

International Conference on Eye Disorders and Treatment

July 13-15, 2015 Baltimore, USA

Ocular Syphilis: An update for physicians

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Objective: To review current strategies for management of patients with intraocular inflammation secondary to syphilis

Methods: Literature relevant to ocular syphilis was searched utilizing MEDLINE and available governmental guidelines

Summary: Syphilis is a complex, systemic disease caused by the spirochete *Treponema pallidum*. Syphilis is most commonly transmitted sexually and can involve nearly every organ system. Syphilis may involve any eye structure and may present in diverse and diagnostically challenging fashions. The most common presentations are posterior uveitis and panuveitis. The CDC currently recommends using treponemal tests as screening tool. A lumbar puncture with cerebrospinal fluid examination should be performed in patients with syphilis and ocular involvement. Ocular syphilis should be managed according to treatment recommendations for neurosyphilis. Intravenous penicillin is highly effective and remains the treatment of choice.

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Epithelial ingrowth: A complication following laser assisted *in-situ* keratomileusis

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Epithelial ingrowth is a complication following laser assisted in-situ keratomileusis (LASIK) in which epithelial cells gain access and proliferate in the lamellar interface. Patients with epithelial ingrowth will typically present with decreased best-corrected visual acuity, foreign body sensation, and a worsening of dry eye symptoms due to epithelial irregularities. However, patients may be asymptomatic in the initial phase. The most common treatment option involves lifting the flap and mechanically debriding the epithelial cells from the stromal bed and undersurface of the flap. Recurrence is common if poor flap adherence or flap misalignment is present. There are alternative therapies such as alcohol debridement, suturing, fibrin tissue adhesive, and phototherapeutic keratectomy (PTK) if the initial treatment is unsuccessful. Progressive epithelial ingrowth left untreated can result in loss of best-corrected visual acuity secondary to irregular astigmatism, or flap necrosis requiring complete flap removal.

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