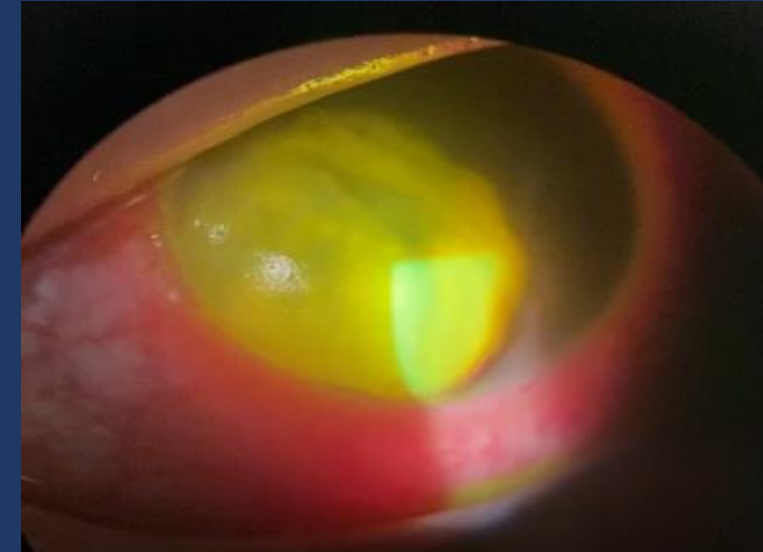


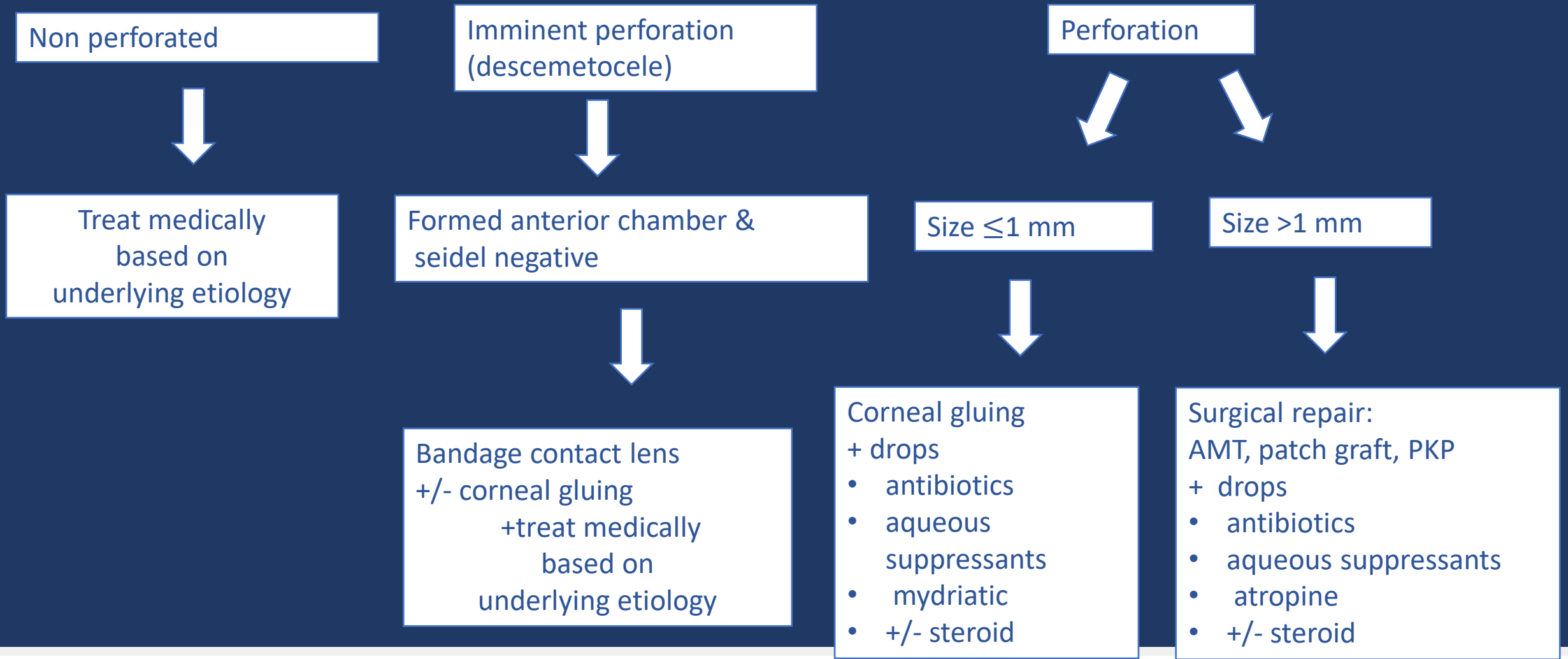
A Rare Complication of Cross-Linking for the Management of Keratoconus

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- 27-year-old female with past medical history of asthma and ocular history of keratoconus (KCN) OS>OD, atopic conjunctivitis and blepharitis presented to the ED with blurry vision, pain, photophobia and purulent drainage OS.
- 2 days prior she underwent collagen cross-linking (CXL) for KCN OS (FDA approved protocol: epithelium-off, Photrexa eye drops 0.146% Avedro UVA light for 30 mins (365 nm; 3 mW/cm²)). Pre op VA was 20/50, Kmax was 55.1 D and the thinnest point was 443 um. Her post op regimen included: Ofloxacin 0.5% qid, Prednisolone acetate 1% qid, Bromfenac 0.07% qdaily .
- She was recovering well on POD1 and developed symptoms on POD 2. In the ED, her VA OS was HM and on exam there was corneal melting with a 5.8 mm (horizontal) x 6.2 mm (vertical) ovoid descemetocoele inferonasally. The anterior chamber was flat, and the iris was protruding towards the cornea. There was concern for a self-sealing corneal perforation.



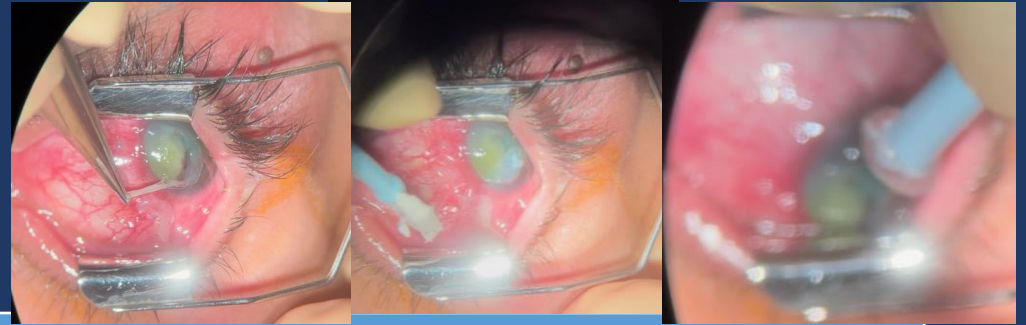
Algorithm for acute management of corneal melt



Patient was taken to the OR for triple layered sutured AMT & corneal culturing



Bacterial and fungal culture: No growth
Systemic workup only significant for atopic disease



POD7: Patient's son hit her in the eye → AMT loose and + seidel → glue + BCL

POD10: Flat AC with – seidel, micro leak? → s/p PKP

POM5: Infectious corneal ulcer

Currently: Failed graft

Conclusion

Importance of careful pre-op evaluation and post-op monitoring
More studies are needed to better understand this rare complication of CXL

