PO-06

Contact lens in the role of an artificial cornea

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AIM: To present a case of a 50-year-old female patient with severe corneal melting and partial limbal stem cell deficiency (LSCD) after one year of continuous wear of a therapeutic contact lens (TCL) following treatment for keratitis caused by the Varicella-Zoster virus (VZV).
CASE PRESENTATION: A 50-year-old female patient, previously treated abroad for a presumed herpetic keratitis, was referred due to significant and extensive corneal thinning of the left eye LE. The patient had been wearing TCL continuously, without removal, for one year. She reported no pain or vision loss. At presentation, the visual acuity (VA) in LE was 0.1 (Snellen), and biomicroscopy revealed white deposits beneath TCL, which was adherent to the corneal surface. The eye was red, and a central descemetocele measuring 4-5mm in diameter, was present, along with peripheral corneal vascularization (NV) 360°. The right eye was unremarkable, exhibiting a normal and stable tear film. Corneal OCT showed that the descemetocele was epithelialized. Due to the risk of perforation, the TCL was not removed; instead, topical antibiotic and lubricating therapies were initiated, along with a therapeutic dose of systemic antiviral therapy. A penetrating keratoplasty (PKP) was planned to be performed once the inflammation had subsided. One week following initiation of therapy, the TCL dislodged, and the descemetocele protruded significantly. The patient underwent an amniotic membrane transplantation, and six days later, a therapeutic tectonic penetrating keratoplasty (PKP) was performed. VZV was confirmed by PCR of the excised corneal tissue. Two weeks postoperatively, cystoid macular edema was detected and successfully treated with topical medications. Due to partial LSCD, the patient received autologous serum eye drops for two months following PKP. At the final follow-up, three years post-PKP, VA was 0.4 with glasses, the corneal graft was clear with a smooth epithelium, and there was near-complete regression of corneal NV.
CONCLUSION: In this case, the prolonged use of TCL, which adhered to the cornea for one year, may have, in addition to the herpetic ocular disease, contributed to the extensive descemetocele, while also preventing its protrusion. Postoperatively, a surprising improvement in LSCD was observed following treatment with autologous serum eye drops, and anti-inflammatory therapy, resulting in a functionally successful corneal transplant.

Kontaktna leča v vlogi umetne roženice

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NAMEN: Predstaviti primer 50-letne bolnice z izrazito keratomalacijo in delno insuficienco limbalnih matičnih celic (LSCD) po enem letu neprekinjene nošnje terapevtske kontaktne leče (TKL) po zdravljenju keratitisa, povzročenega z virusom Varicella-Zoster (VZV).
PREDSTAVITEV PRIMERA: 50-letna bolnica po predhodni herpetični okužbi leve roženice, zdravljeni v tujini, je bila napotena zaradi izrazitega in obsežnega stanjšanja roženice. Gospa je imela že eno leto vstavljeno TKL, ki je ni menjala. Bolečin ali poslabšanja vida ni opažala. Ob prvem pregledu smo beležili vidno ostrino (VA) levo 0,1 (Snellen), TKL je bila prilepljena na roženico, pod njo so bili gosti belkasti depoziti, oko je bilo rahlo draženo, vidna je bila centralna descemetokela premera 4-5mm ter periferna vaskularizacija roženice (NV) 360°. Drugo oko je bilo zdravo, solzni film normalen in stabilen. Na OCT roženice je bilo razvidno, da je descemetokela epitelizirana. Zaradi tveganja za perforacijo TKL ni bila odstranjena, uvedena je bila topikalna antibiotična in vlažilna terapija ter sistemski virostatik v terapevtskem odmerku ter predvidena presaditev roženice, ko se vnetje umiri. Po enem tednu terapije je TKL izpadla, descemetokela se je močno izbočila, zato je bila roženica krita z amnijsko membrano in 6 dni kasneje narejena terapevtska tektonska penetrantna keratoplastika (PKP). Iz lastne izrezane roženice je bil s PCR potrjen VZV. Dva tedna po posegu je bil ugotovljen cistoidni makularni edem, ki je ob topikalni terapiji izzvenel. Zaradi delne LSCD je imela 2 meseca po PKP terapijo z avtologni serumskimi kapljicami. Ob zadnjem pregledu 3 leta po PKP je bila VA s korekcijo na očalih 0,4, presadek roženice je bil prozoren in epiteliziran s povsem gladkim epitelom, prišlo je do skoraj popolne regresije NV.
ZAKLJUČEK: TKL, ki je bila 1 leto prilepljena na roženico, je bila poleg herpetične očesne bolezni lahko vzrok obsežne descemetokele, hkrati pa je preprečevala njeno izbočenje. Opažali smo presenetljivo izboljšanje LSCD po PKP ob terapiji z avtologni serumskimi kapljicami ter protivnetni terapiji, kar je pogojevalo funkcionalno uspešno presaditev roženice.