

Case 1 (5 mins)



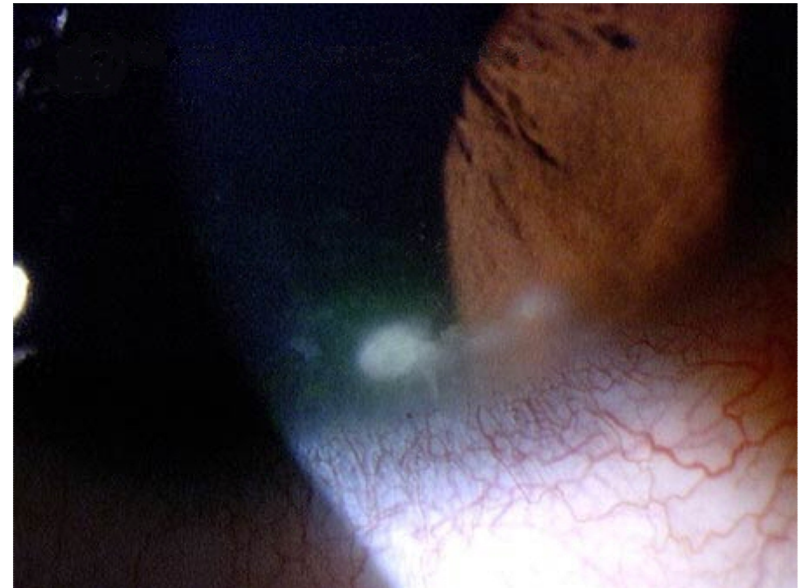
56-year-old male, Hx dry eye, anterior blepharitis, MGD; presents with increasingly uncomfortable left eye past couple of days; periodically wears multifocal disposables, dailies (no more than twice-a-week)

Vision with spectacles: 6/5- in each eye

Slit lamp: left cornea as shown; moderate sectoral conjunctival redness localised to the lesion shown; punctate NaFl staining overlying lesion, with a little dye bleed into stroma; no AC reaction

Current meds/therapies: candesartan, felodipine; Blephadex lid wipes, Systane Complete; also undertaking hot compresses – compliance with lid hygiene patchy

Provisional Dx? Initial Mx? Follow-up and expected ongoing Mx?



Case 1



How did you all approach this?

Provisional Dx: Marginal keratitis

Initial Mx: gtt Flarex q4h with gtt Tobrex qid (after a loading dose)

Follow-up and expected ongoing Mx: Review 24-48hrs, then perhaps another 72 hrs, then weekly (or less frequently) to resolution; once epithelium closed for a day or two consider withdrawing Tobrex (around day 5?); steroid continues until infiltrates reduced (perhaps 10 days?); taper steroid as infiltrates resolve (up to a month in total?)

We all know the protocol for managing the condition (albeit with minor variations based on our clinical judgment and experience); but why are we doing things this way?

Case 2 (5 mins)



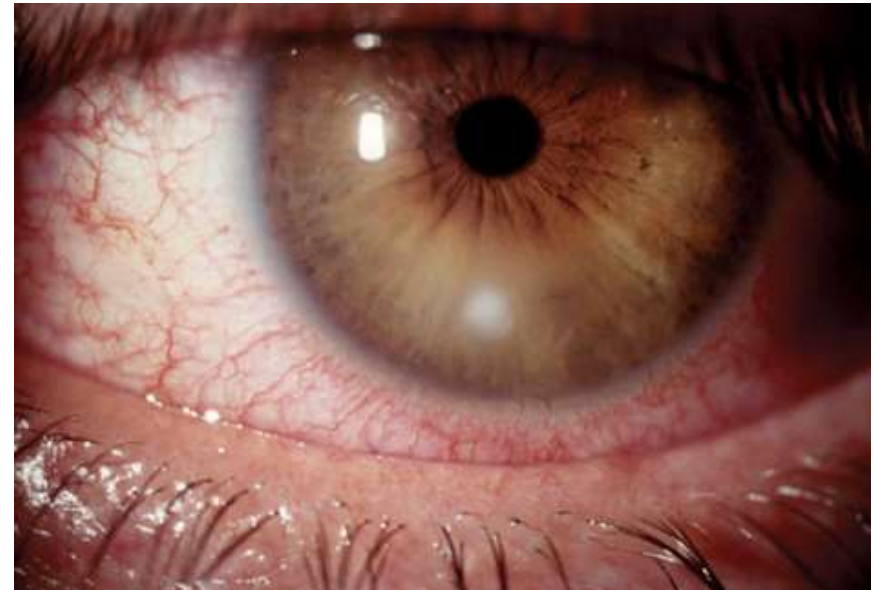
32-year-old female, contact lens wearer, monthlies; presents with increasingly painful right eye past 24 hrs

Vision with spectacles: R 6/12- NIPH L 6/4 in each eye (has removed CLs)

Slit lamp: right cornea as shown; diffuse conjunctival hyperaemia; NaFl staining area overlying lesion larger diameter than infiltrate, with dye bleed into stroma; 2+ cells in AC

Further Hx: Admits to infrequent O/N wear, CL case hasn't been cleaned for a month or so

Provisional Dx? Initial Mx? Follow-up and expected ongoing Mx?



Case 2



How did you all approach this?

Provisional Dx: Microbial keratitis (likely bacterial organism)

Initial Mx: Empirical - gtt Ciloxan q1h (inc.overnight) following a loading dose (e.g. 4-5 drops in first hour)

Follow-up and expected ongoing Mx: Review 24hrs, then every 24hrs or so in first 5 days, 2-3 daily in second week; q1h for first 2 days (inc. O/N), then q1h during day and gradually relax overnight (e.g. q2h O/N to to none O/N if improving) for next 3 days; after 5 days reduce to qid if epithelium nearly healed; continue up to 2 weeks as necessary then withdraw; do not taper