

Large Diameter Contact Lenses for Managing Blepharoptosis

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BACKGROUND

Large contact lenses have gained popularity due to their unique fitting characteristics. The bigger diameter allows better distribution of lens weight across the ocular surface which, in turn, decreases friction to the corneal surface and improves comfort. Of added benefit, fluid-filled scleral GP lenses provide continued lubrication to the eye which aids the treatment of ocular surface disease and improves vision in cases where refractive rehabilitation is needed.

Another feature of large lenses is that their bulk can be utilized to improve cosmetic lid appearance in cases of blepharoptosis of the upper eyelid. Traditional management of blepharoptosis include surgical blepharoplasty, however, such procedures have additional concerns. For example, these techniques may result in the inability to close the lids completely, thus leaving the patient at risk for severe corneal dryness. Instead, large diameter lenses may be considered as a non-surgical alternative in order to improve the cosmetic appearance. The following case presentations show two difficult blepharoptosis patients who were fitted in large diameter contact lenses in order to improve the cosmetic appearance of the affected eye.

CASE EVALUATION

Case 1

The first patient was a 17-year-old Hispanic male with a history of traumatic levator dehiscence of the right eye. This young patient underwent blepharoplasty surgery at the age of 13 years with no success in cosmetic appearance. A large diameter 19.00 mm scleral contact lens fitted this eye giving the patient satisfactory improvement his appearance (FIGURE 1). Additionally, his vision was improved by correcting corneal astigmatism in the same eye.

Scleral Lens Design
OD 8.00/-1.00/19.00 E1 Standard Periphery Sag 2600 VA 20/20



Figure 1. Patient without lens OD. Patient with improved ptosis appearance after large diameter scleral lens fitting.

Case 2

The second patient was a 58-year-old Caucasian female with a history of mechanical levator dehiscence from blunt trauma to corneal and ocular surface causing left phthisis bulbi. Although blepharoplasty surgery was performed, the patient was not satisfied with the appearance of the lid, and her corneal and ocular surface scarring was still a major cosmetic concern. A large diameter 18.00 mm custom painted prosthetic lens was fitted into the affected eye and improved the appearance of both her lid and ocular surface anatomy (FIGURE 2).



Figure 12. Patient without lens OS. Patient with improved ptosis appearance after large diameter prosthetic soft lens fitting.

DISCUSSION AND CONCLUSION

Here was presented the successful therapeutic/rehabilitative use of large diameter contact lenses for the management of difficult blepharoptosis patients. Large diameter lenses are a useful when treating difficult ptosis in cases which surgery has a suboptimal outcome.