

OCULAR ULCER

→ TRIAD of ocular trauma, Lowered immune status (either the ocular surface or the individual as a whole) or extremely virulent organisms that penetrate the intact ocular surface.

Supplementary treatment:

→ Cycloplegic agents such as atropine sulphate 1%, homatropine 1%, or cyclopentolate 1% can be prescribe for three times a day to reduce the ciliary spasm and produce mydriasis, thus help relieve pain and prevent the formation of synechiae. Glaucomatous drug can be prescribed to lower the IOP.

Surgical treatment

→ Surgical treatment depends on various factors such as size, location and causes of the ulcer.

Corneal Gluing to manage perforations:

- For managing corneal perforations less than 2mm cyanoacrylate glue is applied
- Amniotic membrane transplant (AMT): AMT can provide structural support in areas of corneal ulceration. ^[1]

Prevention

→ Many causes of corneal ulcers can be prevented by using protective eye wear during travelling or work. Educating the patients about care and maintenance of contact lens can help prevent ulcers related to contact lens wear.

[1]- Vaishal P Kenia¹, Raj V Kenia², Onkar H Pirdankar³, 2020. Diagnosis and Management Protocol of Acute Corneal Ulcer, Ijhsr.org. Available at: <https://www.ijhsr.org/IJHSR_Vol.10_Issue.3_March2020/10.pdf>

