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Scleral contact prosthetic lenses

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In this study, a 51 year-old-patient with double corneal transplant in right eye was studied. First corneal transplant was done in 1999 and she never got vision. Second corneal transplant was done in 2010. After a year, there was considerable deformation in the corneal tissue and the cornea became totally leukomatous, deformed and irregular and the eyeball descended to lower eyelid (keratoglobe). I met the patient with ophthalmologist diagnosis of eyeball evisceration. The patient was in deep depression. Due to the irregular and deformed cornea, neither an ocular prosthesis nor soft prosthetic lens could be adapted. So I tried with a scleral lens. In the first test, the general condition of her irregular cornea improved considerably, permitting a good tear film flow between the cornea and the lens. I checked again her cornea and there was neither vision nor light reflection. I consulted the director of scleral lenses for perfect vision in Chile and suggested using a double flap over the lens. Thus, the landing in the sclera was improved and was not ejected. I adapted a scleral lens X-cel Atlantis, base curve 7.50, diameter 17.5 double flap. I put a soft lens painted with black pupil and then a second scleral lens with the same parameters, with perfect adhesion. The patient felt very comfortable, with improved quality of life, could insert herself at work again and now her life has completely changed for the better.

Biography

Sergio Ozán has studied Optician course from University of Buenos Aires, Argentina. He is Specialist in Contact Lenses, Specialist and Manufacturer of Ocular Prosthesis. He is a Scientific Adviser for Ocular Prosthesis in APO (Asociación Profesional de Optómetras in Argentina). He is a Precursor and Creator of multi-perforated orbital implant, JUMAT, and Precursor and Creator of expander orbit osmotic hydrogel filling for microphthalmia. He is the Director of CEPROC, Director of Ocular Prosthesis Division in Perfect Vision, Santiago, Chile.

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