

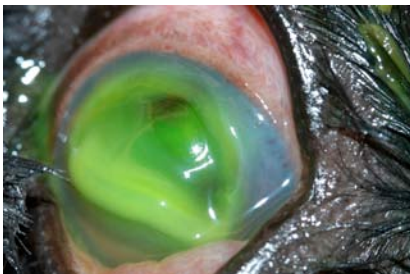
OPHTHALMOLOGY REFERRAL SERVICE



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FAQ's

- Is this an ocular abnormality or a normal variant?
- What is this abnormality and what should I do about it?
- Why is this eye painful?
- How do I deal with an eye that keeps developing superficial corneal ulcers?
- What should I do when a corneal ulcer just gets deeper and deeper?
- How do I deal with an entropion which isn't as simple as I first thought?
- What should I do with an eyelid mass that will require major reconstructive surgery post excision?
- Why has this animal suddenly gone blind?

If you can relate to any of the above dilemmas then you may wish to telephone to discuss a case or consider referral to our Thornbury Hospital.

CASE REPORT

THE CORNEAL ULCER THAT JUST WON'T HEAL

Barney was presented with a painful left eye of several weeks duration. He was reported to have been more comfortable following the use of an 'antibiotic preparation formulated in a carbomer gel'. After two weeks, the ocular pain recurred and the clinician resisted the temptation to search the dispensary shelves for a 'stronger' or 'better' antibiotic, electing instead to refer Barney for a complete ocular assessment.

On ophthalmic examination, Barney exhibited the classic presentation of ocular pain, i.e. blepharospasm, tearing and photophobia. Having confirmed the presence of a corneal ulcer with fluorescein stain, the logical approach must be to establish its cause. Several distichia were noted emerging from all 4 eyelids but did not appear to be contacting the cornea in the area of fluorescein retention. When the upper eyelid of the left eye was everted and examined with a slit lamp biomicroscope, an ectopic cilium was noted emerging from the palpebral conjunctiva. This was abrading the cornea in precisely the location of the non healing ulcer.

The ectopic cilium was subsequently excised using microsurgical instruments under general anaesthesia. Re examination four days later, established that Barney's eye was comfortable and the ulcer had completely re-epithelialised. Fluorescein stain was no longer retained.

Ectopic cilia erupt through the palpebral conjunctiva and abrade the cornea with resultant ocular discomfort. Even with good magnification and illumination they can be difficult to visualise but the presence of distichia raises the index of suspicion that an ectopic cilium may be the cause of unexplained ocular pain. Complete surgical excision of the offending follicle carries a favourable prognosis.

Uncomplicated corneal ulcers should heal rapidly and uneventfully. If this is not the case then you may wish to consider referral.

