

# Surpassing the Sequelae of Sarcoid Uveitis and Steroid Induced Glaucoma with Impression Molded Scleral Lenses

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## Case Report

40 year-old Asian female with severe corneal scarring OS from an atypical, persistent viral infection presents for scleral lens fitting. The patient also has recurrent sarcoid uveitis and low vision from steroid induced glaucoma. This case highlights the versatility of impression molded scleral lenses in improving quality of life for patients with a challenging ocular history.

## Personal Ocular History

- Corneal ulcer OS due to atypical viral infection
- Chronic sarcoid uveitis
- Band keratopathy OU w/ history of corneal debridement & EDTA chelation
- Glaucoma secondary to chronic steroid use
- History of trabeculectomy OU in 2013
- Pseudophakia OU s/p YAG OS
- Keratoconjunctivitis sicca OU
- BCVA in specs: OD 20/150 OS 20/6400

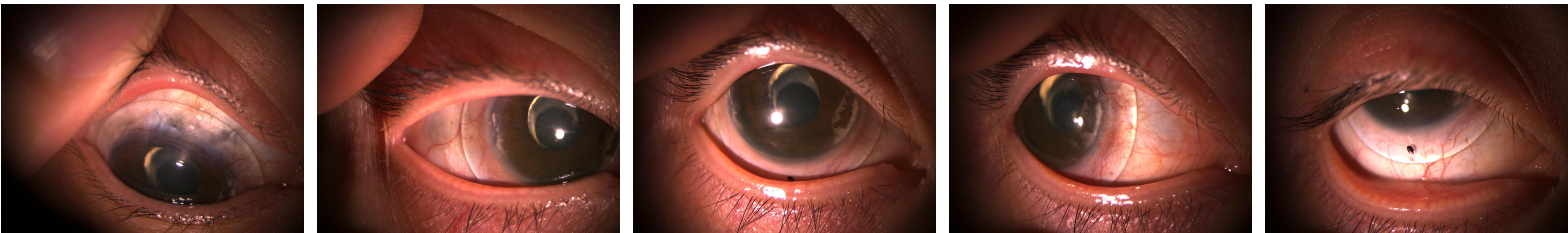
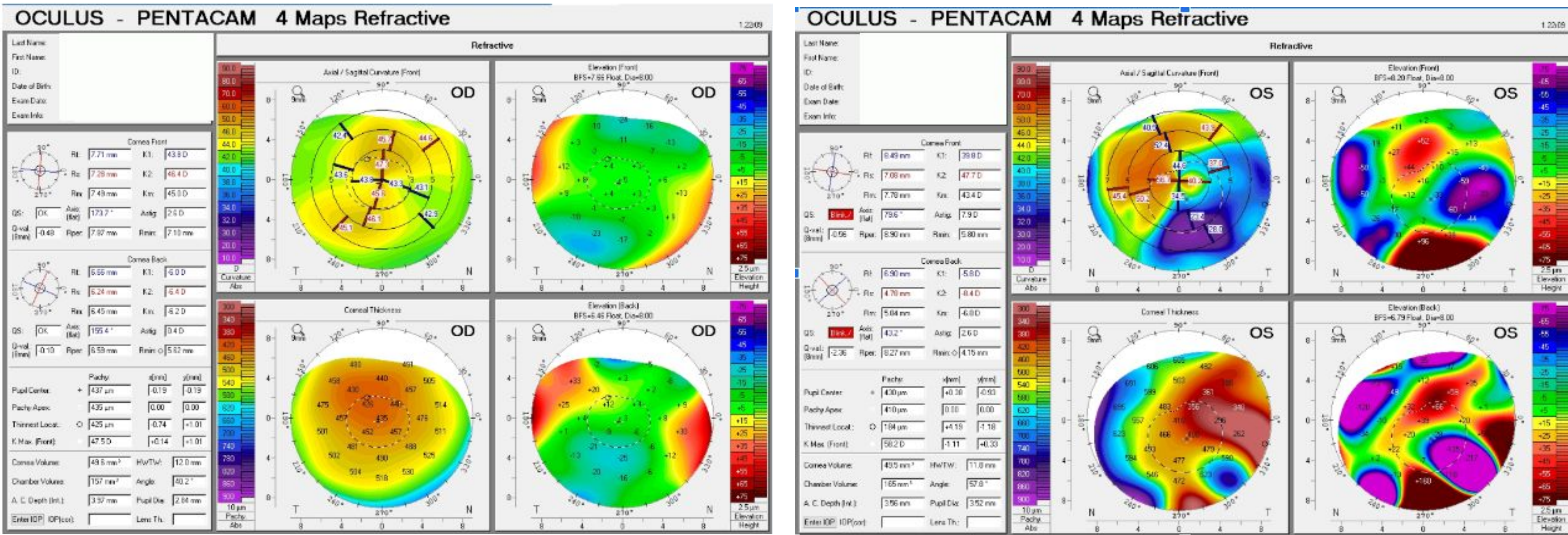
## Personal Medical History

- Sarcoidosis
- Rheumatoid arthritis
- History of shingles

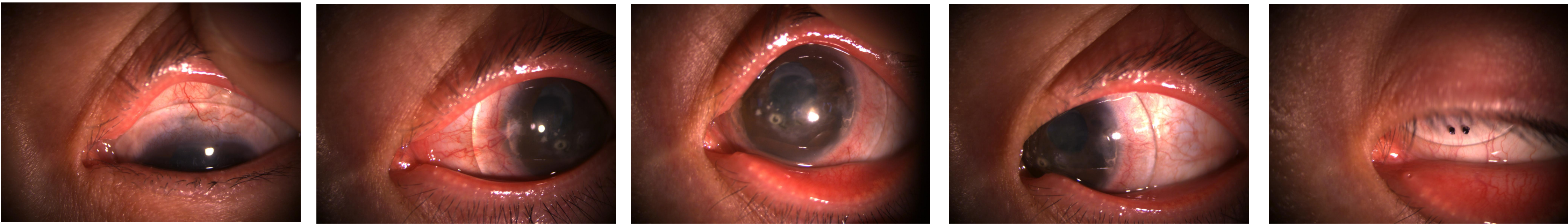
## Medications

- Valtrex, Pred Forte, Ofloxacin, Restasis, Timolol, Alphagan, Azopt, Methotrexate, Cimzia, Prednisone

## Pentacam and Photos



Scleral lens on right eye in multiple fields of gaze



Scleral lens on left eye in multiple fields of gaze

EyeFit Pro Scleral Lenses					
	BC	Diameter	Power	CT	VAcc
OD	7.866	16.5	-5.38	0.35	20/70
OS	8.538	16.5	+6.00	0.56	20/150

## Fit Assessment

- OD: 263um central clearance, full limbal clearance, good alignment, (-) blanching, dot at 6:15, well centered
- OS: 280um central clearance, full limbal coverage, good alignment, (-) blanching, 2 dots at 6:00, well centered

## Discussion

- Aside from uveitis, sarcoidosis can cause other anterior segment complications such as band keratopathy, aqueous deficient dry eye, and exposure keratopathy, which can all lead to irregular astigmatism.<sup>1</sup>
- Co-management with glaucoma and corneal specialists is important in scleral fittings with filtering blebs and corneal instability. This patient benefits greatly from scleral lens wear but must limit wear time to reduce the risk of adverse ocular events.<sup>2</sup>
- Caution should be taken when taking impression molds on patients with significant corneal scarring. Patients with smaller palpebral aperture or unsteady fixation should also be educated on limitations with getting a good impression.<sup>3</sup>
- Low vision patients experiencing difficulties with lens application may benefit from using their fingers as opposed to a plunger for additional tactile input.

## References

1. Pasadhika S, Rosenbaum JT. Ocular Sarcoidosis. Clin Chest Med. 2015 Dec;36(4):669-83. doi: 10.1016/j.ccm.2015.08.009.
2. Fadel D, Kramer E. Potential contraindications to scleral lens wear. Contact Lens and Anterior Eye. 2019;42(1):92-103. doi: 10.1016/j.clae.2018.10.024.
3. Nau A, Shorter ES, Harthan JS, Fogt JS, Nau CB, Schornack M. Multicenter review of impression-based scleral devices. Cont Lens Anterior Eye. 2021 Oct;44(5):101380. doi: 10.1016/j.clae.2020.10.010.