

A CLINICAL STUDY ON PERIPHERAL ULCERATIVE KERATITIS OF NONINFECTIVE ETIOLOGY

Abstract

AIM:

To study on the aetiology, clinical presentation and outcome of various treatment modalities of peripheral ulcerative keratitis of Non infective Etiology.

MATERIALS & METHODS:

Fifty four eyes of 40 patients with PUK were evaluated and followed up during the study period of 1 year.

A detailed history of the patient, complete general and systemic examination with vitals measurement done, detailed anterior and posterior segment examination was done. Corneal smear examination with gram staining and KOH mount was done. Investigations to rule out underlying systemic etiology was done.

Patients has been referred to general physician and rheumatologist for expert opinion. Patients has been treated with either medical management with topical and systemic steroids and immunosuppressives or surgical management or both. Response of the patients to the treatment and occurrence of complications in them was assessed in the follow up period.

RESULTS

Men were more commonly affected (60%) and mean age was 57.7 ± 18.33 years.

Unilateral presentation was the most common presentation(65%)with grade of depth of thinning was 2 (50%) in the study group. 46.2 % eyes had severe involvement. The ocular association in our study was meibomitis (27.77%).Most common etiology was Mooren's ulcer (32.5%) followed by Rheumatoid arthritis(20%),Systemic Lupus Erythematosus (2%).

Of 34 eyes which received medical management alone ,all were successful. Surgical treatment was successful in 80 % eyes (16/20). Patch graft was successful in 87.5 % eyes (7/8 eyes). Peritomy with AMG was successful in 70% eyes (7/10 eyes) Peritomy alone was done for 2 eyes which was successful 100 % (2/2). On comparison of pre and post treatment visual acuity, there was visual acuity improvement noted with P value of < 0.001 which was significant.

CONCLUSION

Peripheral ulcerative keratitis is a condition which can cause severe loss of vision. A thorough investigative search should be made to identify the underlying etiology. Severe PUK & PUK associated with collagen vascular disorders may need systemic immunosuppressants, which should be started in collaboration with rheumatologist. Mild to moderate cases can be well managed medically. Severe perforated cases needs surgical intervention to preserve the anatomical integrity of eyes and visual rehabilitation. Early treatment prevents visual loss which indicates the need for early referral of patients to tertiary care centre.