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THROUGH THE LOOKING GLASS

Ophthalmic zoster with dissemination

An 85-year-old man was admitted for severe bilateral swollen eyelids. He sought advice from a general practitioner previously for 1-day history of redness of left eye (attributing this to minor injury after bumping forehead against a washing basin), and 5-day history of painful skin lesions over the left side of his forehead (attributing this to the sequelae of an insect bite while asleep). His practitioner prescribed eye drops, ampiclox, diphenhydramine (piriton), paracetamol and local neomycin ointment to be applied over his forehead. But after applying the eye drops over his left eye twice, he developed grossly swollen eyelids. The swollen eyelids may give an initial impression of allergy. Careful examination of his face (Figure 1),



Figure 1

however, revealed crusted lesions over the left side of his forehead (becoming more obvious when his scalp was exposed by spreading his hair apart); erythema of the upper part of his face affecting the left side more; and bilateral periorbital oedema and blepharitis also more intense over the left side.



Figure 2

Pitting oedema was elicited over the forehead in the midline. While the crusted lesions were restricted to the left side (unilateral lesion over a dermatome being characteristic of zoster lesion), the inflammatory reaction (oedema, redness) has spread from the left to the right. Examination of his trunk (Figure 2) revealed chickenpox-like eruptions. Thus this man had ophthalmic zoster with dissemination. The eye drops he used were later identified to contain steroid. A similar case of herpes zoster with dissemination after use of 1% hydrocortisone cream has also been reported in the literature. After hospitalization, he was treated with intravenous acyclovir with rapid improvement.

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