Herpes Simplex Keratitis (Dendritic Ulcer)

Our Vision
Putting patients first while striving to deliver the best quality healthcare.

The Eye Unit, The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW

Please contact the author if you would like details of the evidence in the production of this leaflet.

We can supply this information in other formats, in larger print, on audiotape, or have it translated for you.

Please call the Patient Advice and Liaison Service (PALS) on 01202 704886, text or email pals@RBCH.nhs.uk for further advice.

Author: Julie Tillotson  Date: March 2013  
Version: Four  Review date: March 2016  Ref: 029/06

Website: www.rbch.nhs.uk  Tel: 01202 303626

Information and advice for patients about Herpes Simplex Keratitis

Website: www.rbch.nhs.uk  Tel: 01202 303626
What is herpes simplex keratitis (dendritic ulcer)
This is an ulcer or inflammation on the cornea (clear surface of the eye) caused by the herpes simplex virus which is the same virus that causes cold sores.

How did I catch the virus?
Herpes simplex is a very common virus and can be passed on by coughing, sneezing and by touching. It is likely that you already had the virus in your system from a previous infection such as viral conjunctivitis. However it may have been so mild you may not even have noticed getting it.

Once the virus is in your system it lives in the nerve and stays dormant or sleeping until something activates it and allows it to flare up. The things which tend to make it flare up are illness, stress or anything which lowers your immune system. Also bright sun and wind can cause it to flare up.

What are the signs and symptoms?
- Red, painful or gritty eye.
- Sensitive to light
- Your vision may be blurred
- Watering
- You may also have a cold or other illness.

How is it treated?
Aciclovir (Zovirax)
Usually with an antiviral ointment called aciclovir (zovirax) which you will have to use 5 times a day for 10 days. The ointment doesn't kill off the virus but reduces ‘replication’ and allows the eye to heal. This is usually enough to stop the virus. However sometimes the eye can be a bit dry for a week or so after treatment. In this case lubricating eye drops such as hypromellose or viscotears can make the eye more comfortable.

In some cases the virus causes an inflammation in the deep layers of the cornea or clear part of the eye and will not settle with just aciclovir (zovirax).

Mild steroid
Some patients may need a mild steroid eye drop to help the eye settle. This should never be used on its own without the aciclovir as it can make the eye much worse.

Vitamin C
Research has proved that taking high doses of vitamin C (one gram a day) can help you recover from the virus more quickly. It is also a good idea to build up your immune system and eat healthily.

Will the virus damage my eyesight?
The virus can cause scarring of the cornea which may make your eye sight a bit blurred. If treatment is started quickly after a flare up this can help to lessen the risk of permanent scarring.

Is it likely to come back?
At least half the people who get herpes simplex keratitis or dendritic ulcers will get it again within 10 years of the first episode. In about 1 in 10 people it comes back within a year. Recurrences occur in some people more than others but the healthier you are the less likely it is to come back..

What should I do if it comes back?
Telephone our Acute Referral clinic on:

Emergency Helpline: (01202) 704181
7 days a week: 8:00am to 6:00pm
And we will give you an appointment within 24 hours to be seen.