BÖLÜM 5

HERPETIC KERATITIS

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INTRODUCTION

Herpes simplex keratitis (HSK) remains a substantial cause of infectious corneal blindness worldwide and remains the most common indication for corneal transplantation in developed nations (1). The clinical burden arises not only from acute episodes but also from its chronic relapsing nature, which frequently results in scarring, thinning, and neovascularization. HSV-1 remains responsible for the vast majority of ocular disease, while HSV-2 contributes to neonatal infections (2). Despite significant advances in therapy, HSK remains a therapeutic challenge because of its complex interplay between viral reactivation and host immune responses (3).

EPIDEMIOLOGY

Global prevalence

HSV-1 infection remains ubiquitous, with seroprevalence rates exceeding 3.7 billion globally in individuals younger than 50 years (4). Although most infections remain latent, a subset manifest as ocular disease.

Incidence and disease burden

In developed nations, the incidence of HSK remains 20–30 per 100,000 annually, while lifetime prevalence exceeds 150 per 100,000 (5). In low- and middle-income countries, incidence remains believed to be higher due to underreporting. Worldwide, HSV keratitis accounts for approximately 40,000 novel cases of monocular blindness annually (6).

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DOI: 10.37609/akya.26.c691

FUTURE DIRECTIONS

Future research priorities include sustained-release antivirals, immune modulation strategies, genetic profiling for susceptibility, and prophylactic vaccines. Translational research will be critical to translate laboratory findings into clinical impact.

CONCLUSION

Herpetic keratitis remains a leading cause of corneal blindness worldwide. Although antivirals and corticosteroids are effective in acute disease, recurrences and immune-mediated damage limit long-term outcomes. Advances in diagnostics, novel therapeutics, and vaccine development promise to reshape management in the coming decades.

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