

CASE STUDY

KERATOCONUS

VS MALE 16

HISTORY

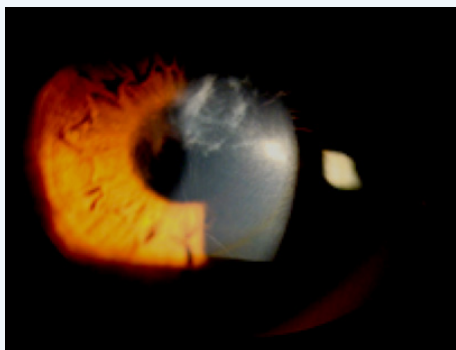
VS was diagnosed with keratoconus in 2004 and fitted with RGP contact lenses. He had a history of allergies and constantly rubbed his eyes vigorously, despite being told quite clearly this was damaging his corneas. He struggled with RGP lenses for around 2 years and then gave up on them because they were too uncomfortable. By this time, he had extensive central scarring (partly from RGP (LE) and partly from the eye rubbing) and corneal grafting was the only option given to him. Since grafts are not available in Trinidad, this would have meant going to the USA and financially, this was not possible.

He could not tolerate spectacle correction and had been reduced to Count Fingers (CF) since 2006 and had been unable to attend school. He was profoundly depressed and withdrawn when seen in the clinic

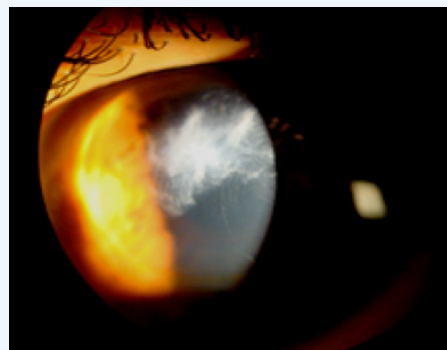
	R	L
Vision	Count Fingers	Count Fingers
Spectacle RX	-14.00 DS VA 3/60	-13.50 DS VA 3/60
Keratometry*	5.53 x 173/5.20 x 83	5.11 x 48/4.89 x 138

* Refraction was approximate due to central scarring and non-co-operation of patient

RE



LE



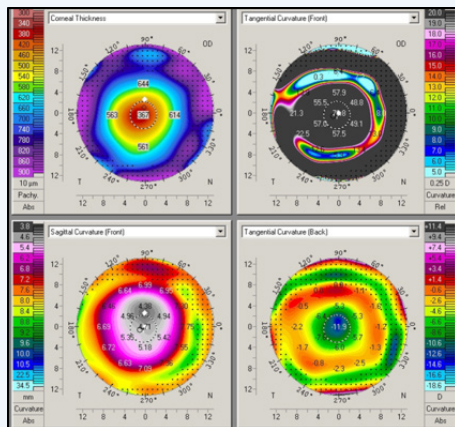
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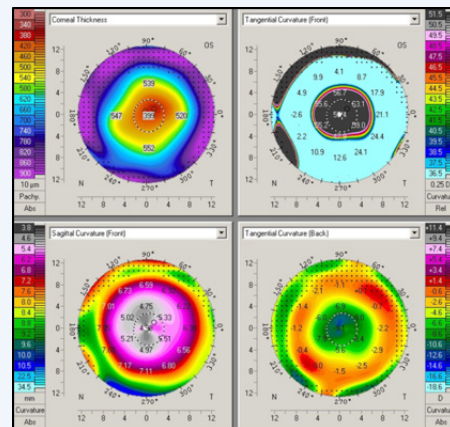
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Topography / Pachymetry

RE



LE



Lens Type Fitted

KeraSoft®3 in Contamac Definitive® Silicone Hydrogel material

R

8.00/14.50/-14.00 VA 6/24+

Binoc Acuity 6/18 part

L

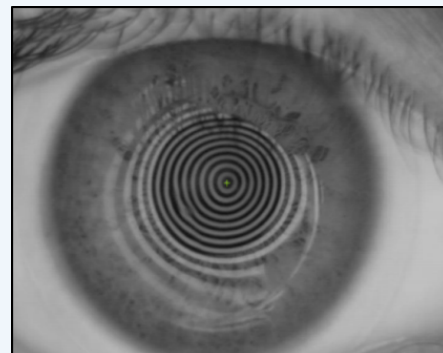
8.00/14.50/-12.00/-2.50 x 13 VA 6/36

Keratotomy for RE before and after insertion of KeraSoft®3

Before



After



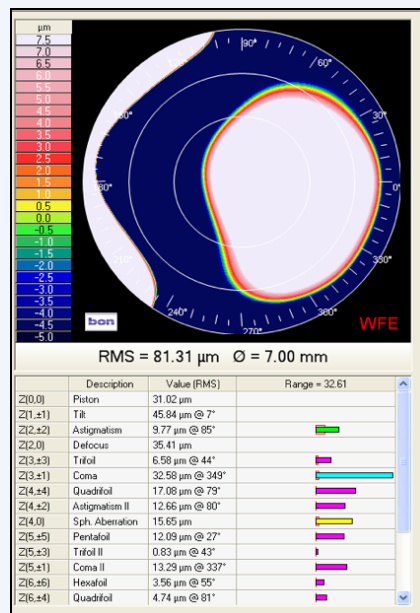
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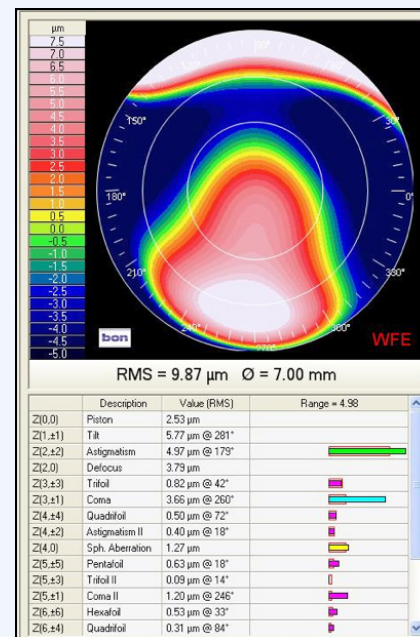
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LE HOA (Higher Order Aberration) Maps

No lens in place



With KeraSoft®3 in situ



DISCUSSION

All HOAs significantly reduced

VS arrived at the clinic profoundly withdrawn, depressed and unwilling to co-operate. Refraction was virtually impossible due to his complete lack of communication and he acted as if completely blind.

However once lenses were inserted VS underwent a complete transformation, he began to co-operate and interact with staff and other patients, and by the end of the session had even made friends with another keratoconic boy. Such was the transformation that, staff allowed him to take the trial lenses home while awaiting the final lenses and within a week he was back at school. Although acuity was limited by the corneal scarring, the vast improvement from Count Fingers to 6/18 part binocularly made a massive improvement in his life and avoided the immediate need or grafting.

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