



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

RISK FACTORS FOR OCULAR INVOLVEMENT IN OPHTHALMIC ZOSTER

R Chaabouni⁽¹⁾ - E Bahloul⁽¹⁾ - F Frikha⁽¹⁾ - M Amouri⁽¹⁾ - H Turki⁽¹⁾

Dermatology, Hedi Chaker Hospital, Sfax, Tunisia⁽¹⁾

Introduction: Ocular involvement in ophthalmic zoster (OZ) occurs in approximately 50% of cases and can lead to serious sequelae.

Objective: To determine the risk factors for ocular complications during OZ.

Material and methods: It was a retrospective study of all OZ cases diagnosed in our department between 2008 and 2017. For each patient we determined age, gender, history, consultation period and data from the ophthalmological and skin examination. Patients were classified into 2 groups: G 1 without and G2: with ocular involvement.

Results: During 10 years, we collected 69 cases of OZ. Ophthalmic involvement was noted in 21 cases (30%): pseudodendritic keratitis in 52%, kerato-uveitis in 30% and conjunctivitis in 18% of cases. The ophthalmological examination performed at the time of the consultation was positive in only 7% of cases. A female predominance was noted in G2 (57.1%) with no significant difference ($p = 0.236$). There was no age difference between the two groups ($p = 0.525$). The delay of initiation of antiviral treatment greater than 3 days was significantly associated with the occurrence of ophthalmic involvement ($p = 0.005$). Diabetes was more common in G2 without significant difference ($p = 0.776$). Seven patients were immunocompromised. All of them had ophthalmic involvement with a higher frequency of kerato-uveitis (57% versus 6.5%). The severity of the cutaneous was predictive of ocular involvement ($p = 0.01$).

Conclusion: Ocular involvement in OZ may threaten the function of the eye. The absence of lesions in the initial examination shouldn't eliminate eye damage. An ophthalmologic examination after 48 hours is essential. Ocular complications do not appear to be correlated with age or gender. In our study, immunodeficiency and antiviral treatment delay were associated with a high risk of ophthalmic compromise. In contrast to data in the literature, the severity of cutaneous involvement was predictive of ocular complications.

