NECO New England College of Optometry From Shadows to Clarity: Confronting Keratoconus and a Prominent Corneal Scar

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Introduction

- New patient: 43 F w/ severe keratoconus OU
- Patient received CXL 5 years ago, but developed a (+) MRSA corneal ulcer following CXL OD, after forgetting to use antibiotic drops
- Patient was lost to follow up; ulcer healed as a prominent opacified scar
- Personal medical history: (+) type 2 diabetes mellitus, hypertension, hyperthyroidism (Grave's)

Corneal Scar OD



Discussion

"I can see what my mom looks like"

"I can see what I look like"

Patient-specific considerations:

 Irregularity and difference in elevation requires scleral contact lens

 Patient interested in both improving her vision, and improving the cosmesis of her right eye

Findings

- Entering VA with spectacles: • **OD:** CF at 3 feet • **OS:** 20/200
- Gross examination: eyes were proptotic
- CT cc at D and N: 30pd constant RXT
- Slit lamp examination:
- **OD:**

Deep, opacified scar extending from inferior limbus to about 40% into the central cornea with surrounding Dellen, grade 3 exposure keratopathy, (+) Vogt's striae, (+) Munson's • **OS:**

Exposure Keratopathy OD/OS



Corneal Tomography OD/OS

Advanced KC requires high sagittal depth

- Proptosis poses risk for globe subluxation • Large diameter lens risks eyelids becoming trapped behind proptotic eye
- Patient education on proper I&R technique • Despite young age, poor patient health, mobility and stamina may render I&R difficult

Patient concerns immediately addressed:

- . Improved vision: Besides the VAs that we were able to measure, the patient's subjective visual experience was much improved
- 2. Right exotropia was reduced from 30pd, to 15pd; improving patient cosmesis
- 3. Cosmetically, corneal scar OD is less prominent under scleral lens

grade 3 exposure keratopathy (+) Vogt's striae, (+) Munson's

• Pentacam findings:

• **OD:** K1: 88.9, K2: 108.8, Kmean: 97.9 Kmax: 119.4

• **OS:**

Kl: 47.9, K2: 55.6, Kmean: 51.4 **Kmax: 62.6**

Scleral Lens Fitting

- Trial lens parameters:
- **OD:** 3.4 sag/8.0 BC/18.5mm/FSE 1 • **OS:** 3.0 sag/8.0 BC/18.5mm/FSE 1
- VA cc ORx :
 - **OD:** 20/40
 - **OS:** 20/30

• CL Trial Fit (Visit 1):





Conclusions/Next steps

Goal 1:

- Patient able to insert and remove: Patient's mother assists with I&R as the patient had spent the last week in the hospital
- **Goal 2:** Functional vision
- Maximize VA through the lenses
- Patient can meet driving requirement
- Ideal fit suitable for all day wear

Goal 3: Improved cosmesis of her right cornea

• Evidence that scleral lens wear can improve the fibrosed appearance of corneal scar over time • Chiu et al (2014), Liao et al (2022)

• Placing colored soft CL overtop of the scleral CLs Concerns with piggybacking lenses given exposure keratopathy

- **OD:** Acceptable initial fit, excessive limbal clearance
- **OS:** Acceptable initial fit, excess apical clearance
- Custom ordered lens parameters:
- **OD:** 3.4 sag/8.0 BC/18.5mm/FSE 1 • **OS:** 2.7 sag/8.0 BC/18.5mm/FSE 1
- CL Ordered Fit (Visit 2):
- **OD:** Improved limbal and central clearance, pinguecula nasally; lens seems to be rocking • **OS:** Improved fit and clearance overall

• Hand painted scleral lenses

References

1 Chiu, G. B., Bach, D., Theophanous, C., & Heur, M. (2014). Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE) scleral lens for Salzmann's nodular degeneration. Saudi Journal of Ophthalmology, 28(3), 203–206. https://doi.org/https://doi.org/10.1016/j.sjopt.2014.06.001 2 Jennifer Liao, O. D., Bita Asghari, O. D., & Karen G. Carrasquillo PhD, O. D. (2022). Regression of corneal opacity and neovascularization in Stevens-Johnson syndrome and Toxic Epidermal Necrolysis with the use of prosthetic replacement of the ocular surface ecosystem (PROSE) treatment. In American Journal of Ophthalmology Case Reports (Vol. 26, Issues 101520-). Elsevier. https://doi.org/10.1016/j.ajoc.2022.101520 3 https://sclerallens.com/prosthetic-scleral-lens-now-available/, Sclerallens.com, 2021