



Triple Procedure

in a Case of Previous Microbial Corneal Melting

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Case Presentation

- 43 yrs old male patient with history of trauma by cow tail to his right eye one week ago.
- Presented with severe microbial keratitis
 - Total corneal suppuration with melting
 - Lost AC
 - VA: HM
- C&S: fusarium spp

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- 🌐 Treatment:
 - 🌐 AMB 0.15% in water for injection
Q1/2 hr for 1 day then hourly
 - 🌐 Moxifloxacin ED Qhr
 - 🌐 Cosopt
 - 🌐 Oral itraconazole (100 x 2)
 - 🌐 Oral Vibramycin (100 x 2)
 - 🌐 Oral Vitamin C (3 g/day)
 - 🌐 Cataflam (50 x 3)

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Case Presentation

- 🌐 After 2 days → rapid improvement (less pain, less injection, less suppuration, clear corneal periphery).
- 🌐 After 10 days → no suppuration, mild injection, no pain, lost AC, IOP normal digitally.
- 🌐 Surgery was planned after 3 weeks.
- 🌐 Antimicrobials were tapered and IOP digitally was monitored during that period.

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Case Presentation

 *Triple Procedure video*



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Case Presentation

🌐 Postoperative follow up

- 🌐 *Treatment:* AMB 0.15%, Moxifloxacin, Predforte, Cosopt, lubricant.
- 🌐 *After 1 wk:* Clear graft, AC formed, IOL in place, IOP normal digitally, Pupil: semidilated and fixed, VAsc: 0.1
- 🌐 *After 1 month:* same findings with VAsc: 0.2
MR +1.00 -4.50 x 70, VAcc: 0.4
- 🌐 *After 6 months:* same findings with VAsc: 0.3
MR +1.00 -3.00 x 85, VAcc: 0.6

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Take home messages

- 🌐 Treat an infected perforated cornea medically first and postpone any surgical procedure until the infection is controlled.
- 🌐 Peripheral anterior synechiae and permanent damage to the angle of the AC take long time to develop.
- 🌐 PKP in a quiet sterile cornea has much favorable results than PKP in an infected inflamed fragile cornea.

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Thank You

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