

MANAGEMENT OF RESISTANT KERATITIS

Thesis submitted for partial fulfillment of M.D degree in Ophthalmology

By

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Introduction And Aim of Work

Review Of Literature

*Patients
And
Methods*

Results

Discussion

*Summary
And
Conclusion*

References

Abstract

Evaluation of different types of resistant keratitis was carried out using clinical and laboratory diagnosis. The epidemiology, risk factors and common isolated organisms were assessed. The plan for management of these resistant cases for least morbidity was applied. Treatment modalities comprised either medical treatment only or combined medical and surgical treatment options. The outcome of these treatment options was evaluated.

KEY WORDS

Resistant keratitis, Epidemiology, Risk factors , culture , Treatment options-Outcome.

Appendix

Resistant Keratitis Management Study

Clinical protocol

Diagnosis and treatment of Resistant Keratitis

Datum: 2014

Coordinators: Prof. Hala El-Mofty, Assistant Prof. Ahmed Said El-Antably,
Assistant Prof. Maryam Adel Labib and Dr. Maaly Abd El-Haleem .

Patient data:

Patient name:

Date of birth:

Gender:

Residence:

Occupation:

Special habits:

Patient Complaint:

Onset

Course

Duration

Pain

Risk factors :

Trauma

Nature of trauma

Use of steroids

Immunocompromised

Contact lenses: Yes ☐ No ☐

If yes, Type of contact lenses: _____

Duration of contact lens wear: _____

Contact lens hygiene : _____

Ocular disease

Ocular surgery

Systemic disease

Recurrence

Ocular examination:

Defect Site

Size

Depth

Infiltration Site

Size

Pattern

Thinning or Perforation

Endothelial plaque

Hypopyon shape

Volume

Lid margin abnormalities

Conjunctival injection: yes ☐ No ☐

Conjunctival chemosis: Yes ☐ No ☐

Schirmer Test-I: Grade Of Dryness

Corneal sensibility: Normal ☐ Absent ☐

Scleral involvement:

Posterior segment involvement:

UCVA

IOP (mmHg) Digitally

IOP (mmHg) Goldmann Applanation Tonometry.

Systemic examination:

Diagnosis:

Localization: right eye ☐ left eye ☐

Type of keratitis

Medical history:

Medication at onset of disease:

Slit-lamp-Photography

Bacterial Examination

Gram stain :

KOH stain

Culture media

Culture Result +ve ,-ve

If +ve :	Organism
	Antibiotic sensitivity

Biopsy Result :

Other Laboratory Investigations

Ultrasound if invisible fundus

Follow up

Every other day until initial improvement

Twice weekly for 2week

Weekly till complete healing

1 month after healing

2 months after healing

Subjective Refractometry

IOP (mmHg) Digitally

IOP (mmHg) Tonopen

Corneal ulcer healing

Visual Outcome