3, in up to 1/3 cases

Management of HZO

--Start PO ACA 800 mg 5x/d within 72°

--IV if immunocompromised

--Start amitriptyline within 72° to ↓ intensity and duration of **post-herpetic neuralgia**

What can be done to prevent HZO?

There is a vaccine that reduces the risk of developing zoster

Is it OK to give someone the vaccine during a bout of active zoster?

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Is it OK to give someone the vaccine during a bout of active zoster?

No! Doing so will likely exacerbate their condition

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