Herbert Pits in Trachoma Infection

Osama Mustafa, MD, and Yassine J. Daoud, MD, FACS

From the Cornea, Cataract, and Refractive Surgery Division, The Wilmer Eye Institute, The Johns Hopkins University Institutions, Baltimore, MD.

A 64-year-old man presented with constant tearing, redness, and discomfort in both eyes. He reported having symptoms since childhood. Eye examination revealed ptosis of eyelids, conjunctival adhesions, and scarring of the tear duct opening bilaterally. Biomicroscopic evaluation revealed bilateral thickening, opacification, and vascularization of the limbus (ie, the junction between the clear cornea and the white sclera) (Figure). A close examination of the limbal area revealed round-shaped depressed areas bilaterally on the superior limbus that is characteristic of trachoma (Herbert pits) (Figure). Nuclear cataract was also noted in the left eye (Figure A) and an intraocular lens in the right eye (Figure C).

Trachoma is the leading infectious cause of blindness globally.[1] It is caused by the bacterium *Chlamydia trachomatis*. Trachoma infection causes follicular conjunctivitis, sometimes involving the cornea and limbus. When infectious follicles heal, they are replaced by rounded, depressed, or flat scars (ie, Herbert pits) as seen in this patient. In advanced cases, chronic inflammation may lead to inward turning of the lids and lashes, leading to abrasion and opacification of the cornea. Blindness eventually ensues. The disease is highly communicable through hands, fomites, flies, and other means of contact. In 1996, the World Health Organization announced the Global Elimination of Trachoma by 2020 (GET2020) initiative to eliminate trachoma as a public health problem by 2020.[2] Major global trachoma-control activities have been conducted since, resulting in the decrease in at-risk populations from 1.5 billion in 2002 to about 142 million in 2019 (91% decrease) according to a recent announcement by the World Health Organization.[3] Nonetheless, trachoma remains endemic in 44 countries. In the developed world, the disease is uncommon but may be seen in natives and immigrants, particularly older generations, some of whom might have contracted the disease

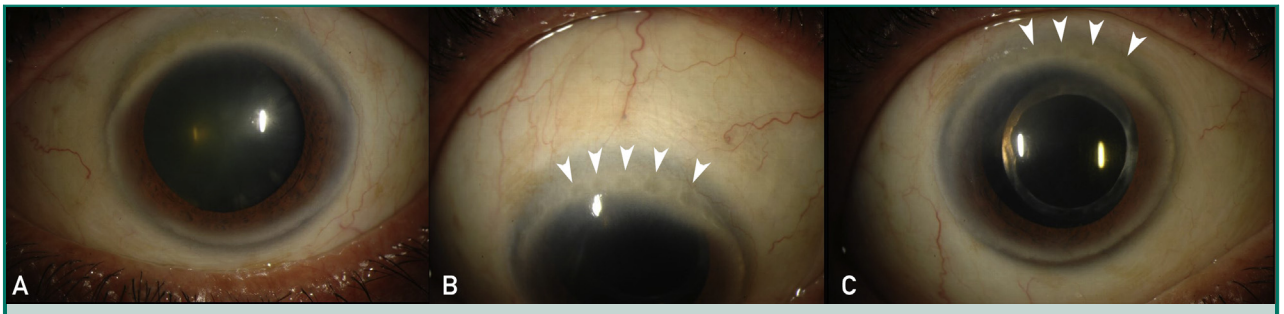

FIGURE. Biomicroscopic images of the left (A) and right (B, C) eyes, showing bilateral thickening, opacification, and vascularization of the superior part of the limbus with round-shaped depressions (arrowheads) representing scarring of chronic trachoma infections (ie, Herbert pits).

Mayo Clin Proc. ■ January 2020;95(1):134-135 ■ https://doi.org/10.1016/j.mayocp.2019.10.027
www.mayoclinicproceedings.org ■

before the global initiatives adopted to control its spread.

Potential Competing Interests: The authors report no competing interests.

Correspondence: Address to Yassine J. Daoud, MD, FACS, Cornea, Cataract, and Refractive Surgery Services, The Wilmer Eye Institute, The Johns Hopkins Medical Institutions, 600 North Wolfe St, Baltimore, MD 21287 (ydaoud1@jhmi.edu).

REFERENCES

1. Mabey DC, Solomon AW, Foster A. Trachoma. *Lancet*. 2003; 362(9379):223-229.
2. Bailey R, Lietman T. The SAFE strategy for the elimination of trachoma by 2020: will it work? *Bull World Health Organ*. 2001;79(3):233-236.
3. Eliminating trachoma: WHO announces sustained progress with hundreds of millions of people no longer at risk of infection. World Health Organization website, https://www.who.int/news-room/detail/27-06-2019-eliminating-trachoma-who-announces-sustained-progress-with-hundreds-of-millions-of-people-no-longer-at-risk-of-infection. Published June 27, 2019. Accessed December 11, 2019.