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Clinical Image

# Ocular Herpes Simplex: Dendritic Ulcer and Iris Atrophy Association

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**Keywords:** Herpes simplex keratitis; Dendritic keratitis; Iris atrophy; Herpetic uveitis; Ocular viral infection

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A 30-year-old patient with a history of recurrent right eye redness presented with a painful red eye. Ophthalmologic examination revealed the following:

**Right eye:** Uncorrected visual acuity of 4/10, axial dendritic corneal ulcer with positive fluorescein staining (Figure 1), a quiet anterior chamber, superior sectoral iris atrophy (Figure 2), with normal vitreous and fundus.

**Left eye:** Normal examination.

A diagnosis of active herpetic keratitis associated with sectoral iris atrophy secondary to herpetic anterior uveitis was made.

The association between herpetic dendritic keratitis and iris atrophy is mainly observed as a complication of inflammatory and vascular damage caused by herpetic ocular infections. Sectoral iris atrophy, found in 40–50% of herpetic uveitis cases, results from stromal necrosis caused by ischemia secondary to vascular occlusion linked to the infection. Dendritic keratitis, a hallmark of active Herpes Simplex Virus (HSV) infection, can progress to stromal or disciform forms, leading to intraocular complications such as anterior uveitis. Management involves topical and systemic antivirals (e.g., ganciclovir or acyclovir) and, in cases of uveitis or stromal keratitis, corticosteroid therapy under strict antiviral coverage to control inflammation and prevent permanent damage [1,2].

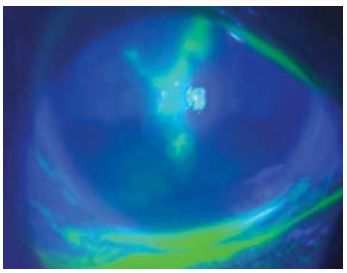

**Figure 1:** Anterior segment image showing an axial dendritic ulcer with fluorescein staining.

**Figure 2:** Axial dendritic corneal ulcer with superior sectoral iris atrophy.

**Ethics approval:** The study was approved by our local ethics committee.

**Consent for publication:** Informed written consent was obtained from the patient for publication of this report.

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