Published: June 20, 2024 | Pages: 44-46

FEATURES OF THE COURSE OF HERPETIC KERATITIS IN CHILDREN

U.T. Nugmanova

Researcher City Clinical Children's Hospital No. 1 Of The Ministry Of Health Of The Republic Of Uzbekistan

M.M. Tabibova

Researcher City Clinical Children's Hospital No. 1 Of The Ministry Of Health Of The Republic Of Uzbekistan, Tashkent

ABSTRACT: Herpetic keratitis in children presents distinct clinical features compared to adults, characterized by more frequent recurrences and potential for severe complications. This study examines the epidemiology, clinical presentation, diagnostic challenges, and treatment outcomes of herpetic keratitis in a pediatric population. Data were collected from clinical records of children diagnosed with herpetic keratitis over a ten-year period. Key findings include a higher incidence of stromal keratitis, frequent association with atopic diseases, and significant visual impairment in a subset of cases. Early diagnosis and prompt antiviral therapy were crucial in managing the disease and preventing long-term complications. The study underscores the need for heightened awareness and specialized management strategies to improve outcomes for pediatric patients with herpetic keratitis.

KEYWORDS: Herpetic keratitis, children, pediatric ophthalmology, recurrent keratitis, stromal keratitis, antiviral therapy, visual impairment, atopic diseases, ophthalmic complications.

INTRODUCTION

According to WHO, diseases caused by the herpes simplex virus rank second after influenza [1,4,5]. It has been established that up to 80% of cases of temporary disability are associated with inflammatory eye diseases, of which 50-60% receive inpatient treatment. According to various authors, a significant place among the causes of blindness or low vision (10-30% of cases) belongs to keratitis and keratouveitis. Most often, this disease of the cornea is caused by the herpes simplex virus, which is observed in 20–57% of cases among adults and in 70–80% of cases among children [3|. But at the same time, some authors report that primary herpetic infection usually occurs in young children, but in a cold form and does not require treatment. In this regard, we decided to share our experience in the treatment of herpetic keratitis in children.

The purpose of our work was to analyze cases of herpetic keratitis in children.

Material and methods. From 2020 to 2024, we treated 66 children diagnosed with herpetic keratitis in the eye department of the 1st city children's hospital in Tashkent. The children's ages ranged from 3 to 8 years. Of these, there were 24 (36.3%) boys and 42 (63.6%) girls. The patients

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were examined: anamnesis, visometry, external examination, biomicroscopy, and ophthalmoscopy were performed. Laboratory research methods were carried out: general blood and urine analysis, blood for SARS infection.

Patients received topical antibiotics (Moxicin. Tsipraxol. Levofloxacin. Diclofenac ophthalmic 2 drops 3-4 times a day, for 7-10 days) in the form of drops, antiviral agents such as interferon, ophthalmoferon in the form of drops (2 drops 6- 8 times a day, for 7-10 days), Tablets Acyclovir 200 mg orally, 1 tablet 3 times a day, for 5-7 days, Cycloferon 125 mg parabular 0.5 ml and intramuscularly 1.5 ml every other day 3-4 times.

Statistical processing of the research results and construction of diagrams was carried out using Microsoft Office Exel 2010, a set of tools for predictive analytics and data analysis IBM SPSS Statistics.

Research results: 42 patients complained of lacrimation, 33 pain in the eyeball, 11 mucopurulent discharge from the conjunctiva. From the anamnesis it was found that keratitis began in 18 patients after adenoviral conjunctivitis, in 36 after suffering from influenza and with an increase in body temperature to 37.2- 37.80C, in 12 after general hypothermia (Fig. 1).

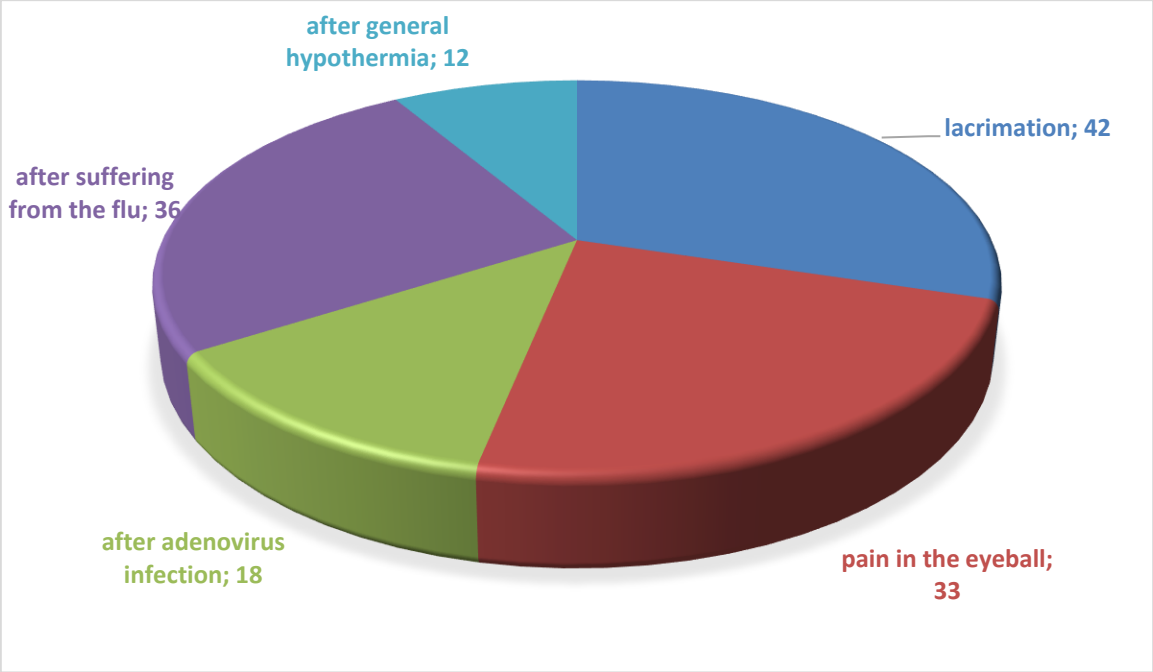

Fig.1. Complaints and etiological factors of herpetic infection in the examined patients

It was also found that 53 (80%) patients were initially ill, 13 (20%) patients had relapses. Among the patients with relapses, 1 patient had a relapse 9 months after recovery, another one after 6 months, the remaining 11 patients had relapses every 2-3 months (the cause of relapse was hypothermia and influenza. Three patients had 2 times, and for the rest 1 time). A visual acuity test showed a decrease from 0.7 to 0.06. An objective examination revealed conjunctival injection, edematous cornea, and infiltrate in the form of dendritic keratitis of various shapes. During biomicroscopy with SL, the infiltrate occupied the superficial epithelial layer of the cornea. When instilled, fluorescein stained in the form of a branch. The deep layers of the cornea are unchanged. The anterior chamber of medium depth is transparent. The pupil is narrow, the

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reaction to light is sluggish. There is a pink reflex in the fundus of the eye, but due to swelling of the cornea, the fundus of the eye is not ophthalmoscopically visible in detail. When checking the sensitivity of the cornea with a thread, the children did not react to touch, which indicated a violation of its.

CONCLUSION

Laboratory studies showed changes in general blood tests in 5 patients, an increase in the number of leukocytes from 9000 to 11000, lymphocytes from 38 to 78%. Other indicators of the general blood test were unchanged. A blood test for TORCH infection showed an increase in CMV G - (0.250 normal) within the range of 1.101-3.311, CMV M- (0.250 normal) within the range of 0.021-0.756, HSV M - (0.250 normal) within the range of 0.050-0.201, HSV G-(0.150 norm), 1.027-3.027. After treatment, the infiltrate resolved within 5-8 days. The eye calmed down. Visual acuity rose to 0.7 -1.0.

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