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Research Article

OUR EXPERIENCE IN THE TREATMENT OF HERPETIC KERATITIS IN CHILDREN

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ABSTRACT

According to WHO, diseases caused by the herpes simplex virus occupy the second place after influenza [1,4,5]. It has been established that up to 80% of cases of temporary disability are associated with inflammatory eye diseases, 50-60 of them% they receive inpatient treatment. According to various authors, a significant place among the causes of blindness or visual impairment (10-30% of cases) belongs to keratitis and keratouveitis. Most often, this corneal disease is caused by the herpes simplex virus, which are noted in 20-57% of cases among in the adult population and in 70-80% of cases - among children [3|. But at the same time, some authors report that herpetic primary infection is usually found 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.

KEYWORDS

Inflammatory eye diseases, various authors, a significant, keratitis and keratouveitis.

INTRODUCTION

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 were between 3 and 8 years old.

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Of these, there were 24 boys (36.3%) and 42 girls (63.6%). The patients were examined: anamnesis collection, visometry, external examination, biomicroscopy, and ophthalmoscopy were performed. Laboratory research methods were carried out: a general blood and urine test, blood for SARS infection.

Patients received antibiotics locally (Moxifloxacin. Ciproxol. 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), Acyclovir 200 mg tablets 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 charting were carried out using the Microsoft Office Excel 2010 program, a set of tools for predictive analytics and data analysis by IBM SPSS Statistics.

RESULTS OF THE STUDY

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

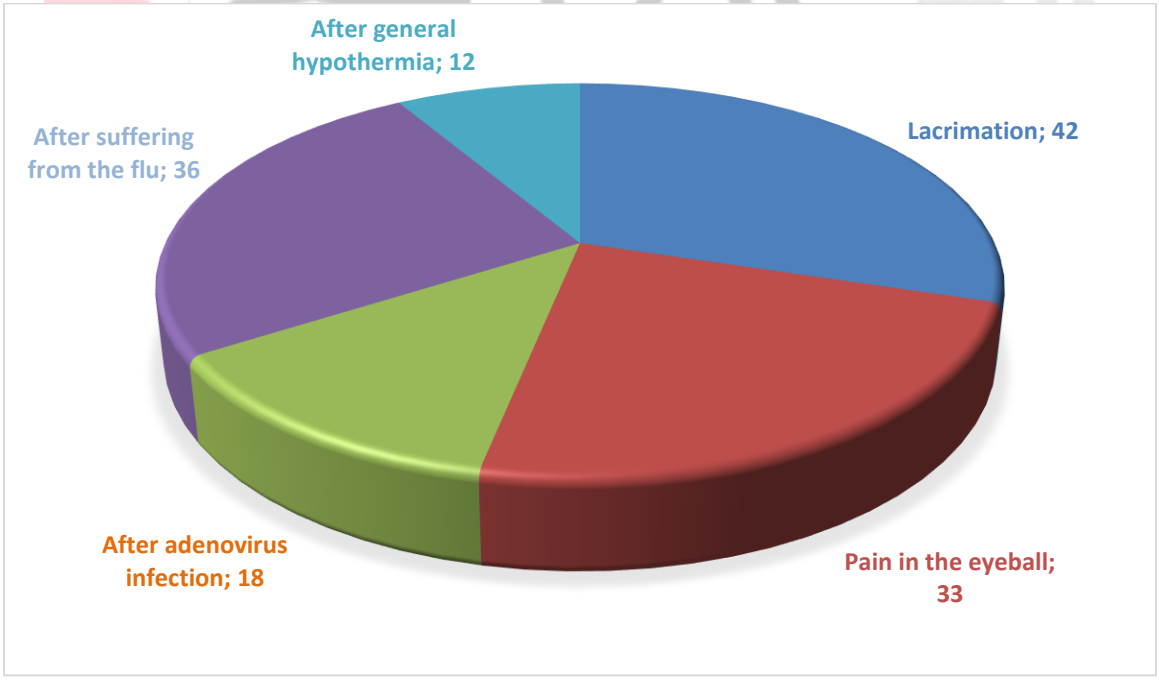

Fig.1. Complaints and etiological factors of herpetic infection in the examined patients

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It was also found that 53 (80%) patients were primarily ill, 13 (20%) patients had relapses. Among 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 flu. Three patients had it 2 times, and the rest 1 time). The visual acuity test showed a decrease from 0.7 to 0.06. On objective examination, conjunctival injection, edematous cornea, infiltration in the form of tree-like keratitis of various shapes were noted. During biomicroscopy with SCL, the infiltrate occupied the surface epithelial layer of the cornea. When instilled, fluorescein was stained in the form of a twig. The deep layers of the cornea are unchanged. The front chamber of medium depth is transparent moisture. The pupil is narrow, the reaction to light is sluggish. There is a pink reflex from the fundus, but due to corneal edema, the fundus is not ophthalmoscoped in detail. When checking the sensitivity of the cornea with a thread, the children did not react to the touch, which indicated a violation of it.

Laboratory studies showed changes in the total blood tests in 5 patients, an increase in the number of leukocytes from 9,000 to 11,000, 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 norm) in the range of 1.101-3.311, CMV M- (0.250 norm) in the range of 0.021-0.756, HSV M – (0.250 norm) in the range of 0.050-0.201, HSV G-(0.150 norm), 1.027-3.027.

After the treatment, the infiltrate resolved within 5-8 days. The eye was calming down. Visual acuity rose to 0.7 -1.0.

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