Tackling a risky case : Penetrating keratoplasty in an anterior staphyloma

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VA	NPL
O/E	• Significant conjunctivalisation of cornea with protrusion of staphyloma
US B-scan findings	• Large distance of 8.9mm between posterior cornea and anterior lens • Dense cataract • Flat retina • No evidence of malignancy

Report of Case

55 year old lady presented to cornea clinic with a large anterior staphyloma secondary to an untreated perforated bacterial corneal ulcer.

Management

Acquired anterior staphylomas can occur when untreated corneal infections cause perforation and adhesion of uveal tissue

Treatment options include PK, slerokeratoplasty and dural patches, but these can be technically difficult and many cases culminate in evisceration if infection is refractory to treatment.

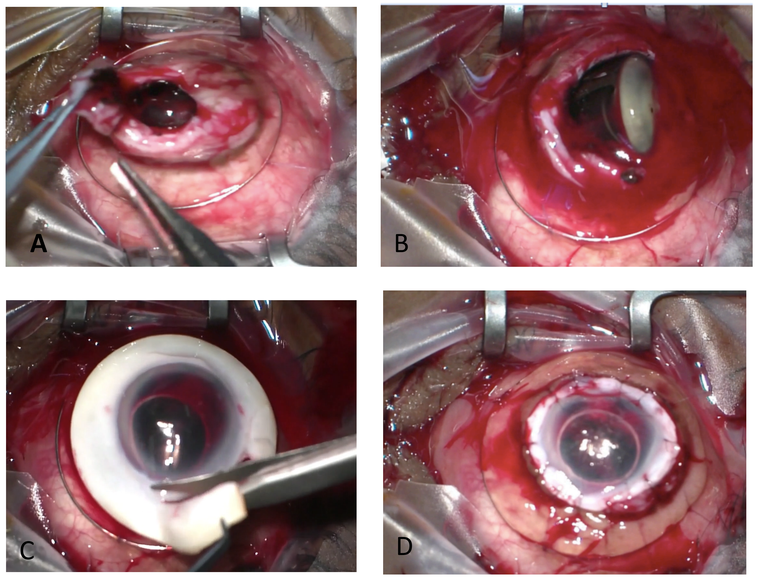
We performed a 12 mm limbus to limbus penetrating keratoplasty with combined cataract extraction in order to improve cosmesis.

Conclusion

Vision improved to HM (uncorrected, left aphakic) and patient was very pleased with cosmetic outcome.

We have shown that in cases with severely distorted anterior chamber architecture, successful outcomes can be achieved with large diameter penetrating keratoplasty.

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A – Cutting into Staphyloma with uveal tissue adhered
B- Lens extraction
C- Free-hand graft dissection
D- Suturing of free hand graft

