NHS
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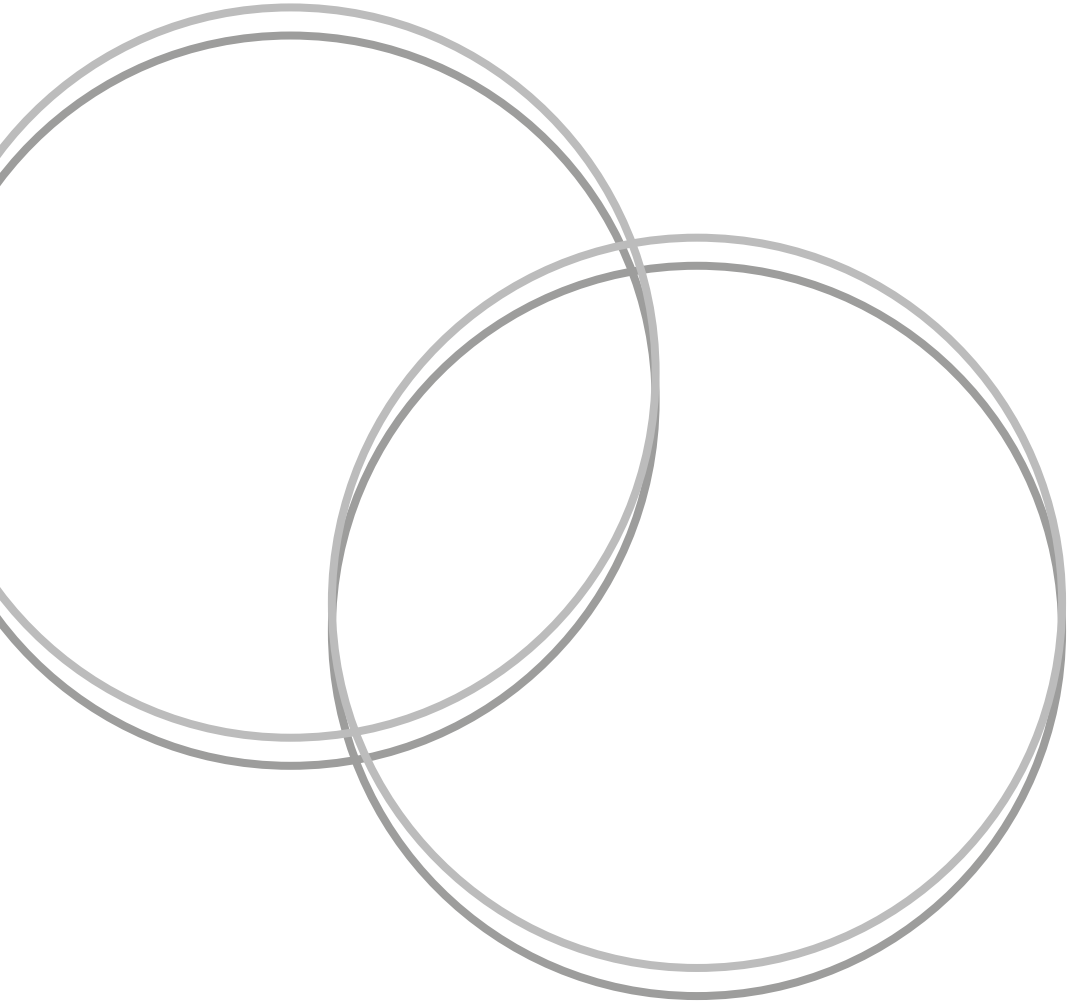
Herpes Simplex Keratitis (HSK)

A guide for patients



This leaflet explains what herpes simplex keratitis (HSK) is, how it is treated, and what to expect. If you have any questions, please ask your doctor or nurse.

What is HSK?

HSK is an infection of the cornea, the clear window at the front of your eye. It is caused by the herpes simplex virus. This is the same virus that causes cold sores.

The infection can make your eye red, painful, and blurry. It can also cause inflammation (uveitis) inside the eye. In rare cases, usually in people with a weak immune system, it can cause serious problems.

How did I get it?

HSK happens in one of two ways. Sometimes the herpes simplex virus gets into the eye directly, for example through contact with saliva or a cold sore. This is called a primary infection.

More commonly, the virus was already in your body. Most people pick up herpes simplex virus in childhood, often without knowing. The virus then stays dormant in a nerve near the brain. Later in life, it can wake up and travel along the nerve to the eye, causing HSK.

Things that can trigger the virus to wake up include stress, illness, fever, sunlight, or injury to the eye.

Most cases of HSK are caused by the virus reactivating rather than a new infection. You have not necessarily caught this from someone else recently.

What are the symptoms?

Symptoms of HSK can include:

- A red eye
- Pain or discomfort
- Sensitivity to light
- Blurred vision
- Watery eye

However, HSK can damage the nerves in the cornea, reducing the feeling in your eye. If this has happened, you may not feel much pain even when the infection comes back. You might just notice your eye is a bit red or your vision is a bit blurry. It is still important to see a doctor if you notice any changes, even if your eye is not painful.

How is HSK diagnosed?

In the eye department, we will check your vision and the pressure in your eye. The doctor will look at your eye using a special microscope called a slit lamp.

HSK on the surface of the cornea often has a typical look that the doctor can recognise. Other types can be harder to spot. We usually take a swab from your eye to confirm the diagnosis. Rarely, we may need to take a small sample of fluid from inside the eye.

Types of HSK and treatment

HSK can affect different layers of the cornea. The treatment depends on which layer is affected.

- **Epithelial keratitis** affects the surface of the cornea. It is treated with an antiviral eye gel (ganciclovir), which you use five times a day. Treatment usually lasts two weeks.
- **Stromal keratitis** affects the deeper layers. It usually needs both antiviral medicine and steroid drops, and treatment may take many weeks.
- **Endothelial keratitis** affects the innermost layer. It is also treated with antivirals and steroids.
- **Increased eye pressure** can occur during the infection.

Your doctor will explain which type you have and how long you will need treatment.

What should I expect during recovery?

Most people with surface HSK recover well within one to two weeks. Deeper infections can take longer and may need weeks-months of treatment.

Your vision may be blurry while the eye is healing. This usually improves, but some people are left with scarring that affects their sight.

When should I seek help?

You may need to come back to the eye hospital for check-ups, depending on how your eye responds to treatment. If this is your first episode and only the surface of the cornea is affected, you may not need any further appointments.

However, you should return to the eye department if your eye gets worse, for example if it becomes more red, more painful, or more sensitive to light. Even if your eye is not painful, you should seek help if you notice increased redness or blurred vision, as reduced sensation in the cornea can mean you do not feel symptoms in the usual way.

Will it come back?

HSK can come back from time to time. This is called a recurrence. Not everyone will have a recurrence. Some people only ever have one episode.

Some people are more likely to get recurrences. This includes people who get frequent cold sores, people who use steroid eye drops, and people with a weak immune system.

Can I take treatment to prevent it coming back?

If HSK keeps coming back (two or more times in a year), your doctor may suggest taking an antiviral tablet every day to help prevent flare-ups. This roughly halves the chance of it coming back, but only while you are taking the tablets. Once you stop, the risk goes back to what it was before.

Depending on the type of HSK you have, your doctor may also suggest a low-dose steroid drop to use long-term.

What are the possible long-term effects?

Each time HSK comes back, there is a risk it could scar the cornea. This is most relevant if the scarring is in the centre of your vision, where it may affect how well you can see. Scarring may be permanent, but it can sometimes slowly improve on its own. Glasses or contact lenses can often help.

Occasionally your doctor may recommend treatment to reduce blood vessel growth in the cornea, which can lead to worsening scarring. Any other surgery is rarely recommended in HSK.

Can I wear contact lenses?

You should not wear contact lenses while HSK is active or while you are using treatment drops. Once the infection has fully settled, your doctor will advise when it is safe to wear them again.

If you wear contact lenses regularly, let your doctor know, as they may want to monitor you more closely.

Can I pass it on to others?

The herpes simplex virus can be passed to others through close contact, but this is uncommon. To reduce the risk:

- Avoid touching your eye and then touching others
- Wash your hands regularly
- Do not share towels, flannels, or eye drops

Most adults already carry the virus, so the risk of passing it on is low.

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist.

Call our specialist telephone triage number if you need URGENT help or advice or if you notice:

- Redness getting worse
- Significant eye pain
- Reduced or blurred vision
- Discharge from the eye
- Increasing light sensitivity

Tel: **01865 234 567** (select the option for "Eye Emergencies")

Monday to Friday 8:30am – 4:30pm

Saturday and Sunday 8:30am – 3:30pm (including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS111 or your out of hours GP practice.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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