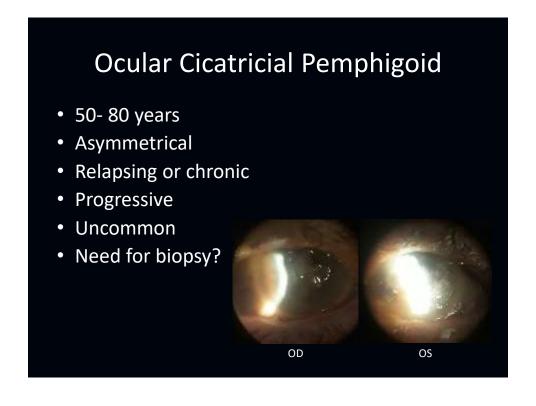
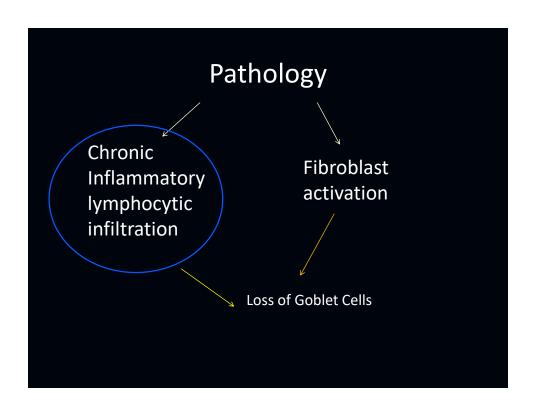
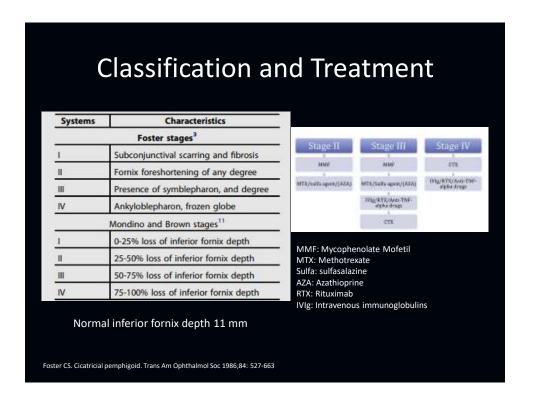




Mucous Membrane Pemphigoid 1. Lethal 2. Conjunctiva is second most commonly affected Subepithelial blistering







Treatment

- Ocular involvement is "high risk"
- indication for systemic immunosuppression
- Goals:
- 1. Induction of a quiet white eye
- 2. Without progression of cicatrization



Proposed Regimen

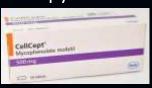
- Start with a well-tolerated drug
 - MTX 10-15 mg/week
 - MMF 1g twice/day
- 33% of patients —— low-grade inflammation
- If inadequate add
 - Prednisone
 - +/- Dapsone 45-55%Or Cyclophosphamide 69-91%
- Anti- TNF agents Antifibroblastic action



Surgery in OCP Yes or No **Visual improvement** 3.5 Snellen lives javeragel Sainz de La Maza et al. [27] ECCE. 26 ering and Dart [29] Photo, 10 41.3 ECCE. 4 KCCE, 1 Furank et al. [30] Phace, 4 More than 2 lines improvement in six eyes ECCE 5 Sangwan et al. Cataract surgery in ocular surface diseases: clinical challenges and outcomes. Curr Opin Ophthalmol. 2018 Jan

Surgery in OCP When

Instituting immunosuppressive therapy



Monitor quiescence 3-6 m Keep post op systemic therapy Surgery can activate the disease (15%)



Surgery in OCP **Prognosis** Humber of eyes Type of surgery and number ECCE, 26 3.5 Snellen lives javeragel Soinz de La Maga et al. [27] 22 Geering and Dart [29] Photo, 10 41.3 More than 2 lines impro ECCE. 4 ICCE, I Furank et al. (30) Photo, 4 More than 2 lines improvement in six eyes. ECCE, 5

Surgery in OCP

- Cataract surgery in ocular surface diseases is challenging
- Performing cataract surgery in active disease can worsen prognosis
- Stabilization of the ocular surface followed by a tailored surgical approach
- Well planned surgeries result in significant improvement in visual acuity

