

Letter to the Editor

Herpes simplex virus keratitis: an update of the pathogenesis and current treatment with oral and topical antiviral agents – response

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We welcome the comments from Serna-Ojeda and Graue-Hernandez regarding paediatric herpes simplex virus (HSV) ocular infections.¹ Indeed, HSV eye disease affecting such a vulnerable population can pose a challenge to clinicians and have detrimental effects to the subsequent visual development of the affected child.² This is especially true in recurrent cases with corneal involvement or when the condition is initially misdiagnosed.

Although in our paper³ there is no specific mention to ophthalmic HSV involvement in children, the overall contemporary approach is similar to that in adults with the main difference lying in adjusting the dose and formulation (liquid suspension) of the oral antiviral.^{4,5}

We agree that the design of future randomized controlled clinical trials should include an adequately sized paediatric population, with children below the age of 12, unlike the latest HEDS studies. This will enhance the relatively scant literature on the subject, which at present comprises mainly of retrospective case series.

In our paper, we propose redesigning a new Herpetic Eye Disease Study (HEDS) to encompass all of the evidence that has emerged since the initial HED studies.⁶

Comparing various topical and oral antiviral agents, in different doses could generate further knowledge, enabling the clinician to choose the optimal management plan for all patients regardless of their age.

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