

18th Joint event on

EUROPEAN OPHTHALMOLOGY CONGRESS & OCULAR PHARMACOLOGY

December 04-06, 2017 | Rome, Italy

Bilateral peripheral ulcerative keratitis following retinal detachment surgery in one eye

Anna Praidou¹, Antonios Ntafos², Athanasios Ntokos² and Sofia Androudi²

¹General Hospital of Thessaloniki "G. Gennimatas- O Agios Dimitrios", Greece

²University Hospital of Larissa, Greece

Statement of the Problem: Autoimmune and infectious diseases can cause peripheral ulcerative keratitis (PUK), which requires appropriate treatment to avoid the risk of irreversible ocular damage.

Purpose: The purpose of this case report is to present bilateral PUK following retinal detachment surgery in one eye.

Methodology and Theoretical Orientation: A case of a 77-year-old male was referred to Dept of Ophthalmology due to retinal detachment in the right eye. The patient underwent retinal detachment surgery with 25g pars plana vitrectomy and C3F8 uneventfully. One week postoperatively the patient presented with PUK in both eyes.

Findings: Slit-lamp examination revealed PUK and stromal infiltrations with epithelial defect in both eyes. His past medical and ophthalmic history didn't reveal any significant problems. Blood testing didn't reveal any pathology. The management included systemic, intravenously steroid treatment for 3 days, which stopped suddenly due to gastrointestinal bleeding. Improvement of PUK, and visual acuity was achieved gradually during the up to now follow-up period.

Conclusion & Significance: PUK is an inflammation at the margin of the corneal stroma that is associated with an epithelial defect that can cause ulceration and can lead to rapid necrosis of the corneal stroma. PUK can pose a diagnostic dilemma in cases with immune system dysregulation, while excluding infectious agents is mandatory for appropriate treatment.

Recent Publications

1. Foster C S, Forstot S L, Wilson L A (1984) Mortality rate in rheumatoid arthritis patients developing necrotizing scleritis or peripheral ulcerative keratitis: effects of systemic immunosuppression. *Ophthalmology*. 91(10):1253-1263.
2. Kaye S, Choudhary A (2006) Herpes simplex keratitis. *Prog Retin Eye Res* 25(4):355-380.
3. Praidou A, Androudi S, Kanonidou E et. al. (2012) Bilateral herpes simplex keratitis presenting as peripheral ulcerative keratitis. *Cornea*. 31(5):570-571
4. Robin J B, Schanzlin D J, Verity S M et. al. (1986) Peripheral corneal disorders. *Surv. Ophthalmol*. 31(1):1-36.
5. Zaher S S, Sandinha T, Roberts F, et. al. (2005) Herpes simplex keratitis misdiagnosed as rheumatoid arthritis-related peripheral ulcerative keratitis. *Cornea* 24(8):1015-1017.

Biography

Anna Praidou received her Medical degree, completed her PhD thesis and her residency at the University of Thessaloniki, Greece. She completed MSc in Medical Research Methodology at the University of Thessaloniki, Greece and another MSc in Health Unit Management at the Open University of Patra, Greece. After completion of her training in Ophthalmology she worked at Alder Hey Hospital, Liverpool in Pediatric Ophthalmology, at Royal Liverpool University Hospital in Medical Retina, Uveitis, and Ocular Oncology Services. She was previously also working at Moorfields Eye Hospital, London in the Cataract Service and at the Royal Free Hospital, London in Medical Retina and Cataract services. She is currently working as a Consultant Ophthalmic Surgeon in NHS.

praidou2003@yahoo.co.uk

Notes: