A 13-year-old female child with a history of scleral contact lens use in both eyes presented with complaints of diminished vision and irritation in the right eye for the past 3 months. She had bilateral keratoconus with vernal keratoconjunctivitis. Her best-corrected visual acuity (VA) was 20/100 OD with the scleral contact lens. Slitlamp biomicroscopy revealed multiple raised bumps penetrating the front surface of the contact lens. The lens was discarded, and a new lens trial improved the VA to 20/30 OD.