

Corneal Gas Permeable Lenses for Microcornea

Allison Jussel Zagst, OD, MS Cornea and Contact Lens Resident UMSL College of Optometry

Background

- Microcornea is defined as a corneal diameter less than 10 mm in adulthood¹
- Cornea plana refers to a flat cornea with K's flatter than 42D and is associate with high hyperopia and primary open angle glaucoma²
- High hyperopia is associated with an increased risk of amblyopia³

Case Details

- A 16 year old female presents for a contact lens fitting
- History of unknown systemic genetic disorder associated with- short stature, muscular dystrophy, low BMI, benign skin growths
- Known history of illicit drug exposure during gestation
- Previous ocular diagnoses include- microcornea with microopthalmos, cornea plana, strabismus and amblyopia
- Ocular surgical history is positive for strabismus surgery of both eyes three years prior
- Pt has previously been fit unsuccessfully in toric soft and custom soft toric contact lenses- all available options would not keep their shape on globe and caused serious discomfort to the patient
- CC: Pt would like contact lenses to counteract the extreme weight of her habitual glasses and for improved cosmesis
- Entering VA's with habitual specs: OD: 20/30+ NIPH, OS: 20/40+ NIPH

| Eye | Manifest Refraction | Pentacam Keratometry |
|-----|------------------------------|----------------------|
| OD | +12.00-4.00x003; 20/30+ NIPH | 32.2D@006/39.8D@096 |
| OS | +12.25-4.50x177; 20/40+ NIPH | 34.4D@170/39.1D@080 |

- HVID: 8.5 mm OD,OS
- Axial Length: OD: 20.24 mm, OS: 20.21 mm

| Slit Lamp Examination | | | |
|-----------------------|-------------------------|------------------------------|--|
| | OD | OS | |
| Lids and Lashes | 2+ anterior blepharitis | 2+ anterior blepharitis | |
| Bulbar Conjunctiva | White and quiet | White and quiet | |
| Tear Film | Adequate lacrimal lake | Adequate lacrimal lake | |
| Cornea | Trace SPK | 2mm round stromal haze ST | |
| Anterior Chamber | Shallow and quiet | Shallow and quiet | |
| Iris | Flat, Blue | Flat, Blue | |
| Lens | Phakic- clear | Phakic- clear | |

- Recent DFE with partner Ophthalmology clinic reports unremarkable posterior segment findings
- Patient is home-schooled and takes classes on a computer
- Patient states that she is excited to wear makeup and work on her artwork unencumbered by glasses

Case Details

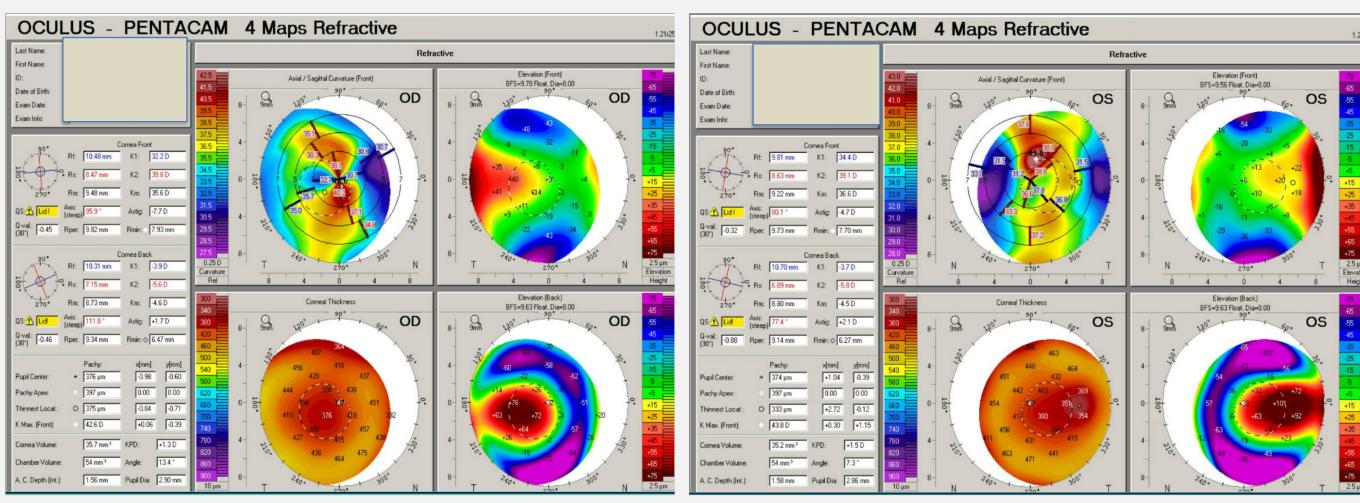


Figure 1: Pentacam topography of right eye

Figure 2: Pentacam topography of left eye



Image 1: Picture of patient wearing habitual specs exhibiting magnification of eyes and adnexa



Image 2: Picture of patient with microcornea wearing GP lenses

Discussion

- Soft contact lenses are likely not an option for this patient as custom options have been attempted in the past and caused great discomfort
- Scleral lenses come in larger diameters and can become thick and heavy in high prescriptions
- A corneal gas permeable lens is the best option for this patient due to the ability to better customize diameter and base curve while ensuring oxygen transmissibility to the cornea

Treatment

- Initial TruForm TruFit GP lenses were ordered empirically as follows
 OD: 35.27D/8.0mm/+11.00DS
 OS: 36.41D/8.0mm/+12.37DS
- At the first dispense two weeks later the lenses fit as follows
 OD: 20/40-, ORx: +0.50DS 20/40+, excessive movement and lift
 OS: Excessively flat fit, did not remain centered on cornea
- Second dispense
 - OD: 36.76D/8.0mm/+9.50DS; 20/30, ORx: plano, flat, inf decentered
 - OS: 38.40D/8.0mm/+10.37DS; 20/50, ORx: +1.00DS 20/30, flat, inf decentered

Treatment

- Third dispense
 - OD: 39.75D/9.0mm/1 Steep PC/+6.50DS; 20/30-2 ORx: plano, inf decentered, mildly steep w/ small central bubble
 - OS: 41.36D/9.0mm/1 Steep PC/+7.37DS; 20/40 ORx:plano, inf decentered, moderately steep w/ large central bubble
- Final dispense
 - OD: 38.75D/8.5mm/+5.50DS/2 Steep PC; 20/40 ORx: plano, mild Inf decentered
 - OS: 40.36D/8.5mm/+6.37DS/2 Steep PC; 20/30-2 ORx: plano, mild Inf decentered
- Follow-up
 - Patient states that she is happy with the comfort and vision of her lenses
 - Likes to use her lenses when "going out with friends"

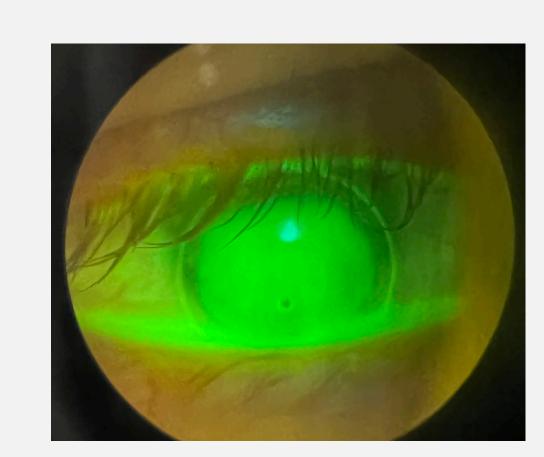


Image 3: Lens on OD with wratten filter, cobalt blue light and NaFl

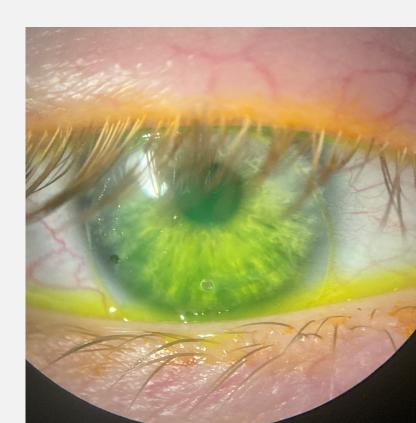


Image 4: Lens on OD with white light and NaFl

Conclusions

- Corneal GP lenses provide customizable overall diameter and base curve which may allow them to be an option in micro cornea and/or cornea plana
- Corneal GP lenses are an option in high hyperopia as they are relatively thin and do not magnify the appearance of the eye
- Contact lenses are dispensable if they provide adequate vision, acceptable comfort, and do not pose a risk to ocular health

References

- 1. Sugar J (2004) Congenital corneal anomalies. Ophthalmology. (2) Elsevier, St. Louis.173.
- 2. Sahin, BO, Seymenoglu, G, Baser, EF.(2011). Cornea plana associated with open-angle glaucoma: a case report. *Int Ophthalmol* 31, 505–508. https://doi.org/10.1007/s10792-011-9490-4
- 3. Klimek DL, Cruz OA, Scott WE, Davitt BV. Isoametropic amblyopia due to high hyperopia in children. J AAPOS. 2004 Aug;8(4):310-3. doi: 10.1016/j.jaapos.2004.05.007. PMID: 15314589.

Acknowledgements

Thanks to Dr. Katie Loock, OD and the fourth year externs from University of Missouri- Saint Louis for their help in this case.