

Salzmann's corneal degeneration associated with epithelial basement membrane dystrophy

Cornea 2000;19(1):121-3

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Salzmann's corneal nodular degeneration has been defined as a degenerative process that follows episodes of keratitis. The diagnosis is based on the presence of elevated nodules above the surface of the cornea, usually at the periphery. The condition appears commonly associated with a history of scarlet fever, measles, trachoma, vernal keratoconjunctivitis, or phlyctenular keratoconjunctivitis during childhood. A history of ocular trauma, previous surgery,

interstitial keratitis, keratoconjunctivitis sicca, and exposure keratopathy is known to be causally correlated with Salzmann's nodular degeneration. However, it is rarely associated with noninflammatory conditions, such as the corneal dystrophies. We report an uncommon case of bilateral Salzmann's nodular degeneration associated with corneal epithelial basement membrane dystrophy (CEBMD), which was studied by confocal microscopy.

Laser in situ keratomileusis for undercorrection after radial keratotomy

J Refract Surg 1999;15:424-8

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Purpose: To assess the safety and efficacy of excimer laser in situ keratomileusis (LASIK) in treating residual myopia and/or astigmatism following refractive keratotomy.

Methods: Fourteen eyes that had previously undergone radial and/or arcuate keratotomy were included. The surgeries were performed using the Chiron Automated Microkeratome and the VISX 20/20B excimer laser.

Results: Average follow-up was 12.64 ± 5.02 months. Mean spherical equivalent refraction was reduced from -3.48 ± 3.52 D preoperatively to -0.04 ± 0.87 D postoperatively. At the last follow-up examination there were 8 eyes (57.1%) with a refraction within ± 0.50 D, and 10 eyes (71.4%) with in ± 1.00 D

of emmetropia. Uncorrected visual acuity was 20/20 or better in 4 eyes (28.6%) and 20/40 or better in 10 eyes (71.4%). Vector analysis of the astigmatic correction showed an index of success of 80%. There was no significant loss (≥ 2 lines) of spectacle-corrected visual acuity. We observed interface epithelial ingrowth in one eye.

Conclusions: The correction of residual myopia and/or astigmatism with LASIK in eyes with prior refractive keratotomy proved to be safe and effective. Careful preoperative evaluation may help to avoid complications such as reopening of incisions during surgery or postoperative ingrowth of epithelium beneath the corneal flap.