

Contact Lens use in Ocular Cicatritial Pemphigoid

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No financial disclosures

Mucous Membrane Pemphigoid and Ocular Cicatricial Pemphigoid

- MMP - Chronic, progressive, systemic autoimmune condition
- OCP - Blinding, blistering disease, conjunctivitis with ocular surface cicatrization
- Incidence 1 :1200 to 60000, ages 50-60, predominantly females
- Severe ocular surface inflammation, conjunctival fibrosis and keratinization
- Symblepharon and intractable trichiasis
- Risk of MK due to compromised surface



Acute vs Chronic OCP

- Acute OCP managed medically: Systemic Immune Suppression:
Dapsone/MTX

Topically: Cyclosporines, Steroids, Lubricants

- Chronic phase: BCL and Scleral lenses
- Prevent fornix shortening, keratinization and to avoid corneal perforation or permanent tharsorrhaphy
- Prevent significant discomfort and mechanical surface damage from Trichiasis

**Symbiopharon and conj keratinization
compromise BCL stability**



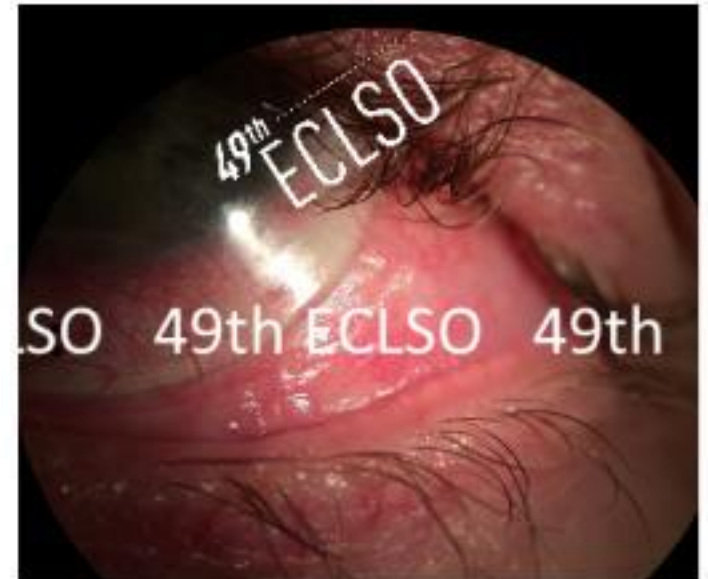
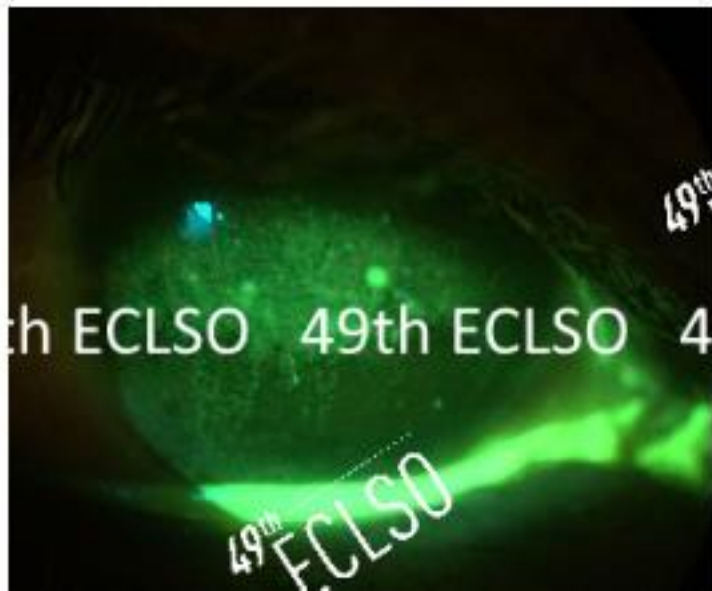
Study Aims

- To evaluate the benefits and therapeutic effect of contact lenses in the management of OCP
- Two Contact Lens Modalities evaluated
 - Scleral lenses and Shells
 - Bandage, extended and daiiy replacement BCL's



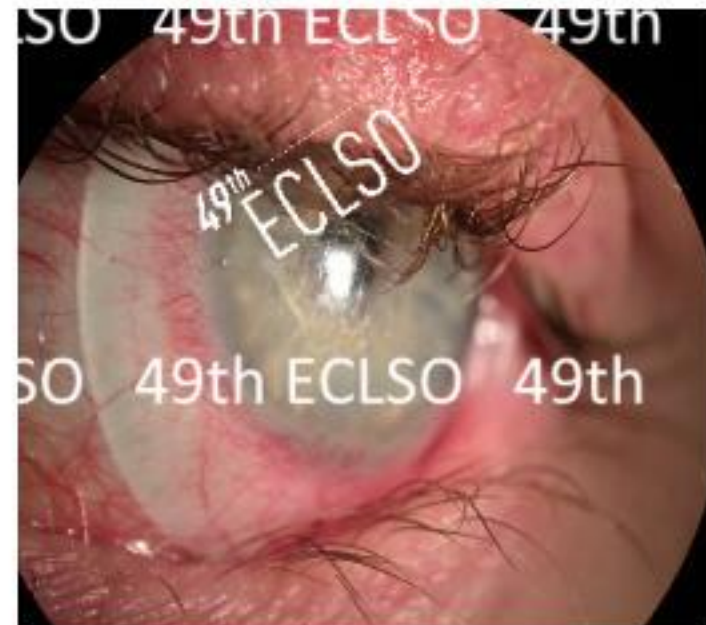
Methods

- Retrospective records review: Emory University Department of Ophthalmology, from May 01, 2018 to April 30, 2021
- The study was approved by Emory University IRB board



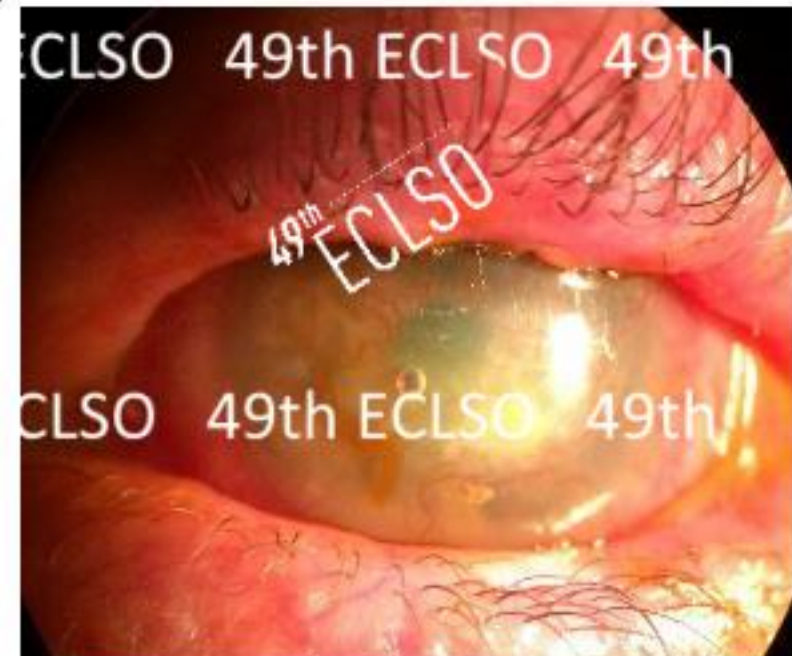
Methods

- 22 consecutive patients (41 eyes)
- Study objectives:
 - Therapeutic: surface protection and pain management
 - Fornix architecture preservation
 - Keratopathy management
 - Entropion and Trichiasis relief
 - Vision rehabilitation success
 - CL related ocular complications



Results

- Our patients were 67.4 years old on average (range, 43-81)
- 4 to 1 female to male predominance
- The mean duration of the follow up was 17.5 mo (range, 1.5-35).
- 20 patients (37 eyes) con't Scleral Lenses,
- 2 patients switched to BCL



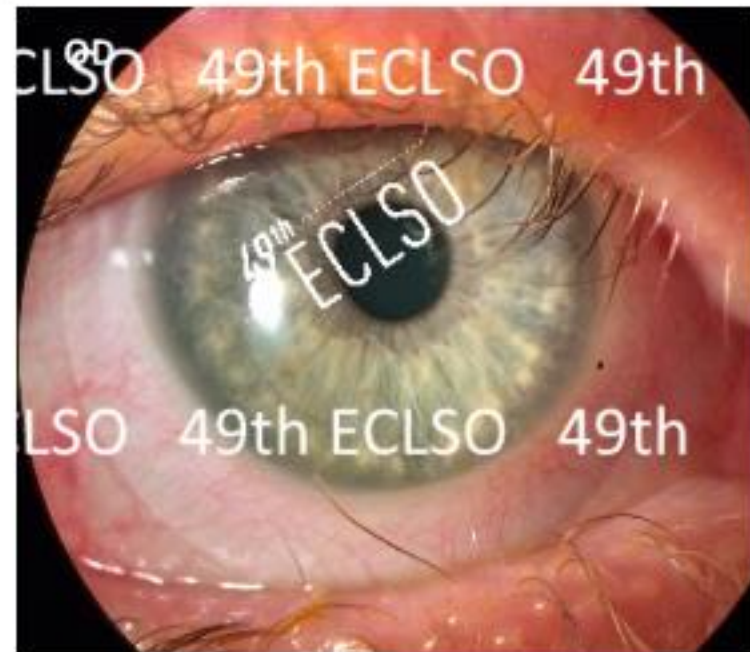
Results

- 20 of 22 patients fitted for surface management responded well to therapy and continued scleral lens wear
- Keratopathy grades improved in ALL fitted patients
- Non of the patients exhibited a change in fornix appearance
- **In 3 patients temporal Tarsorrhaphy was removed**

- Vision Rehabilitation:
 - Corneal Irregularity due to scarring and Severe Dry Eye
 - The mean visual acuity improved from 20/80 to 20/30, (range 20/400 to 20/20).

Wearing Times

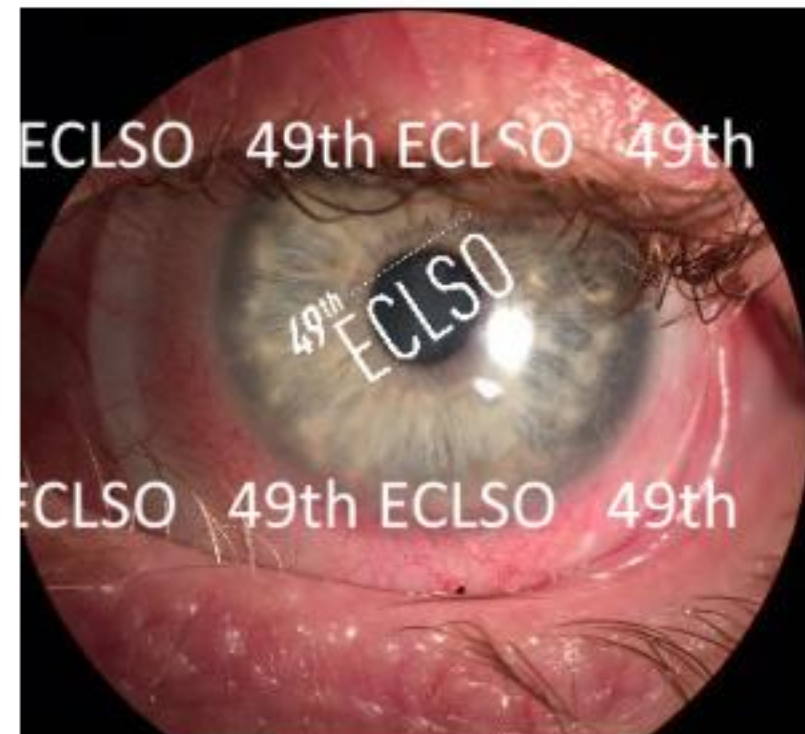
- Wearing times and removal/reinsertion brakes
 - Scleral Lens Group- 10.9 h/day with 1.7 breaks
 - BCL - 1 patient overnight wear, 1 patient daily replacement



Emory Scleral lens – OSD study, 2020, Success Rates

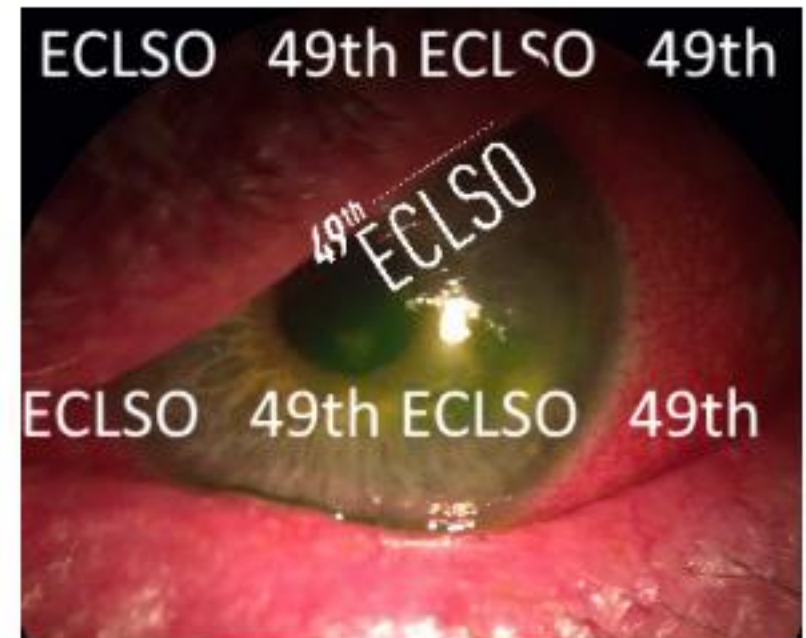
- 88% of eyes fitted for ocular surface indications responded well to therapy and continued scleral lens wear
- Highest success rates were recorded in OCP (98%), GVHD (86%), and NK (80%) groups
- **20 % of referrals were from non-ophthalmology providers (oncology, rheumatology, dermatology, etc.)**

- Scleral lenses to prevent symblepharon progression
 - act as retainers to form a physical barrier to the immune-complex deposition and prevent fornix shortening progression



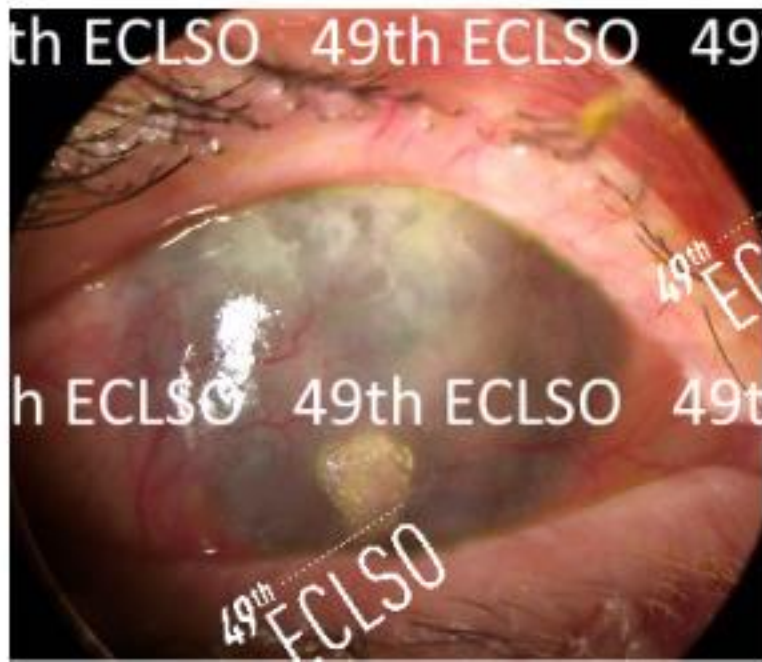
Complications

- 1 patient developed fungal keratitis and progression of symblepharon and stopped SCL wear
- 2 patients with microbial ulcers continued SCL wear after infection was treated

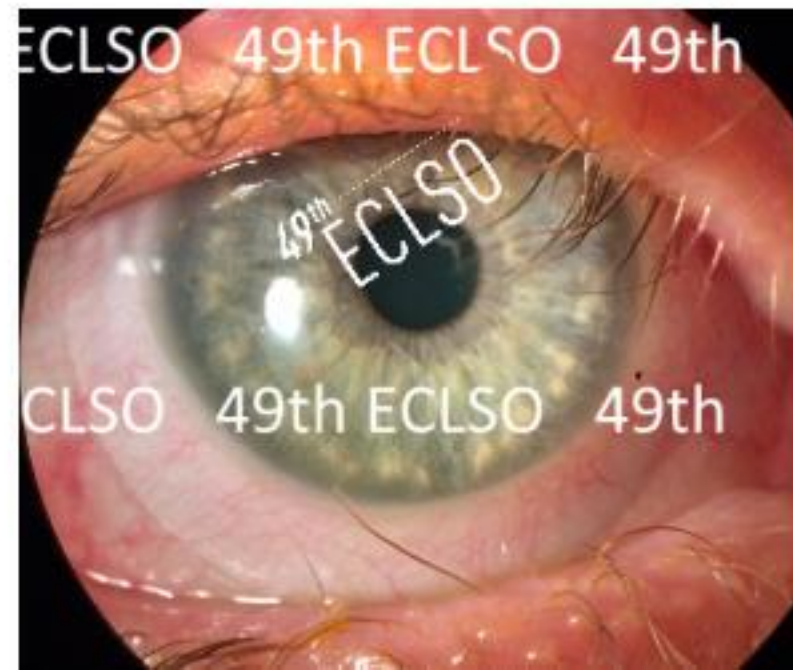


Long Term Goals of Scleral Lens Use in OCP

- Ocular Surface Protection, Hydration and Nourishment
- Preserve ocular architecture, prevent corneal scarring and restore function
- Improved Ocular Comfort and Vision → IMPROVED QUALITY OF LIFE



**Timely
started SCL
may prevent
vision and
function
loss**



Conclusions:

- **Symblepharon, keratopathy, and trichiasis remained stable after starting scleral lens wear**
- **No progression of fornix shortening**
- **Subjective ocular comfort grading and Vision improved in all fitted patients**

Thank You for Your Attention!