

PO-07

Perforation - frustration: a case of a rheumatic patient with spontaneous corneal perforation

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PURPOSE: To present the case of a 78-year-old female patient with polymyalgia rheumatica and symmetric seronegative rheumatoid arthritis, treated with hydroxychloroquine and medrol, who also had known dry eyes and developed a spontaneous corneal ulcer perforation. The patient reported a two-week history of an unpleasant sensation in her left eye, described as a cutting feeling. In the three days prior to examination, the pain intensified, she experienced light sensitivity, and her vision became blurry. She had been regularly using artificial tears at home.

METHODS: We performed Snellen visual acuity testing, anterior and posterior slit-lamp biomicroscopy, Schirmer's test, OCT of the macula, and basic laboratory tests. A corneal swab was taken for bacterial analysis. A rheumatologist examined the patient and recommended an increased dose of systemic corticosteroids. A therapeutic contact lens was placed, and in addition to intensive eye hydration, topical therapy was introduced.

RESULTS: With therapy, the perforation closed, and the contact lens was removed after seven days. Uncorrected visual acuity improved from 0.2 to 0.4. Follow-up examinations showed that the cornea remained peripherally thinned but had re-epithelialized. OCT of the macula did not reveal retinal damage due to the use of antirheumatic medication.

CONCLUSION: Rheumatoid arthritis is a systemic autoimmune disease characterized by joint inflammation. Other organs, including the eyes, can also be affected. The most common ocular manifestation is dry eye syndrome due to reduced tear gland function and inflammation of the ocular surface. Corneal perforation is a rare but serious complication that requires urgent management to prevent vision deterioration. A therapeutic contact lens promotes re-epithelialization and represents a non-invasive and effective treatment for small corneal perforations. Collaboration between ophthalmologists and rheumatologists is essential for optimal treatment and complication prevention.

Perforacija - frustracija: primer revmatološke pacientke s spontano perforacijo roženice

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NAMEN: Prikaz 78-letne pacientke z revmatično polimialgijo s simetričnim seronegativnim revmatoidnim artritisom na terapiji s hidroksiklorokinom in medrolom ter znanimi suhimi očmi, pri kateri je prišlo do spontane perforacije ulkusa roženice. Gospa je tožila o dva tedna trajajočem neprijetnem občutku v levem očesu, kot da jo reže. V treh dneh pred pregledom se je bolečina stopnjevala, motila jo je svetloba in vid je bil meglen. Doma je redno aplicirala umetne solze.

METODE: Opravili smo testiranje vidne ostrine po Snellenu, sprednjo in zadnjo biomikroskopijo, Schirmer test, OCT makul ter osnovne laboratorijske preiskave. Odvzet je bil bris roženice na bakterije. Pregledal jo je revmatolog, ki je predlagal povečanje odmerka sistemskega kortikosteroida. Vstavljena je bila terapevtska kontaktna leča, ob intenzivnem vlaženju uvedena še topikalna očesna terapija.

REZULTATI: Ob terapiji se je perforacija zaprla, kontaktna leča je bila po sedmih dneh odstranjena. Vidna ostrina brez korekcije se je z 0,2 izboljšala na 0,4. Na kontrolnih pregledih ostaja roženica periferno stanjšana, vendar epitelizirana. OCT makul ni pokazal okvare mrežnice kot posledice uporabe antirevmatikov.

ZAKLJUČEK: Revmatoidni artritis je sistemsko avtoimunsko obolenje, pri katerem gre za vnetje sklepov. Prizadeti so lahko še drugi organi, tudi oči. Najpogosteje gre za suhe oči zaradi zmanjšanega delovanja solzne žleze in vnetja očesne površine. Perforacija roženice je redek, ampak hud zaplet, ki zahteva urgentno obravnavo za preprečitev poslabšanja vida. Terapevtska kontaktna leča spodbuja ponovno epitelizacijo in predstavlja neinvazivni ter učinkovit način zdravljenja manjših perforacij roženice. Sodelovanje med oftalmologi in revmatologi je nujno za optimalno zdravljenje in preprečitev zapletov.