

Use of Scleral Notch to Maximize Coverage of the Ocular Surface in Exposure Keratoconjunctivitis Preet Dhami¹, Bita Asghari, OD, FAAO^{1,2} MCPHS University School of Optometry, BostonSight

Background

Exposure keratoconjunctivitis (EK) is defined as an inflammatory ocular surface disease which affects the cornea and conjunctiva due to inadequate wetting, inadequate eyelid closure and/or reduced blink rate.¹⁻³ Signs and symptoms of EK can vary in severity, and management focuses on support of the ocular surface (table 1).¹⁻³

Signs and Symptoms

Pain Foreign body sensation Epiphora Photophobia Blurry vision Incomplete blink Punctate epithelial erosions Conjunctival injection Conjunctival chemosis

Table

Treatments

Aggressive lubrication Eyelid taping Amniotic membranes Scleral lenses Partial tarsorrhaphy Eyelid reconstruction Eyelid gold/platinum weight implant

Prosthetic replacement of the ocular surface ecosystem (PROSE) is a treatment developed by BostonSight (Needham, MA) to improve visual function, improve comfort and support the ocular surface for patients with complex corneal diseases, including EK.¹

A larger diameter PROSE device (PD) or scleral lens can provide superior support of the ocular surface by providing better coverage and preventing desiccation of exposed conjunctival tissue. Anatomical obstacles may limit the diameter of a lens; however, customization of a lens haptic with use of a notch to fit around an obstacle can allow for improved coverage with a larger design. This case demonstrates the use of a haptic notch in PROSE treatment to allow for maximal coverage of the ocular surface to improve function and comfort in a patient with EK.

A 66 year-old Caucasian male with history of EK and mechanical lagophthalmos of the right eye secondary to several lid biopsies in setting of complex autoimmune disease and pyoderma gangrenosum presented for PROSE follow-up. His chief complaint was increased redness and decreased comfort in the right eye with his current PD (Figure 1). Clinical evaluation showed conjunctival hyperemia, inflammation and mucoid discharge in areas of exposure outside the PD. The diameter of this presenting PD was limited by the presence of a symblepharon. PROSE retreatment was initiated with goals of providing maximal coverage of the conjunctival tissue to improve function and comfort. A haptic notch was incorporated into the PD where the superior symblepharon was located to allow for a larger diameter design (Figure 2B).



landing at the edge of the symblepharon.(B).



*Photos courtesy of Bita Asghari, OD, FAAO and BostonSight

Case Description

Figure 1: Slit lamp photographs of the right eye with the baseline 17.5mm PD in A) primary gaze, B) inferior gaze, and C) nasal gaze. There is significant hyperemia and inflammation of the temporal exposed conjunctival tissue as well as mucoid discharge (A,C). The edge of the superior haptic of the PD is

Figure 2: Slit lamp photographs of the right eye with the finalized 19.5mm PD with superior haptic notch, at 3-month follow-up. There is marked reduction in conjunctival hyperemia, inflammation and discharge with the increased coverage of the exposed conjunctival tissue.



BostonSight Needham, MA (781)726-7337 www.bostonsight.org

Discussion

The patient was successfully fit into a larger diameter 19.5mm PD (figure 2). The superior haptic notch fit appropriately around the symblepharon which eliminated it as an anatomical limitation in conjunctival coverage. The patient reported improved comfort, had improved function, reduced discharge, and continued to do well at his three-month follow-up.

Conclusion

Providing maximal coverage of the ocular surface for patients with EK may improve fit, function, and comfort with scleral lens wear. Although anatomical obstacles can limit lens diameter, appropriate customization and incorporation of a haptic notch may serve as a valuable tool in improving coverage of the ocular surface.

References

1. Gire, A., Kwok, A., & Marx, D. (2013). PROSE treatment for lagophthalmos and exposure keratopathy. Ophthalmic Plastic and *Reconstructive Surgery*, 29(2), e38-e40. doi: 10.1097/IOP.0b013e3182674069

2. Rajaii, F. & Prescott C. (2014). Management of Exposure Keratopathy. Retrieved from https://www.aao.org/eyenet/article/management-ofexposure-keratopathy-2

3. (2017). Cornea. In N. Bagheri & B. N. Wajda (Eds.), The Wills eye manual: office and emergency room diagnosis and treatment of eye disease (58-59) (7th ed.). Philadelphia, PA: Wolters Kluwer.