



Cheratite erpetica post cross linking Per ulcera corneale batterica resistente Case report

 **S.O.Si.**
Società Oftalmologica Siciliana

XLI Congresso

Le linee guida in oftalmologia
Il pronto soccorso oculistico
Femtolasar Cataract Surgery



Acacia Resort
Campofelice di Rocella
14•15•16 Aprile 2016

Segreteria organizzativa:
KALOS
convegni
Via Milano, 30 • Vittoria (RG)
tel. Fax 0939 510291
info@kalosconvegni.it
www.kalosconvegni.it

Segreteria scientifica:
www.sosweb.it • info@sosweb.it

FAD "IL GLAUCOMA" (Parte seconda)
di L. Buratto - L. Caretti
20 crediti ECM

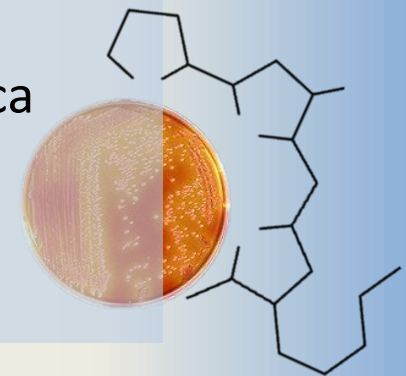
M.Zagari, G.Bona, T.Pellegrino, S.Zagari

Donna 42aa portatrice di LAC, ulcera corneale refrattaria a terapia aspecifica da 7 giorni (ofloxacina + tobramicina)

Anamnesi negativa per malattia erpetica (cheratite o altro)

ULCERA CORNEALE RESISTENTE

- Eseguito scraping corneale + analisi microbiologica della LAC (isolata *Serratia Mercensens*)
- Inizio terapia mirata (gentamicina+ciprofloxacina)



MIGLIORAMENTO DEL QUADRO IN 8 GG

- No secrezione
- No segni di flogosi
- **Approfondimento progressivo dell'ulcera**

Article types Summary 20 per page Sort by Most Recent

Send to: Filters: [Manage Filters](#)

- Clinical Trial
- Review
- Customize ...

Search results

Items: 1 to 20 of 56

<< First < Prev Page 1 of 3 Next > Last >>

New feature
Try the new Display Settings option -
[Sort by Relevance](#)

Curr Opin Ophthalmol
Corneal cross
Price MO¹, Price

Cornea, 2016 Jan;3
Corneal Coll
Papaioannou L¹,

Br J Ophthalmol, 20
Established
Robaei D¹, Carnt

deterioration of keratitis and corneal melting in both HSV cases, where emergency keratoplasty was inevitable. Herpetic keratitis seems to deteriorate or even deinduced by CXL.⁸⁹

In conclusion, PACK-CXL seems promising in handling infectious keratitis excluding herpetic keratitis, with increased expectations for bacterial and acanthamoeba cases comparing with fungal keratitis. More evidence that supports this conjecture for bacterial keratitis is available in the literature, whereas evidence for the other pathogens was weaker. Therefore, further research with randomized controlled trials is needed to assess the efficacy of CXL compared with medical antimicrobial treatment in the management of infections of equal severity caused by the same pathogen type.

analysis.

view.

view.

TABLE 2. CXL Outcomes for Different Pathogens

Causative Microorganism	Study	Eyes	Healed	Healed With Additional Interventions	Time to Reepithelialization (d)	Not Healed	Complications/ Tectonic Keratoplasty	Lost Follow-up
Bacteria (total)		96	85	1		10	8	1

TABLE 2. CXL Outcomes for Different Pathogens

Causative Microorganism	Study	Eyes	Healed
Bacteria (total)		96	85

Price et al ²⁷	9	8		12,25			1
Muller et al ²⁸	1	1					
Rosseta et al ²⁹	2	2		3			
Said et al ²⁹	1	1		31			
Shetty et al ²⁸	2	1		28	1	NR	
Skaat et al ³⁰	1	1		6			
Mixed gram+ and -	8	5			3	3	
Makdoubi et al ²⁹	1	1		4			

HSV (total)	2						2	2
Price et al ²⁷	1						1	1 (SK)
Ferrari et al ³¹	1						1	1 (PK)

AMT, amniotic membrane transplantation; IC, intracorneal; NR, not reported; PK, penetrating keratoplasty; SK, superficial keratectomy.

Li et al ³⁰	8	8			6			
Shaglik et al ³⁴	1	1	1 (retreatment)		7			
Sorkhabi et al ³⁵	1	1						
Said et al ²⁹	3	3			54,33			
Shetty et al ²⁸	6	3			27,33	3	NR	
Tabibian et al ³⁶	1	1			3			
Bacterial & fungal coinfection (total)	13	12				1	1	
Panda et al ²⁶	5	5			9,4			
Price et al ²⁷	1	0				1	1 (PK)	
Said et al ²⁹	7	7			49,57			

CROSS LINKING PROCEDURA PER INFEZIONI CORNEALI

- Oxibuprocaina 0,2%+ lidocaina 4% 5 min. prima del cxi
- Laser test UVA meter power : 3mW/cm²
- No disepitelizzazione corneale
- Riboflavina 0,1% iposmolare per 30 min.
- Irradiazione UV con diametro di 9 mm decentrato sulla lesione
- Bendaggio + terapia locale specifica

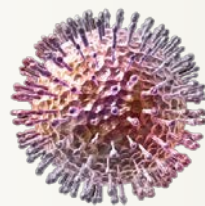


[Cornea](#), 2013 Jun;32(6):e139-40. doi: 10.1097/ICO.0b013e3182886a8c.

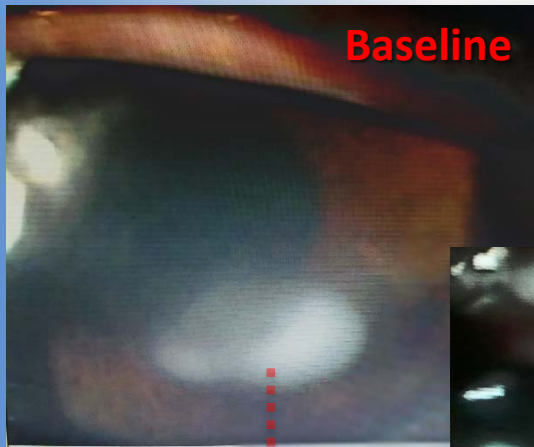
Treatment of refractory infectious keratitis with corneal collagen cross-linking window absorption.

[Vinciguerra R](#), [Rosetta P](#), [Romano MR](#), [Azzolini C](#), [Vinciguerra P](#).

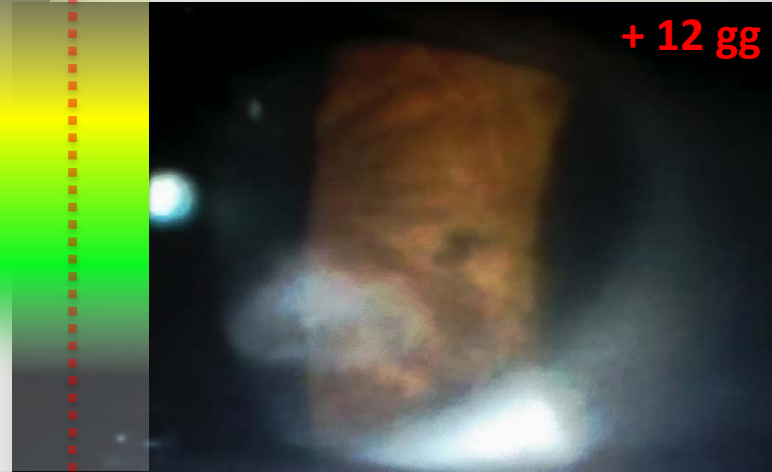
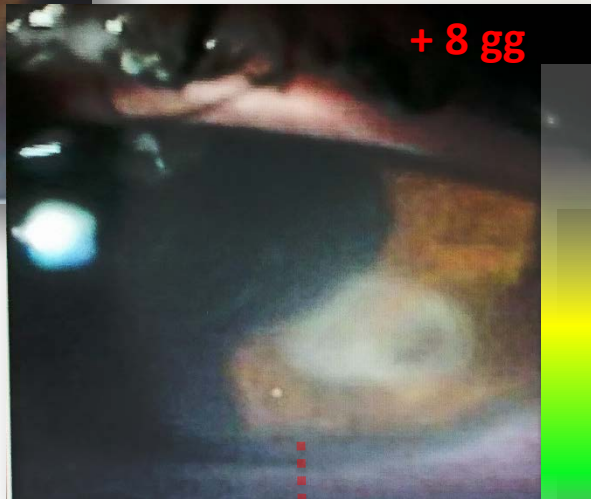
RISOLUZIONE DELL'ASSOTTIGLIAMENTO IN 7 GIORNI



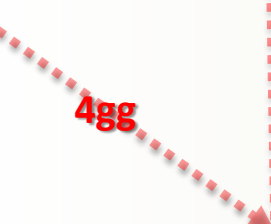
CHERATITE DENDRITICA



CXL Terapeutico



Terapia Aspecifica
(tobramicina+ofloxacina)
Scraping corneale
Esame LAC



Terapia specifica
(gentamicina+ciprofloxacina)

Terapia specifica
(gentamicina+ciprofloxacina)
Terapia Antivirale



Article types
Clinical Trial
Review
Customize ...

Summary Sort by Most Recent

Send to:

Text availability
Abstract
Free full text
Full text

Search results

Items: 3

PubMed Commons
Reader comments
Trending articles

Publication dates
5 years
10 years
Custom range...

Species
Humans
Other Animals

Clear all

Show additional filters

[Herpetic Keratitis after Corneal Collagen Cross-Linking with Riboflavin and Ultraviolet-A for](#)

1. [Keratoconus.](#)

Al-Qarni A, AlHadi M. *Middle East Afr J Ophthalmol.* 2017;5(1):1-4. PMID: 26180483
[Similar articles](#)

visual acuity was stable without corneal scarring. Herpetic keratitis could be induced by CXL even in patients with no history of previous herpetic eye disease. **Early diagnosis and proper treatment can facilitate the successful management of this rare but important complication.**

[Impending corneal perforation after collagen cross-linking for herpetic keratitis.](#)

2. Ferrari G, Iuliano G.

J Cataract Refract Surg. 2017;43(10):1453-1456. PMID: 23522585
[Similar articles](#)

and frequent toxicity of topical medications, CXL may be a potential treatment for corneal infections. **However, corneal infection is itself a possible complication of this treatment.** We describe a case of severe corneal thinning and melting in a woman who had a CXL procedure as a treatment for herpetic keratitis.

[Herpetic keratitis after corneal collagen cross-linking with riboflavin and ultraviolet-A for progressive keratoconus.](#)

3. Yuksel N, Bilgihan K, Hondur AM.

Int Ophthalmol. 2017;37(10):1953-1956. PMID: 22139351
[Similar articles](#)

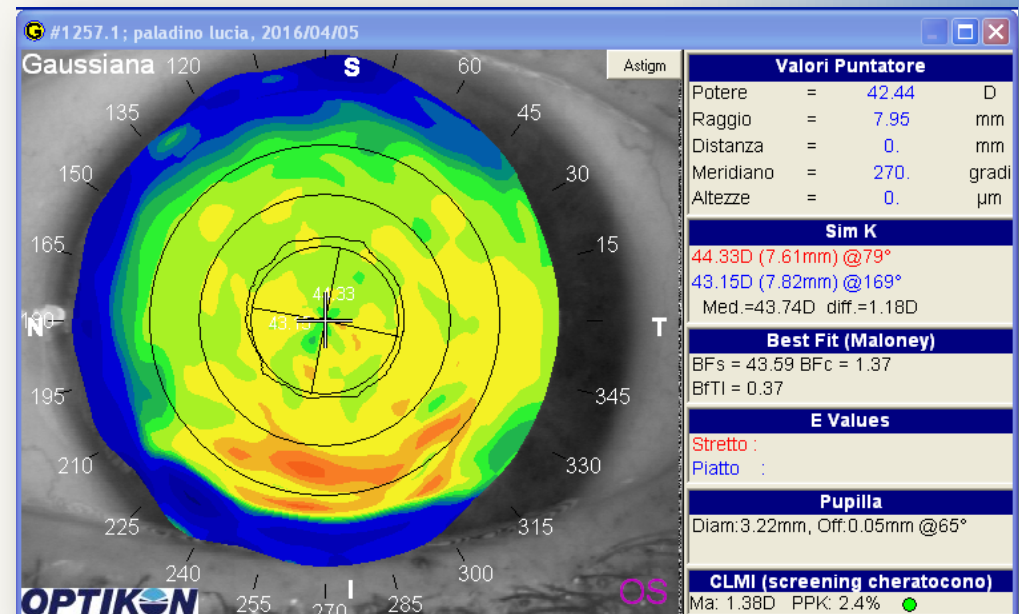
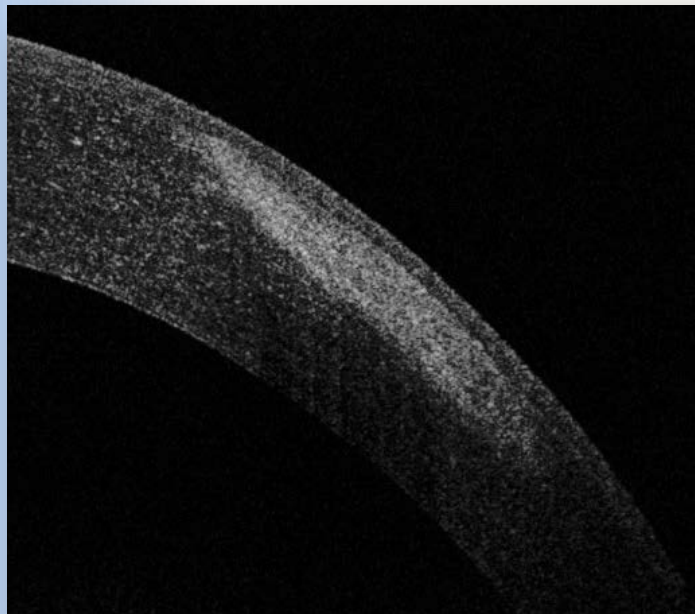
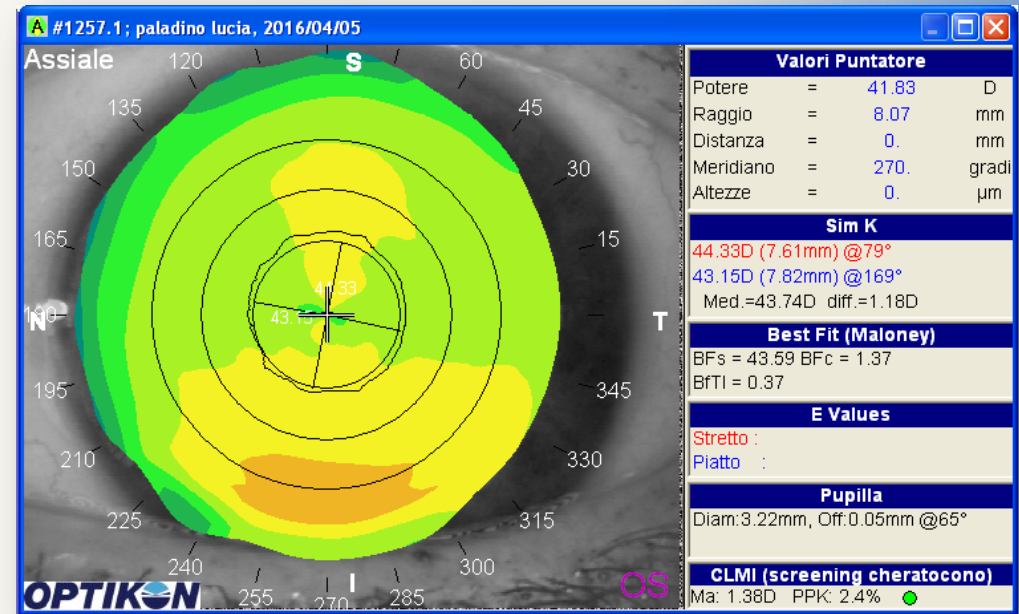
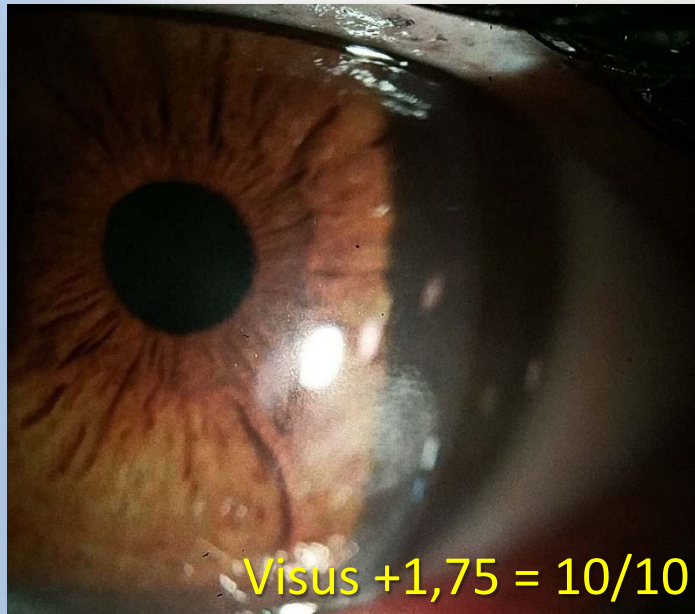
prior history of herpetic eye disease or cold sores. The keratitis resolved in 10 days with treatment. At 1 month, the visual acuity was stable, but a mild superficial opacity was noted. Herpetic keratitis can be induced by CXL even in patients with no history of previous herpetic eye disease. **Early diagnosis and proper treatment can facilitate successful management of this rare but important complication.**

Summary Sort by Most Recent

Send to:

Terapia antivirale

1 anno dopo



Risultati

Tramite il CXL abbiamo ottenuto:

- Arresto della progressione dell'ulcera
- Chiusura epiteliale completa
- Miglioramento dell' AV

Conclusioni: il CXL può essere utilizzato nella cura delle ulcere batteriche progressive resistenti alla terapia medica, ma con le dovute cautele, poichè l'azione dei raggi UV può causare la riattivazione/ insorgenza di una cheratite erpetica, anche in soggetti con anamnesi negativa per infezione erpetica. Una diagnosi precoce e un trattamento appropriato possono facilitare il management di questa rara ma importante complicanza.