17TH INTERNATIONAL CONFERENCE OF THE RESEARCH INSTITUTE OF OPHTHALMOLOGY

RIO 2025

Anterior Segment Eye Diseases
Current Status & Future Directions

Banana DALK

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Acknowledgement

Prof. Harminder S Dua

Financial Disclosure

I have no financial interests or relationships to disclose.

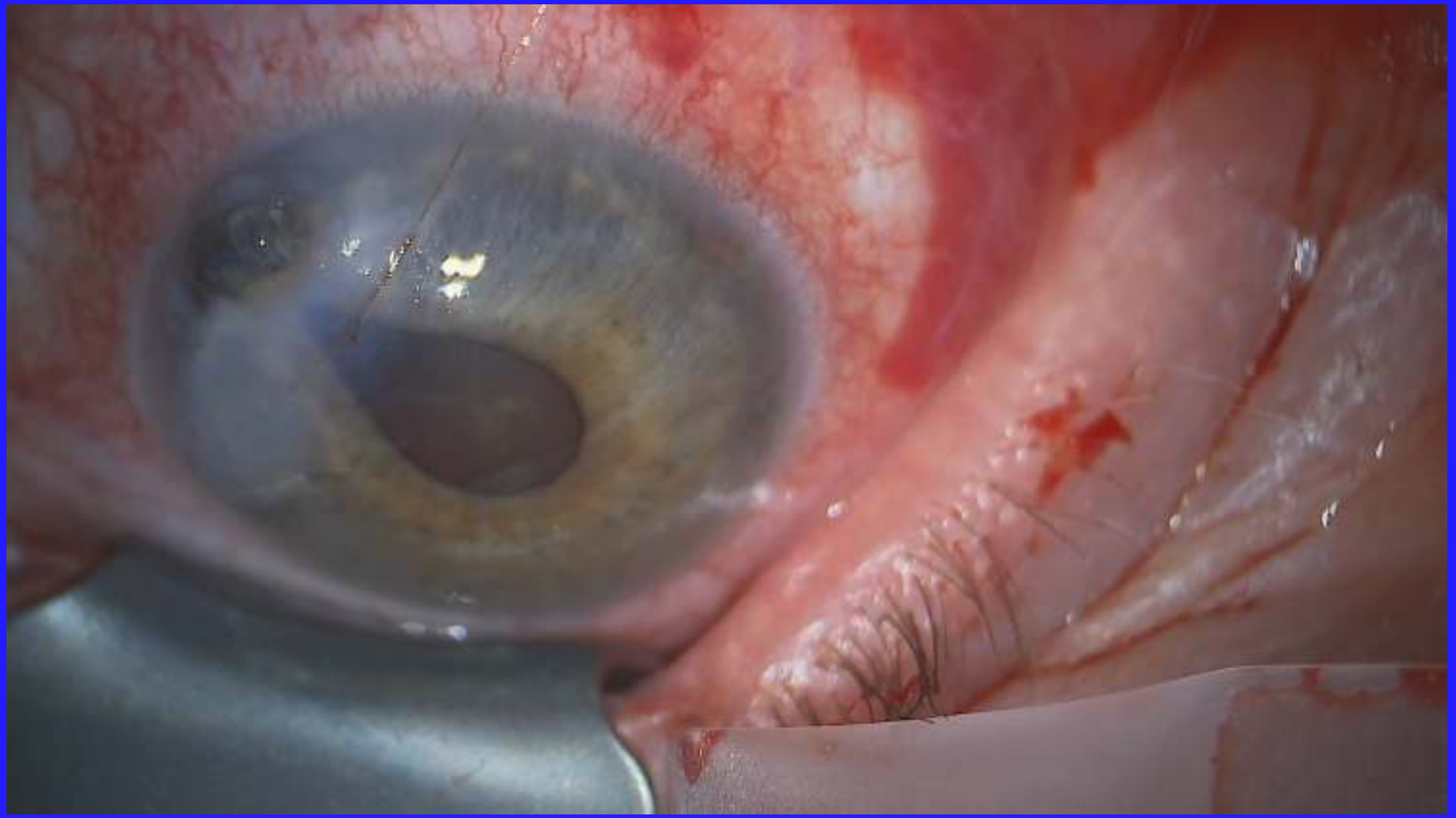
Presentation in Eye casualty

- A 47 years old male
- Sudden on set of left blurry vision, with watering
- PMH: Atopic Eczema
- VA Right 6/9, Left 6/24
- Acute hydrops with localized oedema
- IOP in Right (9mm Hg) left (2 mm Hg)
- Sidle positive, AC was Shallow but formed
- Glued

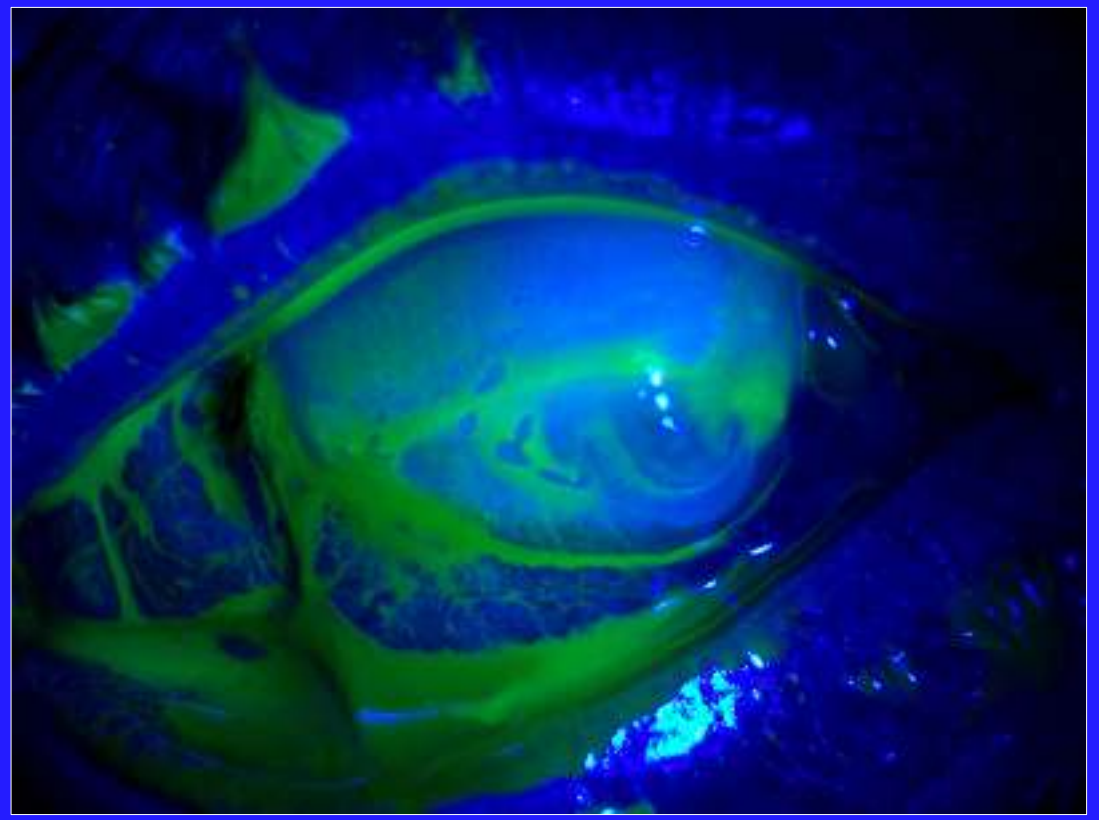
Next Day:

- Left eye: Localized corneal oedema infratemporal with perforation and shallow AC and Drawn up pupil
- Glued (2nd Glue) in minor Ops
- Next day glue fell
- Re-glued (3nd Glue)

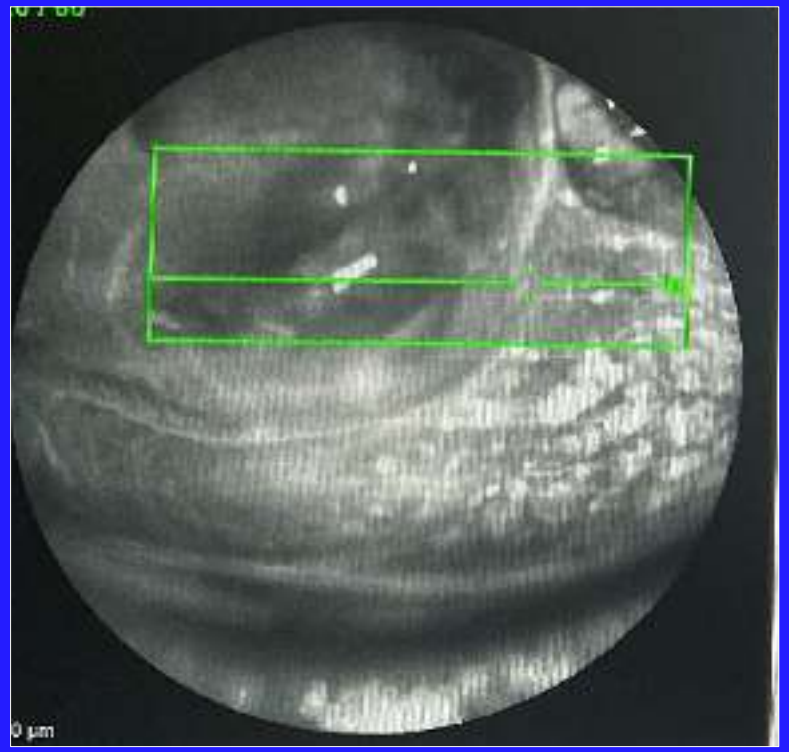
3rd Glue in theatre:
Double drape technique

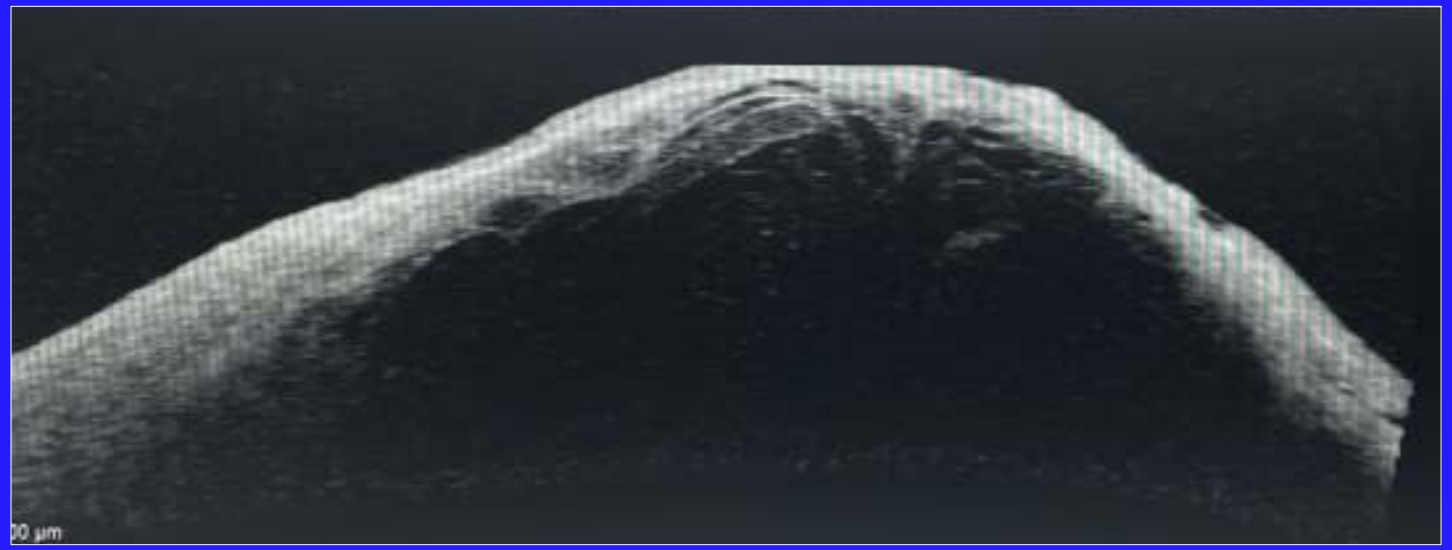


One Week Post 3rd Gluing!!



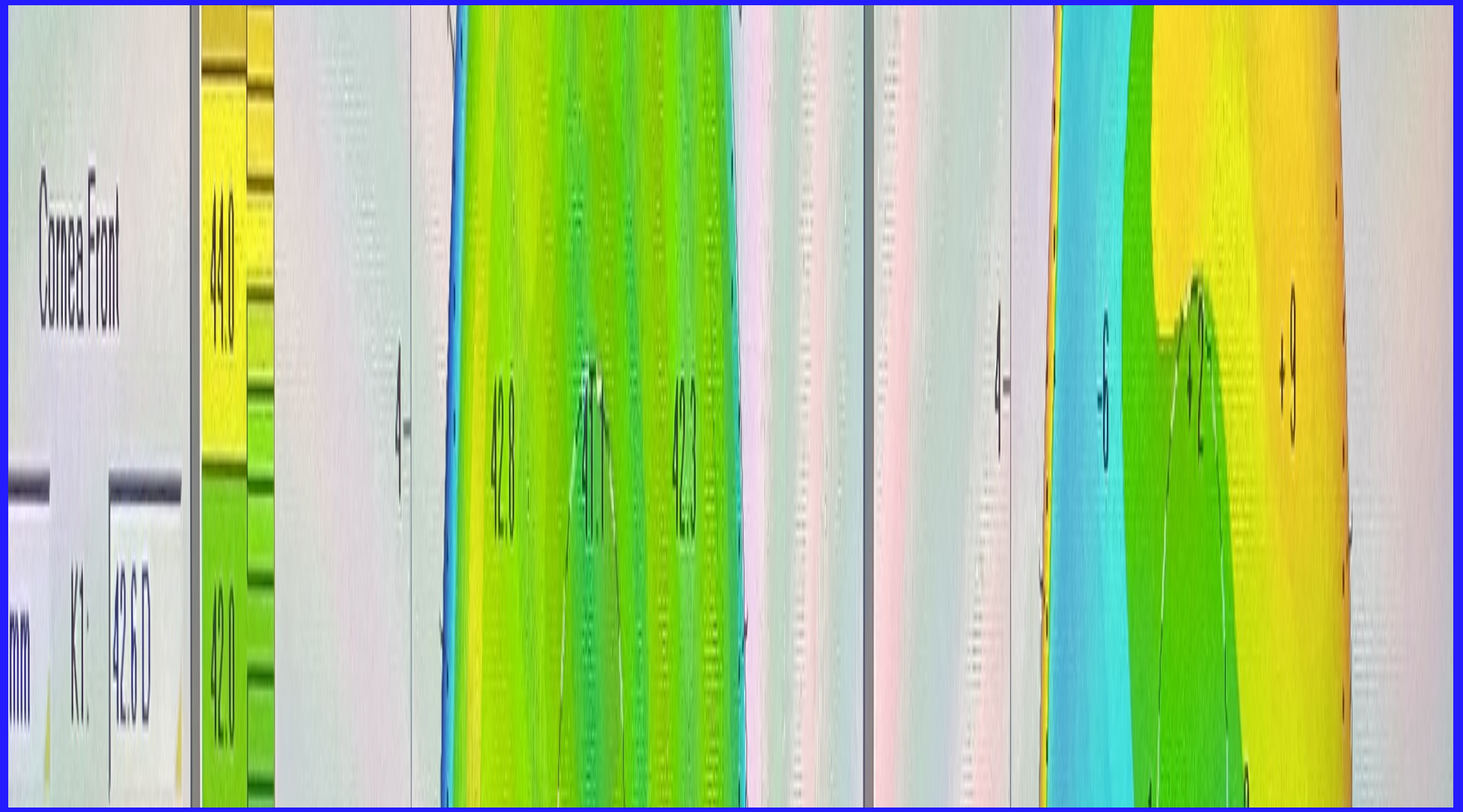
What Next??



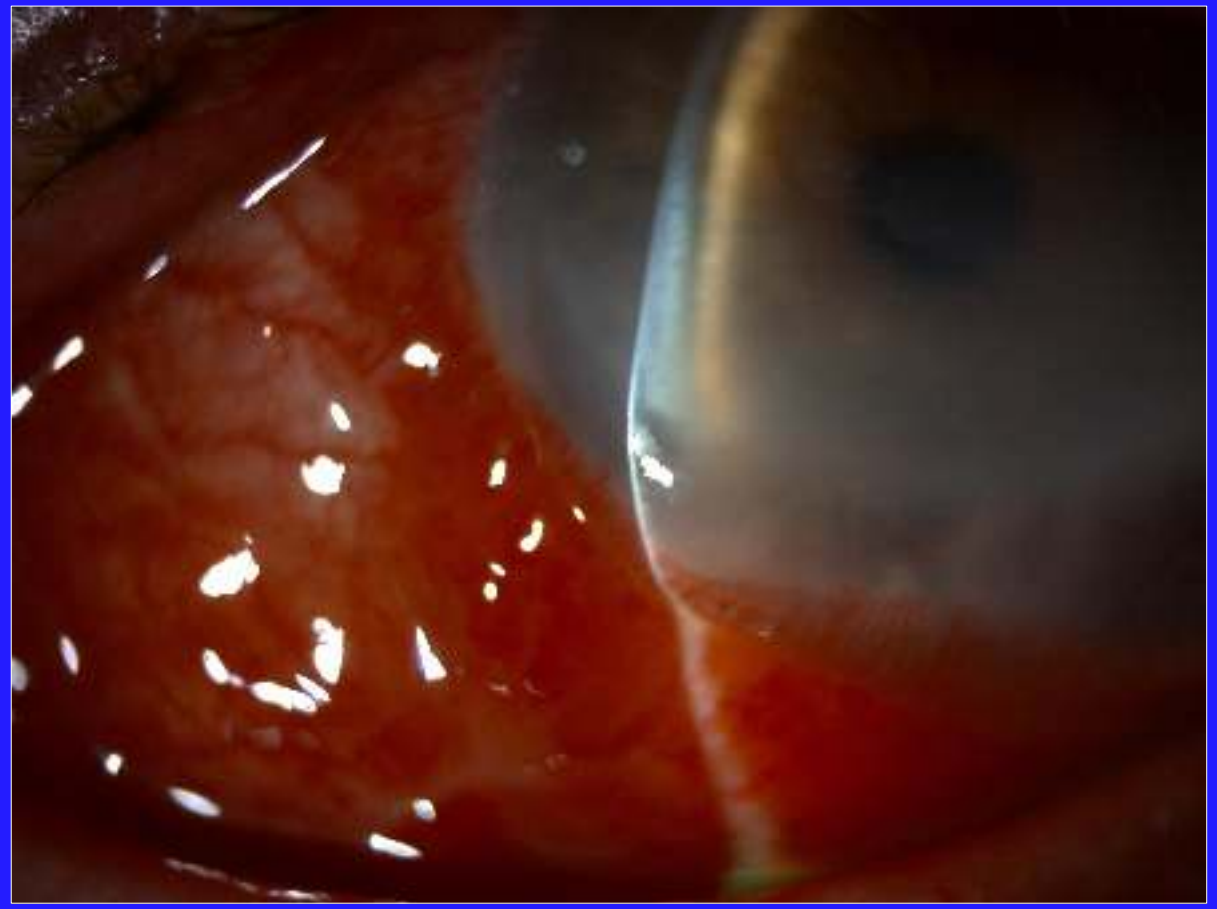


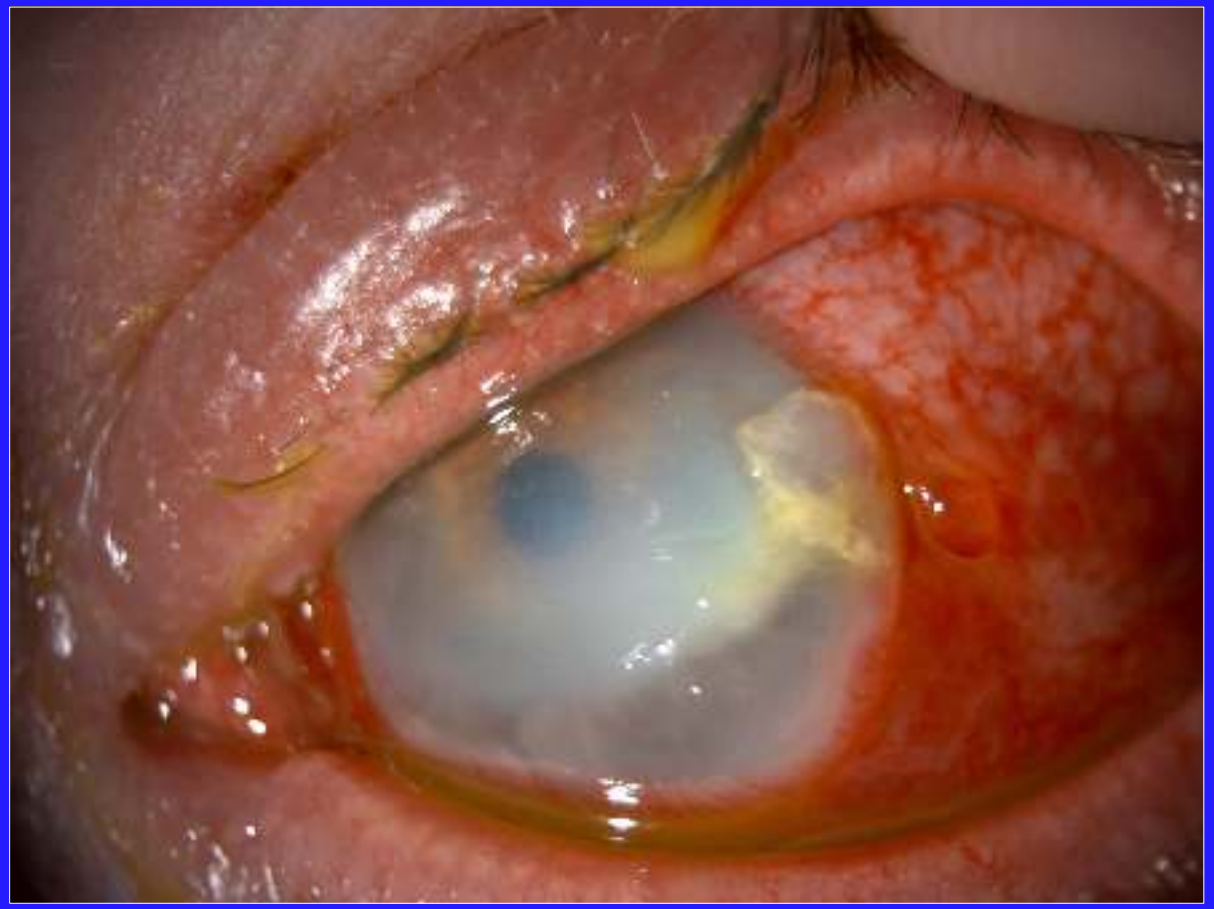
Topography of the Other eye:

- Axial Map showing inferior steepening
- Thinnest location 431um
- **Bloods:**
- ESR, CRP , ANA , ANCA , LFT , U and E
- Rheumatoid screen
- Chest Xray
- Checked for infectious causes HIV, S, Herpes
- Eosinophilia



Getting worse!!

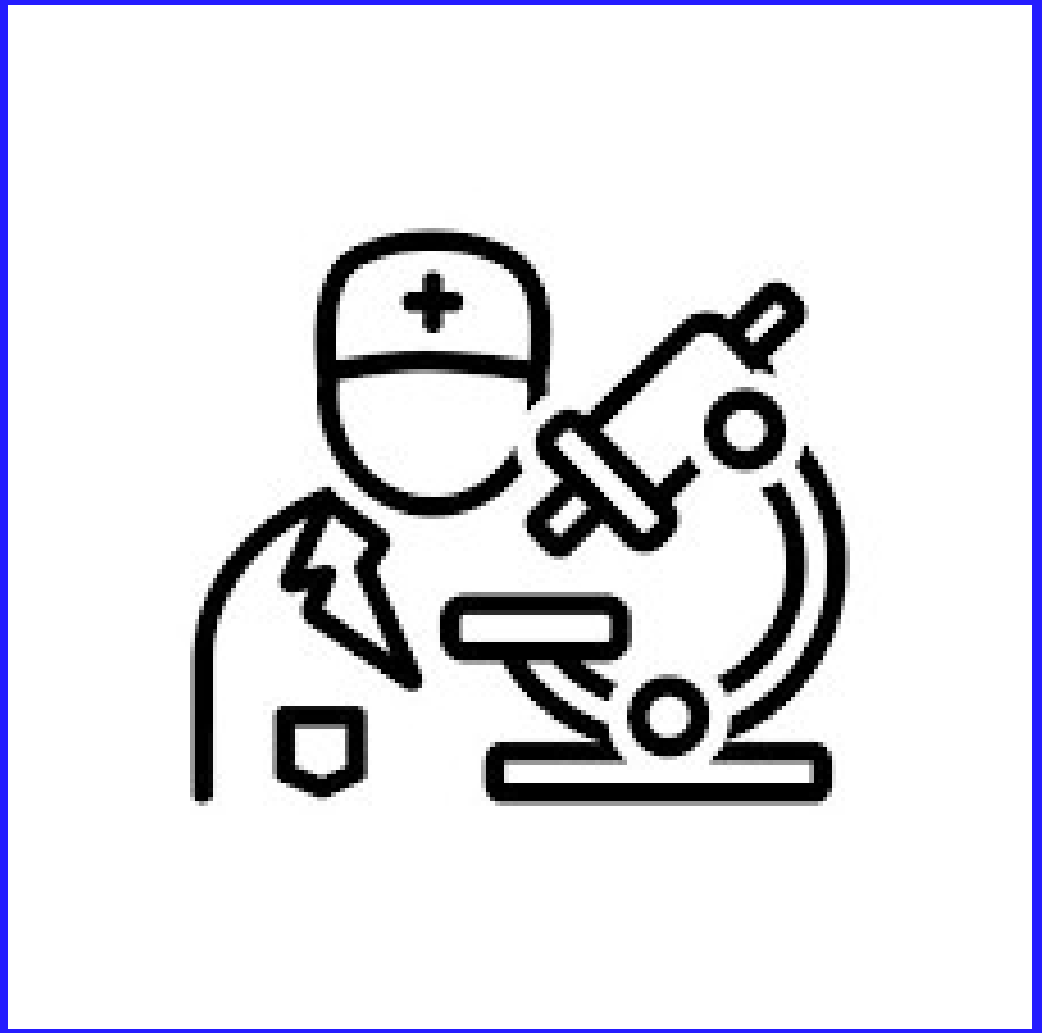




Sclero-corneal lamellar Banana Graft

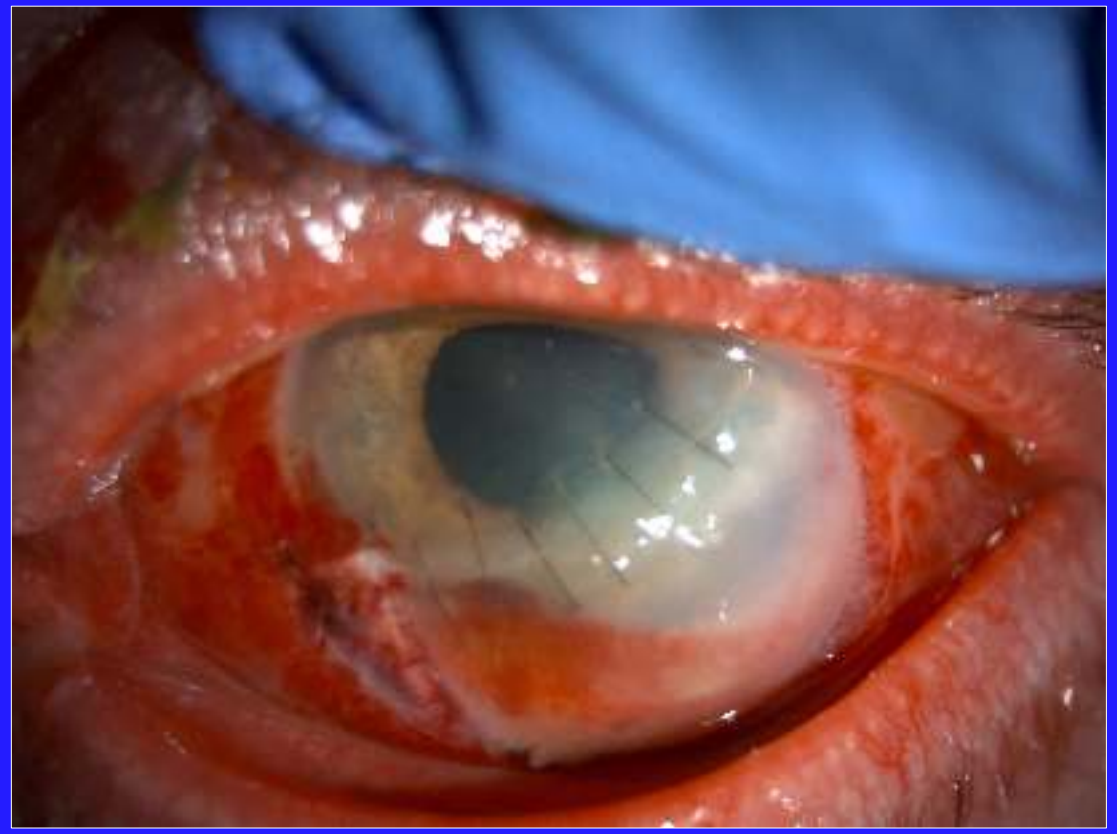
Pathology Report :

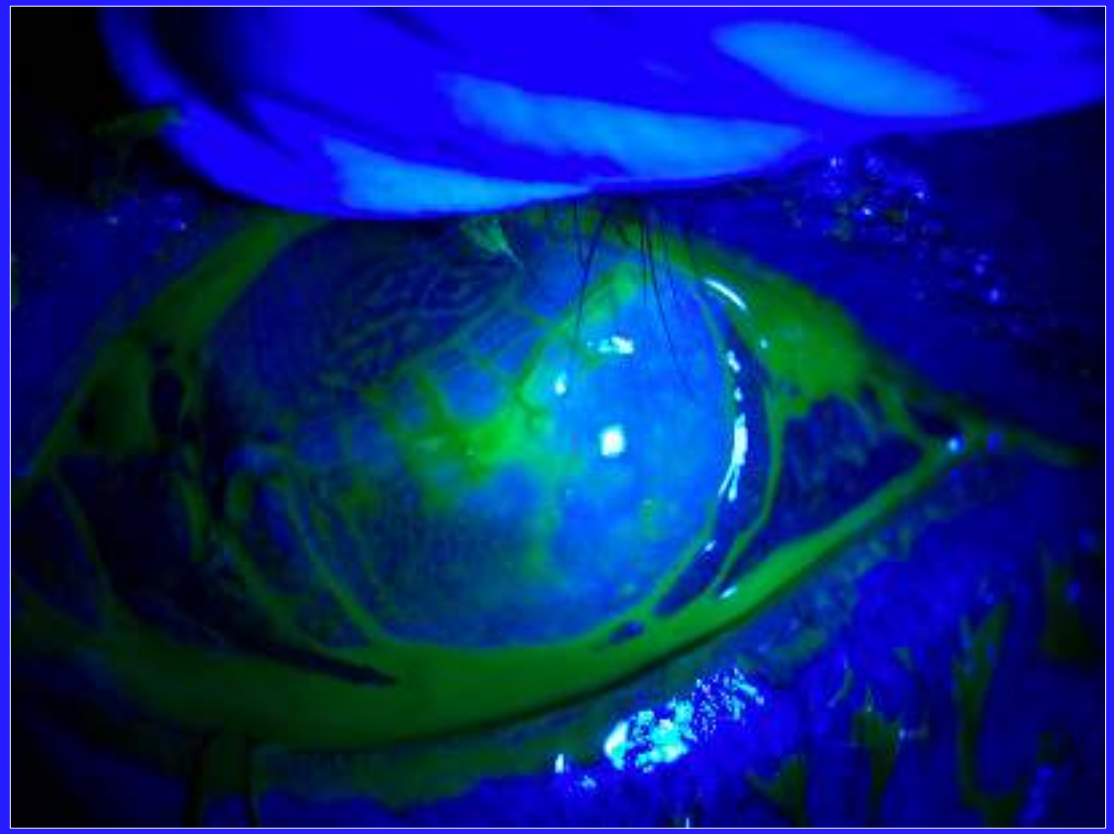
- Acute on chronic conjunctival inflammation
- Perl Hemosiderin deposit within macrophages around small vessels suggesting small vessels Vasculitis



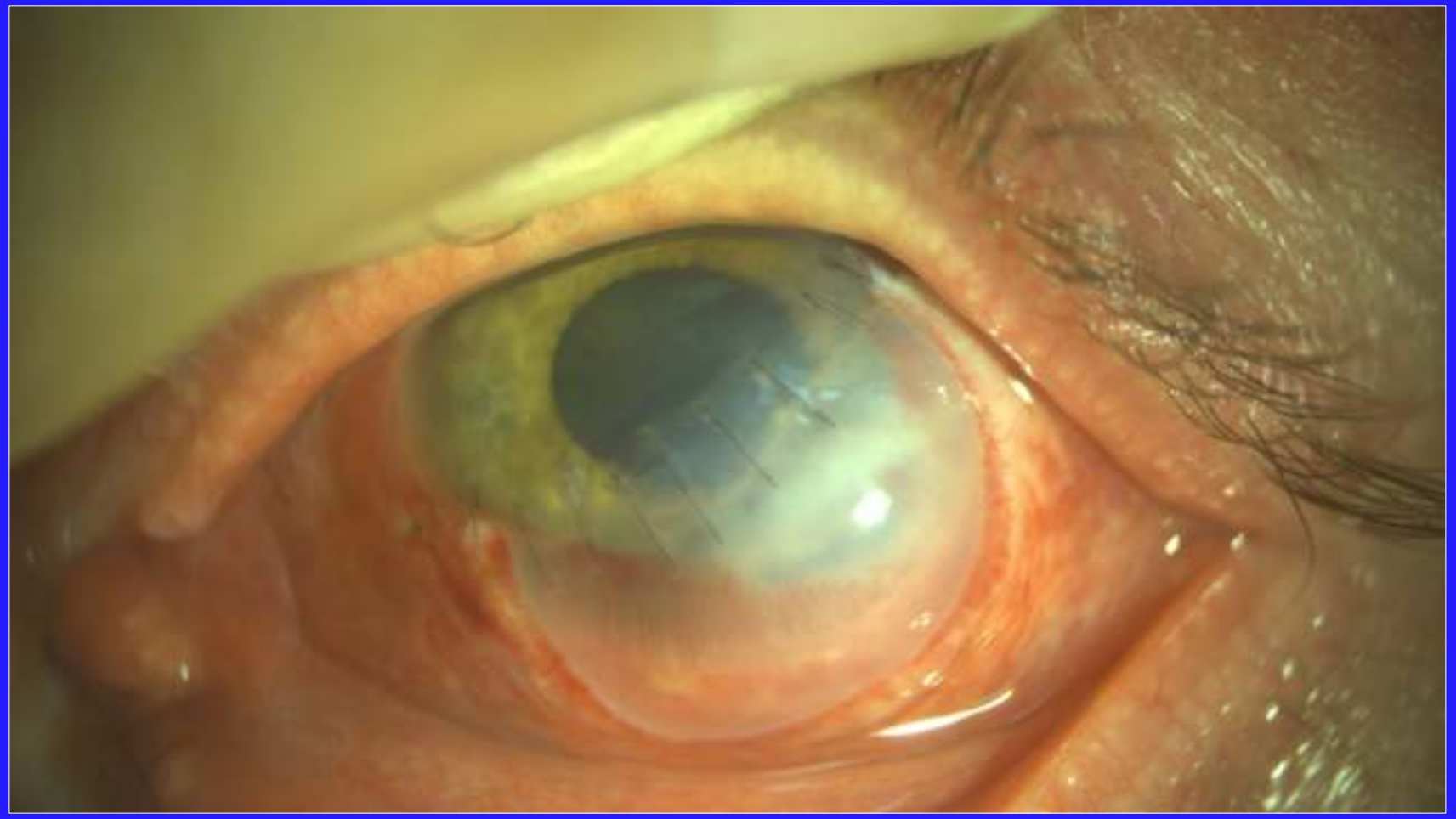
Day 3 post-op

- 60 mg Prednisolone (reducing dose,
- Dexafree 6x/d and G Levofloxacin 6x/d



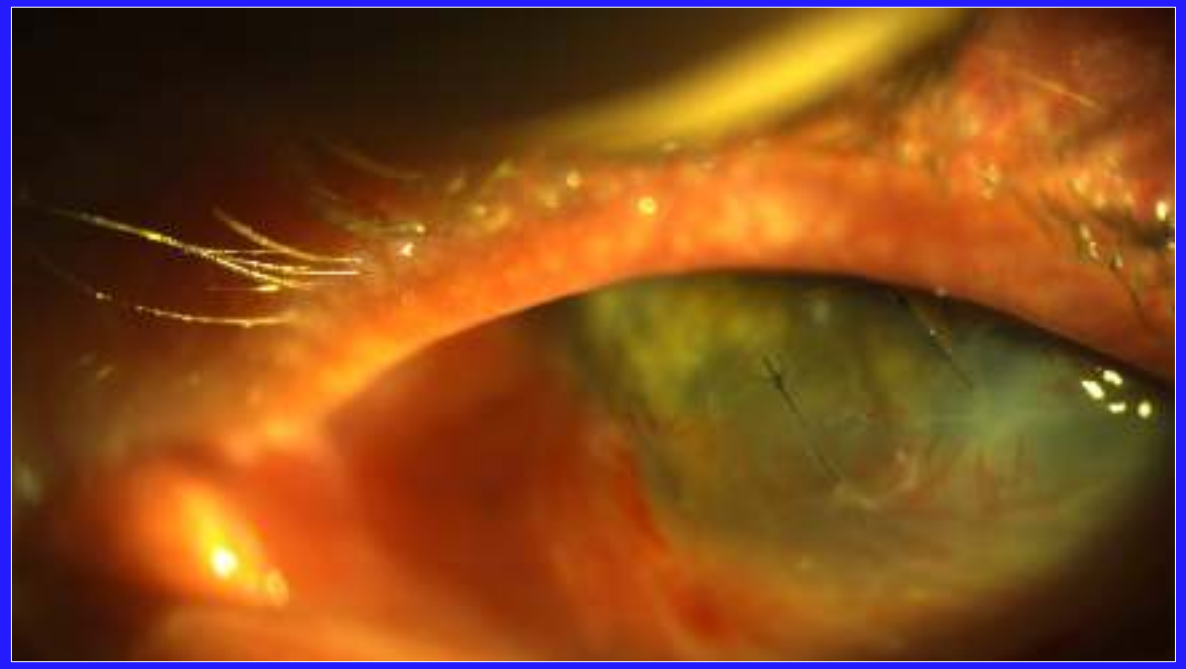


2 weeks post-op

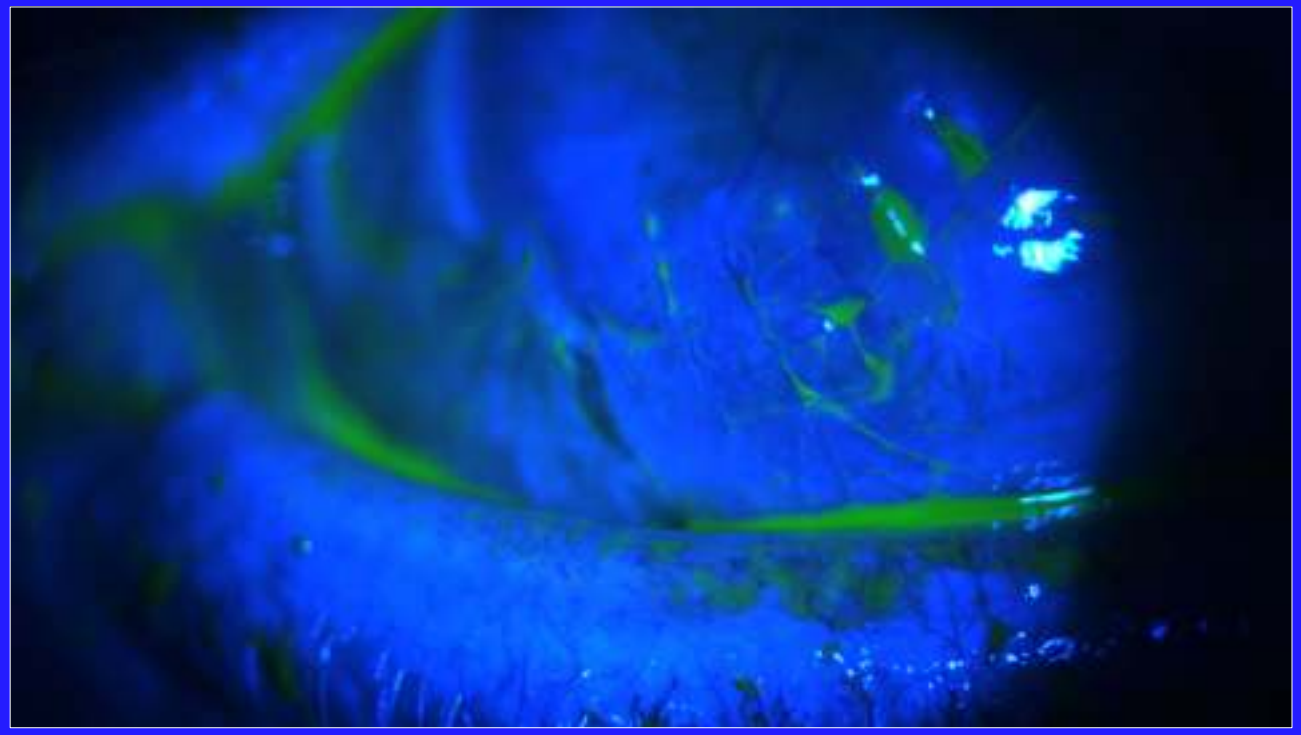


- Increased Prednisolone to 80 mg/d
- Dexafree Hourly
- Levofloxacin 6x/d

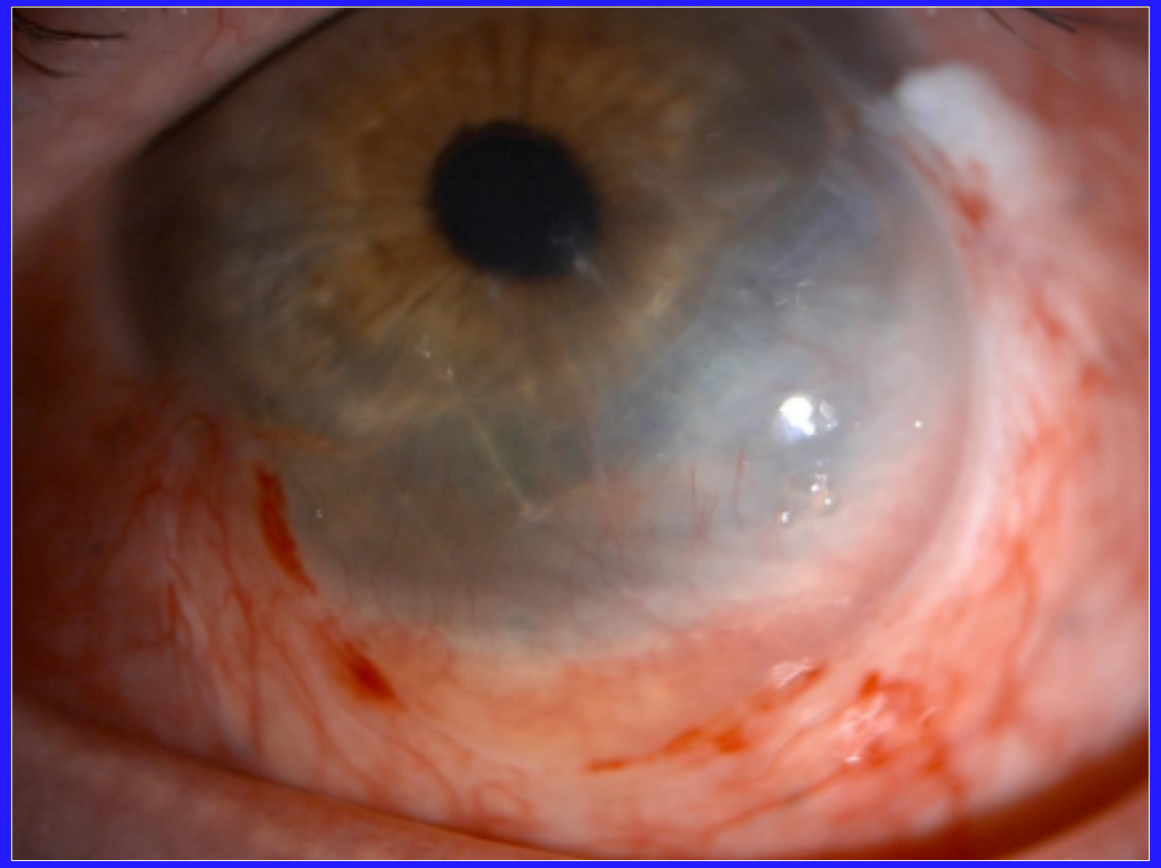
3 weeks post-op

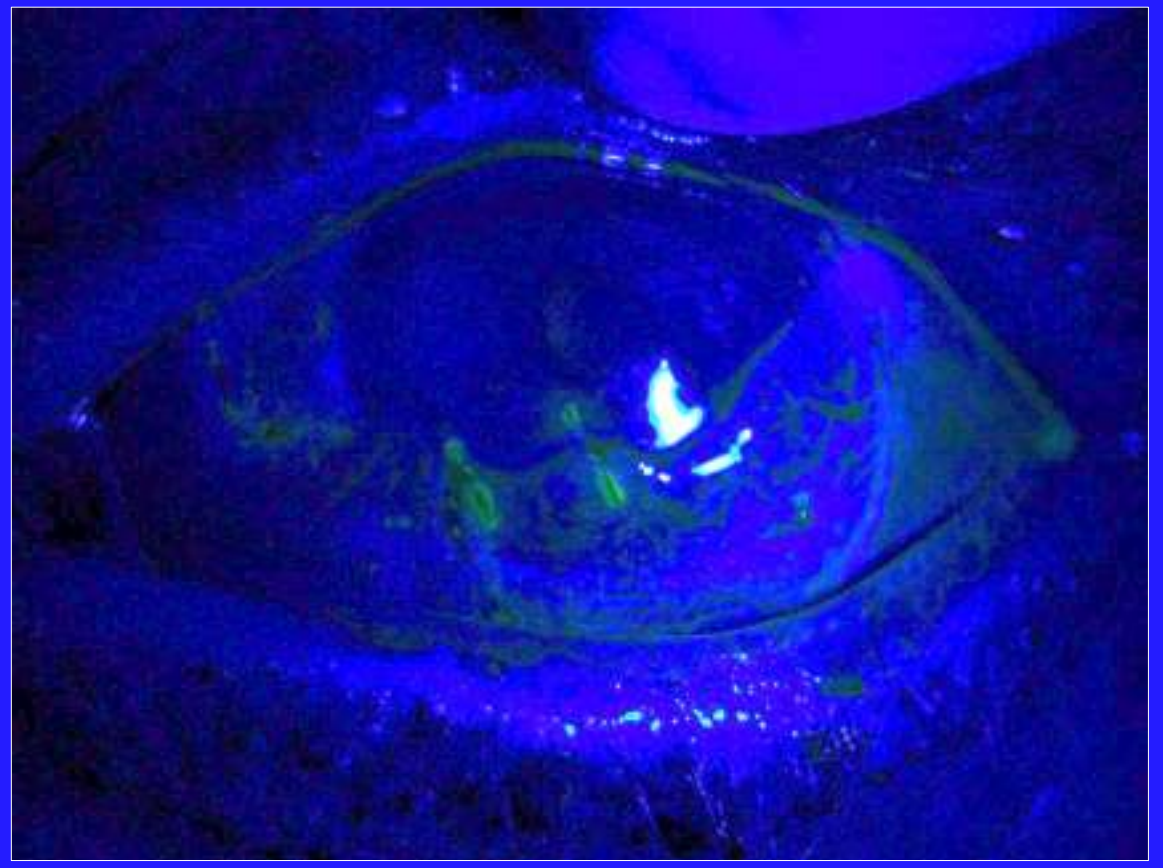


- Continue high dose prednisolone
- 15 mg /w Methotrexate
- All sutures removed



1 Month post-op

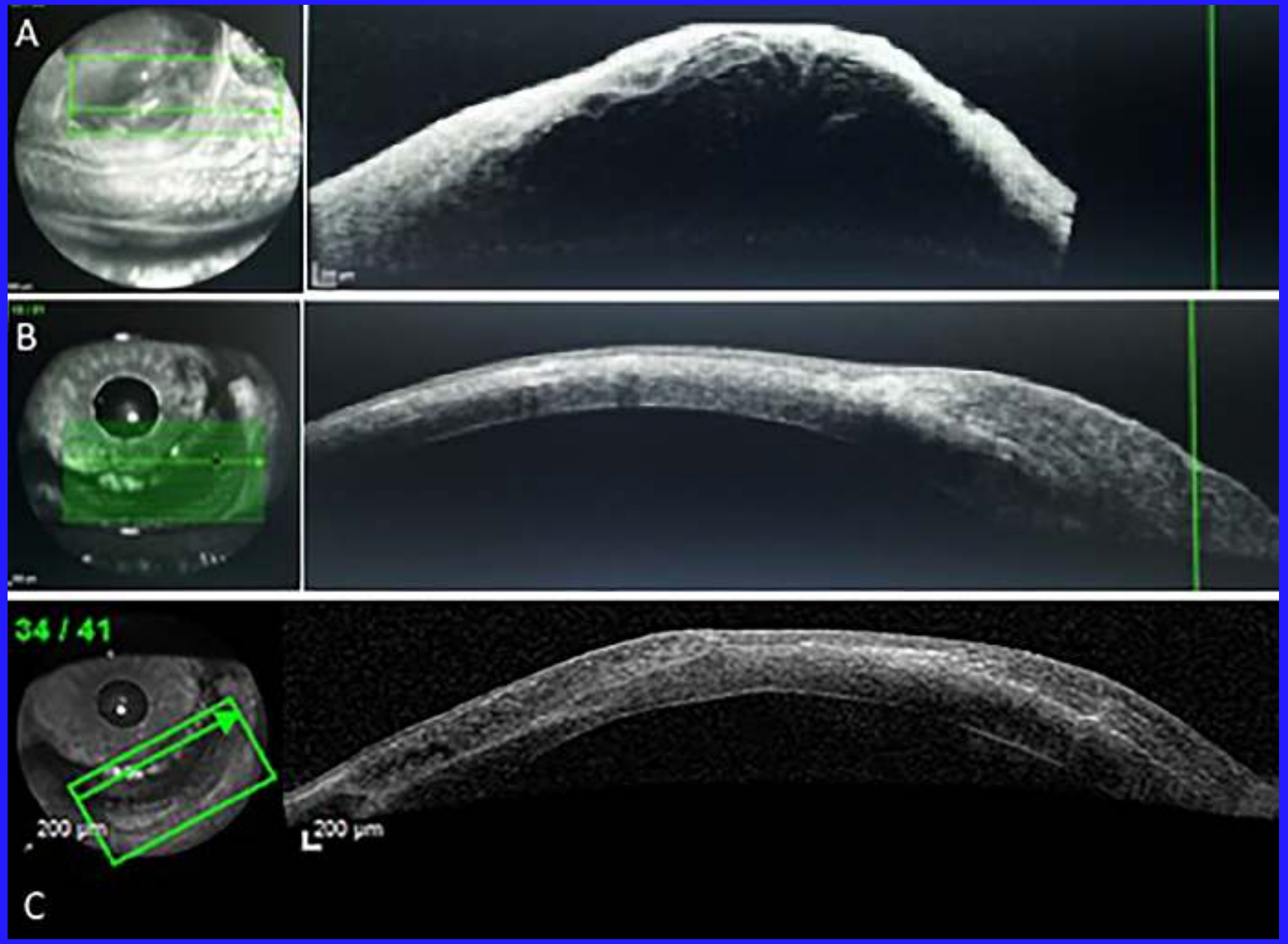




1 year post-op

UCVA 6/12,BCVA 6/9 6/12

OCT:



Visual Acuity 6/12
Unaided

Take Home message:

- Peripheral ulcerative Keratitis is a sight threatening and life threatening ocular emergency
- RA in Keratoconus is associated with higher risk of perforation
- Intense localized inflammation is unlikely with perforated acute hydrops
- Early surgical intervention undercover of systemic steroids and immunosuppression is Key
- Prepare for a bumpy post operative period!!

Thank you for your attention