

Letter to the editor: Herpes zoster keratouveitis with hypopyon and hyphema

Dear Editor,

In January – March 2020 issue of the *Taiwan Journal of Ophthalmology*, Katherine *et al.*^[1] reported herpes zoster keratouveitis (HZK) with hypopyon and hyphema in two Malaysian patients. The authors described nicely the clinical presentation, management plan, and outcome. The rarity of condition and escalating clinical course culminating in poor vision should alert the authors to take into consideration impaired immunity, particularly infection with human immunodeficiency virus (HIV). It is explicit that due to defective immune system, HIV-infected individuals are at increased susceptibility to various viral infections compared to the individuals with intact immune system. Truly, herpes zoster ophthalmicus (HZO) has been reported in 2.7% of HIV-infected patients.^[2] The disease spectrum of HZO in such patients tends to be generalized, more severe, and less amenable to therapy as compared with HIV-negative patients.^[3] Infection with HIV is an evolving health problem in Malaysia. The published data pointed out that the national adult HIV prevalence rate was estimated at 0.4% in 2018.^[4] I presume that HIV infection ought to be seriously considered in the two cases in question. Katherine *et al.*^[1] did not consider HIV infection as regrettably, they did not address HIV status of the studied two patients. I assume that the diagnostic battery of HIV detection in terms of employing fourth generation antigen/antibody immunoassays and estimating viral overload and CD4 lymphocyte count would have solicited. If that battery was to show HIV positivity, the two cases in question could be explicitly regarded the novel case reports of HZK with hypopyon and hyphema in HIV-positive patients in the literature.

Financial support and sponsorship

Nil.

Conflicts of interest

The author declares that there are no conflicts of interests of this paper.

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Submission: 03-04-2020

Accepted: 28-05-2020

Published: 17-07-2020

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Access this article online	
Quick Response Code:	Website: www.e-tjo.org
	DOI: 10.4103/tjo.tjo_34_20

How to cite this article: Al-Mendalawi MD. Letter to the editor: Herpes zoster keratouveitis with hypopyon and hyphema. *Taiwan J Ophthalmol* 2021;11:200.

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