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Clinical Image

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Corneal Perforation in Mooren Ulcer

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1. Clinical Images

A 57-year-old woman presented to ophthalmologist with pain, redness with diminution of vision, of her left eye over a period of last 5 months. On examination, the visual acuity was 20/20 in the right eye and counting fingers in the left eye. Slit-lamp revealed a large perforation of temporal cornea with prolapse of the iris. The corneal ulceration extending from 10 o'clock to 7 o'clock, which there was no sclera involvement no sclera involvement and absence of other ocular infections or systemic diseases. A diagnosis of Mooren's ulcer with corneal perforation was made clinically based on the features [1, 2]. The disease is more common in southern Africa, India and the Far East [3] (Figure 1).

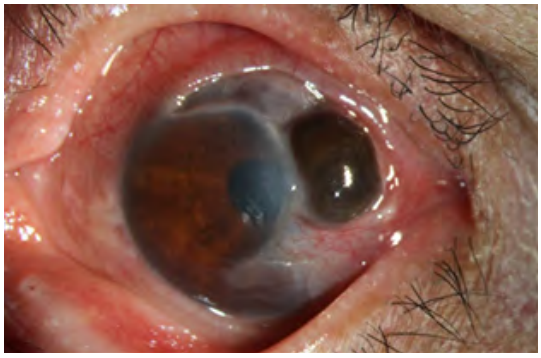

Figure 1: Mooren's ulcer presenting with perforation

Depending on the current disease progression, immunosuppressants and glucocorticoids are generally applied clinically and combined with surgical treatment on this basis [2]. Treatment was initiated with subconjunctival injection dexamethasone 3mg once per day, followed by putting on a bandage contact lens, patch up for the left eye and oral prednesolone 1mg/kg body weight. Two days later, the patient was received surgical treatment with double lamellar keratoplasty. The procedure was performed using a lenticule with diameter of 5.5mm as a patch graft for the corneal perforation and a whole lamellar graft with diameter of 10.5mm graft for keratoplasty.

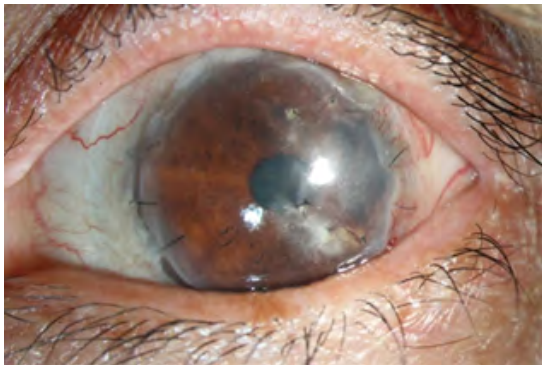

Figure 2: Ocular surface at follow-up

The patient was kept on long-term Tacrolimus eye drops twice a day for 8-month. At a 8-month follow-up, the cornea remained stable with acceptable scarring and a normal anterior chamber, with a vision of 20/60 in the left eye (Figure 2).

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