

CORNEAL ULCER

Sl. No

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Age/Sex:68/F

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Date of presentation: 19/10/23

History: fall of ?dust in right eye 1 week ago ..H/o rubbing eye after fall of fb. C/o pain, redness, bov RE .

Trauma: Yes/No- yes (? Dust)

If yes,Stone:

Stick:

Leaf

Metallic foreign body

Post Surgical

Duration of Symptoms: 1 week

Chronicity: 1st episode: 1st episode

Recurrent:

Treatment Taken: first presentation to MOH

Drops:

Systemic:

Corneal Scrapings: Smears: KOH -> Positive/Negative - Not done

Gram Stain ->not done

Geimsa ->not done

Others ->

Culture- not done

Micro organisms

HPE

Systemic Workup:

DM	No	BA	No
HTN	k/c/o HTN, on treatment	CKD	No
BA	No	IHD	No
TB	No	Autoimmune	No
RA	No	Epilepsy	No
Others			

Ocular Examination:

Vn : CF at 1m BCVA :

Dry Eye Evaluation

TBUT:

SCHIRMERS:

Anterior Segment: 4*3 mm corneal ulcer with stromal infiltration and irregular margins



Treatment:

E/D Natamet 1/2hrly

E/O Atropine 1-1-1

Tab Doxy 100mg 1-0-1

Tab Microsid SR 1-0-1

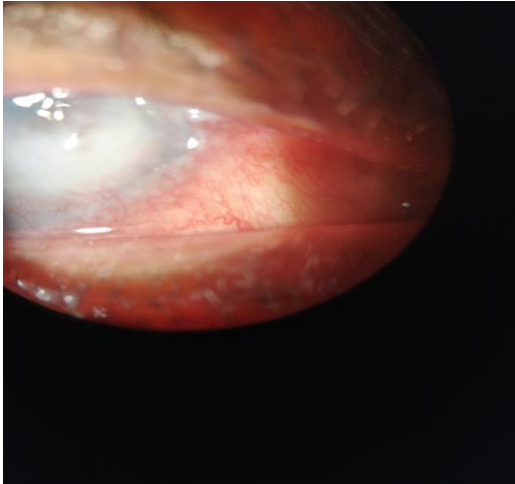
Microbiology Samples:

Type: Corneal Scrapings / AC Lavage / Corneal Button

Examination: KOH / Grams Stain / Geimsa Stain / Culture and Sensitivity

Date	Sample	Smears / C&S	Results
19/10/23	ulcer scraping	KOH	Negative (Sample insufficient)

FOLLOW UP

Date	Anterior segment	Treatment
20/10/23	Corneal ulcer with thinning. Hypopyon 2mm noted	E/D Natamet 1/2hrly E/O Atropine 1-1-1 Tab Itraconazole 100mg BD Tab Doxy 100mg 1-0-1 Tab Microsid SR 1-0-1
25/10/23	<p>Corneal thinning with perforation. AC flat. Glue application done. Scraping KOH positive</p> 	<p>Vozole and Natamet e/d hourly added. Atropine e/o tid. E/d Ultra gel 4 td E/d timolol BD Tab Itraconazole BD, Tab doxy Bd</p> <p>S/p glue application</p> 