FENESTRATED SCLERAL LENSES FOR PEDIATRIC APHAKIC PATIENTS

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BACKGROUND

Pediatric aphakic patients are most challenging when it comes to their visual rehabilitation. Since the refractive power is very high plus, it is difficult to mange with corneal RGP contact lenses due to its central thickness and weight of the lenses that keeps the lens decentered most of the time. Best option to mange such patients is to use three equidistance fenestrated scleral contact lenses.

CASE DISCRIPTION

9 month old female chilled was presented with both eyes congenital cataract that was removed one three months ago. Dilated refraction shows RE +36D and LE +45 D. Corneal RGP was attempted but was not stable on the cornea. Both eyes ware fitted with three equidistance fenestrated scleral lenses in high Dk material with full correction. Patients wondering eye movement was instantaneously stabilized with smile on the patients face. Child was monitored every one month with a replacement of three equidistance fenestrated scleral lens changed every four months with appropriate power correction. Patients was monitored for three years till now with a well developed vision and fixation.

CONSCLUSION

Fenestrated scleral lenses was simple to insert and remove without the need for special unpreserved saline, but just regular RGP contact lens care regimen. Unlike fluid ventilated scleral lenses , fenestrated scleral lenses do not cause any negative suction or increase in IOP, Three equidistance 1 mm holes allows great tear exchange and maximum oxygen. At any given time one or two holes are exposed to the air and does not cause any suction effect even if the lens rotates. Patients parents ware comfortable inserting and removing lenses with ease. We managed to restore patients vision and vergence successfully with fenestrated scleral lenses. Patients was monitored for three years with a well developed vision and fixation. Fenestrated Scleral lenses can be a best mode of treatment for visual rehabilitation in case of pediatric aphakic patients.

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