A survey of UK corneal specialists reflects the lack of guidelines for the prevention of the recurrence of herpetic eye disease in patients undergoing cataract surgery, said Rushmia Karim MD, Whipps Cross University Hospital, London, UK. Evripidis Sykakis MD, from the same hospital, supervised the research.

The results of the survey showed that the great majority of respondents advocated a disease quiescent period of several months before performing cataract surgery, but there was much less agreement regarding antiviral prophylaxis, Dr Karim told the 17th ESCRS Winter Meeting.

“This survey highlights the need for further clinical studies regarding pre-, peri- and postoperative prophylaxis for patients with herpetic eye disease undergoing cataract surgery. At present, there is only anecdotal evidence to support initiation of prophylactic treatment prior to cataract surgery, or for recommendations regarding the timing of drug initiation, dosage and duration of treatment,” she added.

Dr Karim and associates sent a practice-style questionnaire to all members of the Royal College of Ophthalmologists in the United Kingdom currently registered as cornea consultants. They received 72 replies from the 106 cornea consultants contacted.

The questionnaire consisted of two parts, the first part dealt with patients with cataracts and herpetic eye disease who were not currently receiving acyclovir, and the second part dealt with patients with the two pathologies who were currently receiving the antiviral agent.

**Quiescent period necessary**

Regarding patients not currently receiving antiviral treatment, nearly all respondents recommended a period of several months of disease quiescence before offering surgery. That is, 62.3 per cent of consultants said they would require a quiescent period of three to six months before surgery, 24.6 per cent said they would require a period of more than six months, 10.1 per cent said they would require at least 12 months of quiescence, and 0.9 per cent said they would require less than three months.

Opinions were more divided regarding the use of systemic antiviral prophylaxis in patients not receiving such agents, with 58.8 per cent of respondents in favour of and 41.2 per cent against the practice, Dr Karim said. Among those in favour of antiviral prophylaxis, acyclovir was the treatment of choice and 85 per cent said they would start treatment seven days preoperatively.

On the other hand, 72.48 per cent said they would not start topical antiviral treatment and 81.9 per cent said they would not change the steroid regimen from their usual practice in such cases.

Regarding the quiescent period necessary before cataract surgery among patients currently receiving systemic antiviral treatment, 10 per cent of consultants said that they would operate on patients with under three months of quiescent disease, 39.57 per cent said they would require three to six months disease quiescence, 19.1 per cent would require between six to 12 months and 8.8 per cent would require over 12 months. Oral antiviral treatment was not increased in 80.9 per cent of replies.

**Better guidelines**

Dr Karim noted that ocular herpes simplex disease is the leading infectious cause of corneal blindness in the developed world. Furthermore, in a UK study, a third of patients with the condition had vision loss severe enough to warrant penetrating keratoplasty. That degree of vision loss occurred after a mean of 6.8 recurrences (Claoué et al, Br J Ophthalmol 1988; 72 : 530-533).

Ocular surgery is one of many factors which can contribute to the re-activation of herpetic eye disease. The Herpetic Eye Disease Study Group were able to show in a randomised controlled trial that a 12-month regimen of acyclovir could reduce recurrences of herpetic stromal keratitis by around half, from 28 per cent to 14 per cent, during six months of follow-up (Herpetic Eye Disease Study Group N Engl J Med. 1998 ;339:300-306). However, that study did not concern patients undergoing cataract surgery.

“At present we have no prospective comparative studies that look at the relationship between herpetic eye disease and cataract surgery. And our own Royal College of Ophthalmologists in the United Kingdom has no specific guidelines for patients with HSV [herpes simplex virus] who are going to undergo cataract surgery. There are also no published guidelines in the medical literature in Australia, America or Europe,” Dr Karim said.

She noted that the apparent consensus among UK corneal specialists is that there should be a minimum period of quiescence ranging from three months to one year prior to cataract surgery but consultants are almost equally divided on the use of antiviral prophylaxis. Among those in favour of antiviral prophylaxis all would opt for acyclovir, most likely because it is easily available and cost-effective and because it was the agent used in HEDS trial.

“Our survey’s findings indicate that in patients with herpetic eye disease the cataract pathway is different from the routine cataract surgery pathway that we usually deal with, and I think we do need some prospective clinical studies for this condition,” Dr Karim concluded.

The paper will be published in the June edition of JCRS.