College of Optometry UNIVERSITY OF HOUSTON

Background

A firework-filled holiday often represents celebration and rejoice; however, firework-related trauma represents 2% of all ocular injuries yearly and can lead to burns, lacerations, corneal defects, and complete limbal stem cell deficiency (LSCD)¹. Corneal transparency and epithelial integrity require normal-functioning limbal stem cells. LSCD can progress to frequent epithelial breakdown, scarring, neovascularization, and corneal blindness². Treatment options for LSCD include artificial tears, topical corticosteroids, autologous serum tears, limbal stem cell transplant, and scleral lenses (SL)¹⁻³. SLs has the potential to create a smooth, protective surface over the cornea, improve vision, and maintain ocular surface integrity.

Case Presentation

Visit 1:

11-year-old male with complete LSCD OS secondary to a firework injury presented for a doctor-referred scleral lens fitting.

Chief Complaint: mom reported patient had never worn contacts before, currently not wearing any glasses due to breaking them, mom wanted to get him fitted for a scleral lens as recommended by his pediatric ophthalmologist

Ocular History:

- Firework injury OS a year ago with multiple subsequent procedures:
 - Corneal debridement
 - Symblepharon lysis
 - Amniotic membrane transplants (multiple)
 - Temporary tarsorrhaphy
 - Symblepharon ring
 - Limbal stem cell transplant
- Symblepharon OS
- Complete LSCD OS

Presenting VAs (sc): 20/15 OD, 20/125-1 OS (PH VA: 20/50 OS)

Slit Lamp Exam Findings (OS):

- Lids: thickened, irregular lid margins with inspissated glands S and I
- Conjunctiva: re-remerging symblepharon superior nasal, 1-2+ diffuse bulbar injection
- Cornea: neovascularization with moderate peripheral haze 360, irregular epithelial surface with cloudiness, +tear film debris



Sparking Hope: Scleral Lens Wear Post-Firework Injury in a Pediatric Patient Janna Pham OD, Amber Nichols OD, and Anna-Kaye Logan OD, FAAO, FSLS



benoxinate drops instilled.



Visits:	Trial Lenses	VA (OS)
VISIT 2	Trial 1	20/30 OS
	OS : 7.37 BC / 16.5 DIA / 4233 SAG / -2.75 SPH	-0.50 SPH (20/25)
VISIT 3	Trial 2	20/20- OS
	OS: 7.37 BC / 16.5 DIA / 4233 SAG / -3.25 SPH *tucked in nasal edge and incorporated ORx	+0.50 (NI)
	Table 1 . Description of each lens trialed including VAs,	

(left). **1**a segment photo of cornea with neo and peripheral haze secondary to

Figure 1b (right). Parallelepiped scan of irregular corneal epithelial surface.

ORx and fit description.



Figure 4b (right). Gross photo of left eye with freeform SL

Clinical Insights

Scleral profilometry:

- Detailed scans and data points can be used to create a highly customized SL
- complex specialty lens fit

Freeform SLs:

- Provide increased clarity and quality of vision by creating a more uniform refractive front surface
- May improve comfort of advanced ocular surface diseases
- protecting the eye from mechanical trauma

Surgical treatment options may be necessary in firework-related ocular injuries; however, decreased VAs can persist because of associated LSCD and other complications. Freeform SLs are a beneficial tool eye care practitioners should consider when faced with the challenges of fitting a highly asymmetric scleral shape and complete LSCD, as it can enhance vision, comfort, and maintain ocular health^{3,4}.

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- Contact Lens and Anterior Eye. Published online October 2021:101528. doi:https://doi.org/10.1016/j.clae.2021.101528

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Figure 4a (left). Superior nasal symblepharon post-firework injury with freeform scleral lens.

Indicated in patients with significantly irregular cornea and sclera

May decrease amount of trial lenses and chair time needed for a

Maintain ocular health by creating an optimum environment and

Conclusions

References

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