

Management of glaucoma in Boston K- Pro

By

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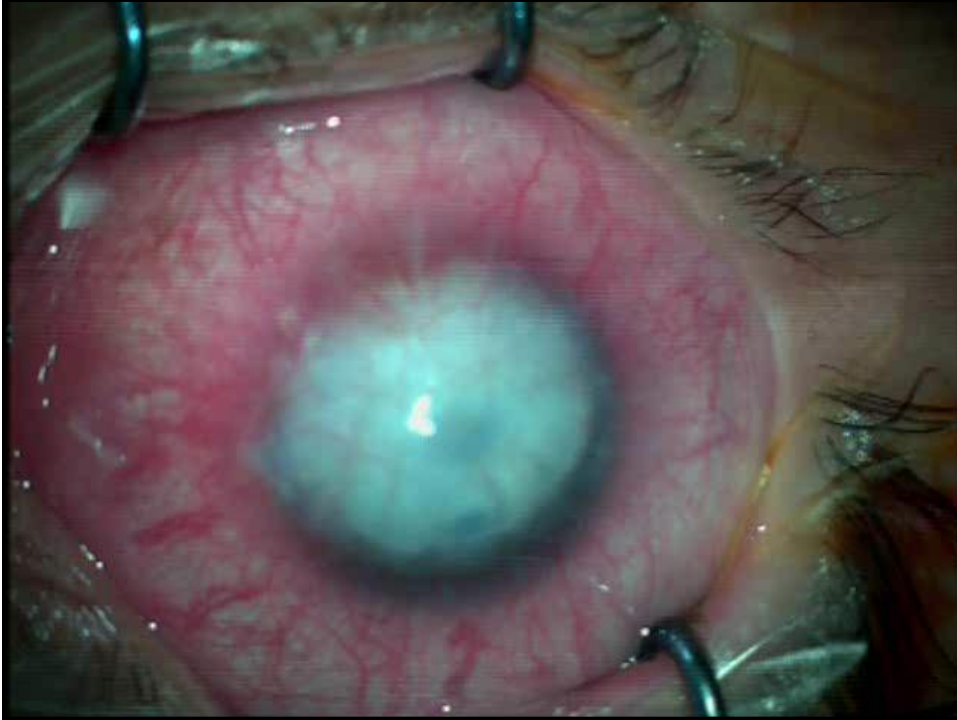


History

- ▶ 26 years old male.
- ▶ History of ocular injury 4 years ago ended with perforated corneal ulcer.
- ▶ Therapeutic PKP.
- ▶ Refractive PKP → failed after couple of months.

Examination

- ▶ VA = PL GP
- ▶ Ant. Seg.:
 - ✓ Massively scared and vascularized cornea.
 - ✓ Extensive ant synechiae.
- ▶ IOP= digitally high
- ▶ US= flat retina, no evident cupping.



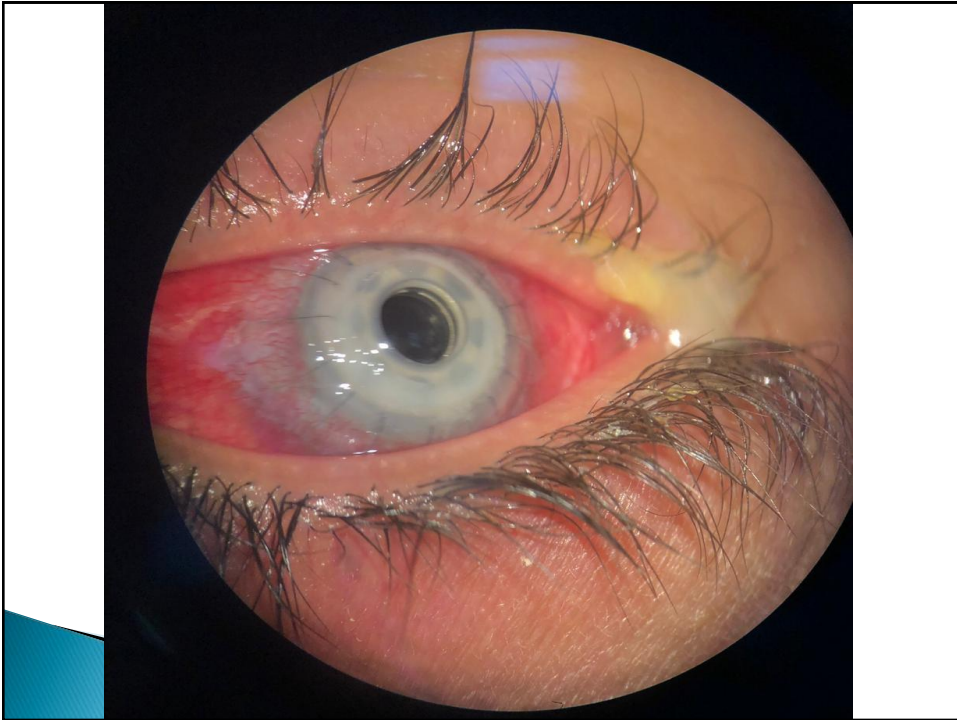
Postoperative

- ▶ VA= 6/18
- ▶ BCVA= 6/9
- ▶ CDR= 0.5-0.6
- ▶ IOP normalized within 4 weeks with withdrawal of antiglaucoma medications.



On follow-up

- ▶ After 6 months → fungal keratitis in donor cornea → Endophthalmitis

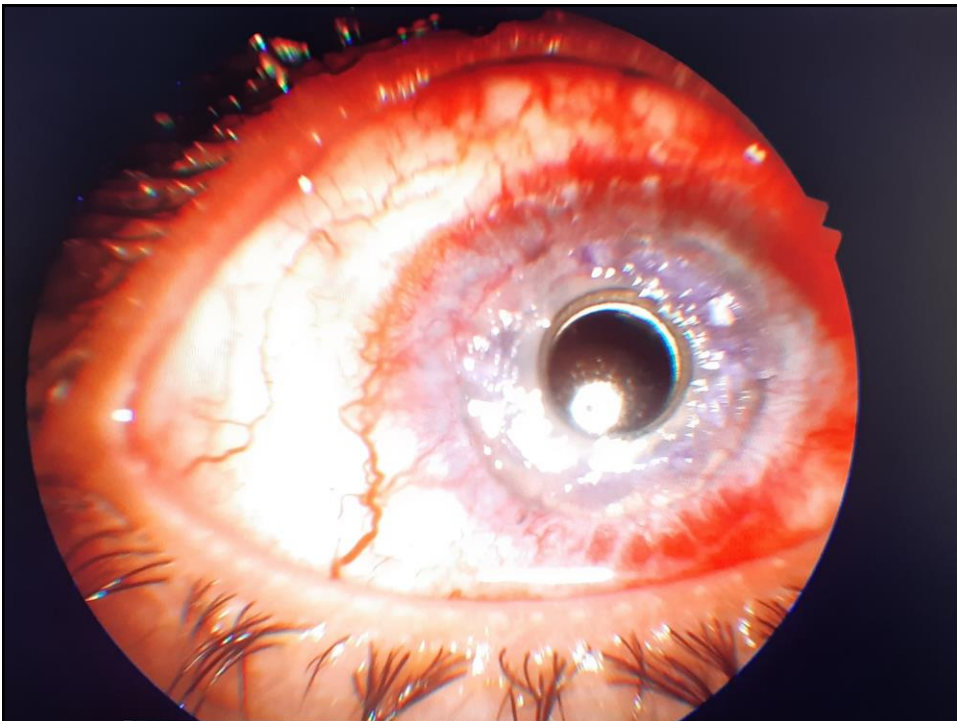


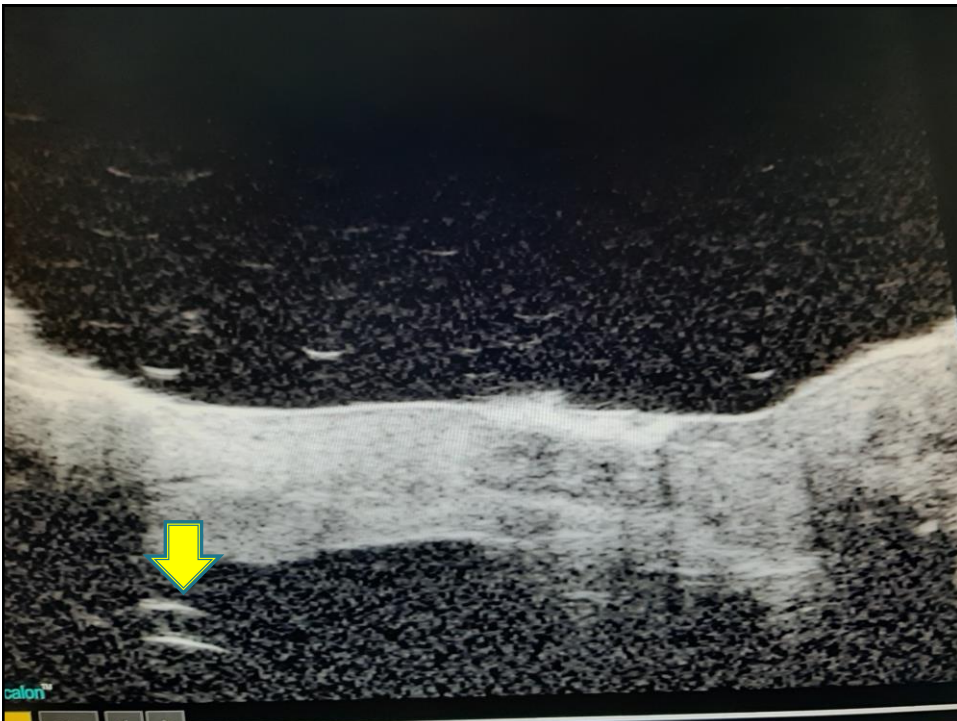
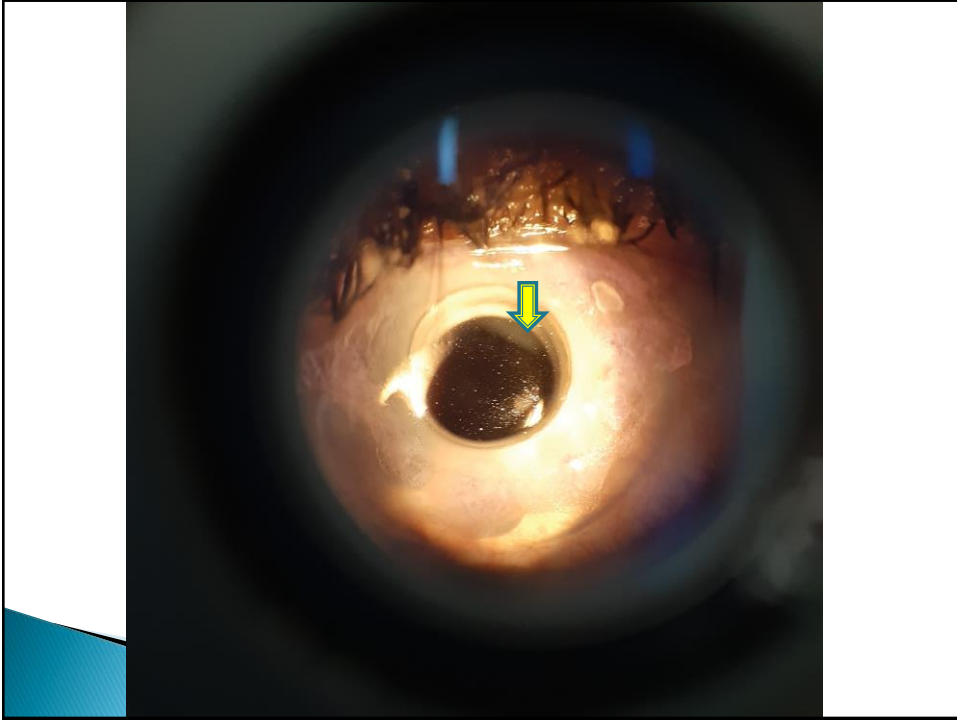
- ▶ Vitrectomy + fortified topical + systemic antifungal.
- ▶ Patient improved , BCVA 6/18.



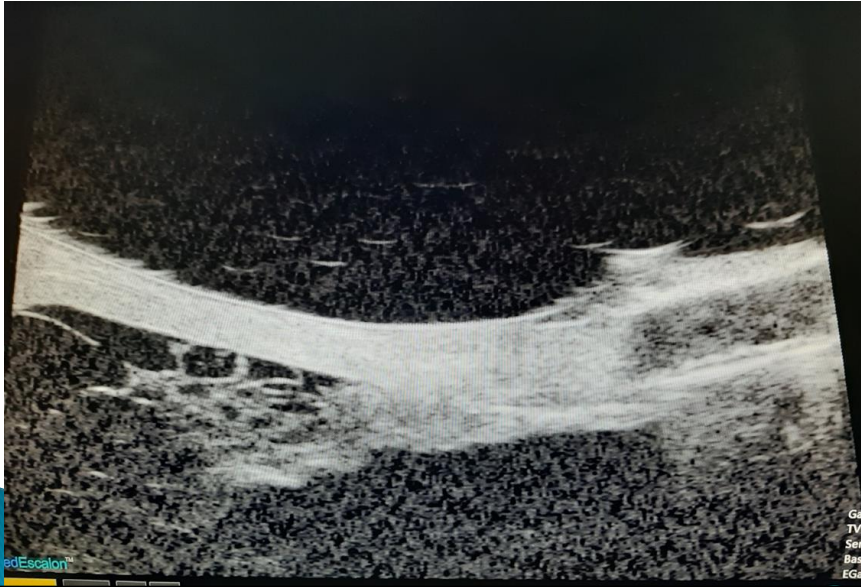
- ▶ VA= HM.
- ▶ Doughy tension.
- ▶ Melting of donor cornea with +ve Seidle's test.
- ▶ Extensive choroidal folds.

- ▶ Cyanoacrylate was done → -ve Seidle's test but eye still very soft.
- ▶ Adhesions between choroidal folds.





What happened??



**Do we have to ligate
the tube???????**

Take home message

