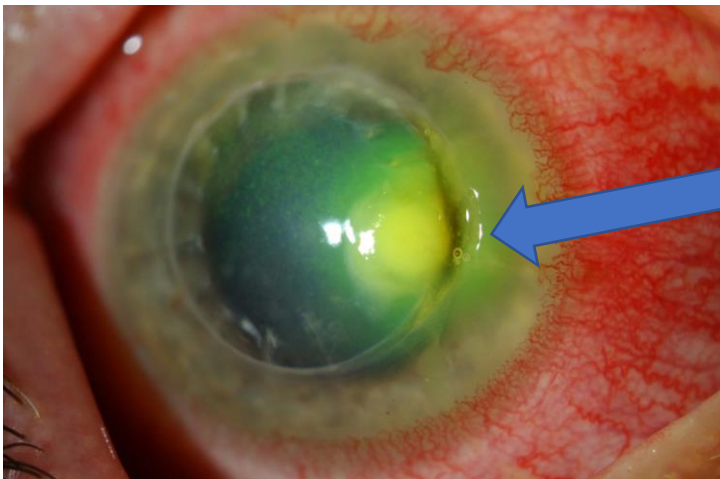


Corneal Ulcers

What is a 'corneal ulcer'?

A Corneal ulcer is a break in the continuous lining of the transparent skin of the cornea, known as the epithelium. Often a corneal ulcer is associated with a corneal infection, known as microbial keratitis. It can be caused by a number of micro-organisms such as bacteria, viruses, fungi or even parasites. By far the commonest cause in colder climates such as Europe are bacteria. Viral infections are commonly caused by the Herpes virus family e.g. Herpes Simplex Virus (which causes cold sores) or Varicella Zoster Virus (which causes chickenpox or shingles). Acanthamoeba is a parasite which causes a rare but serious infection of the cornea in contact lens wearers.



Sore red eye with an infective corneal ulcer in a previous corneal transplant.

Making a referral:

Email: Info@Communityeyecare.org.uk

Tel: 01772 717167

Fax: 01772 795620

Community Eyecare, 6 Fulwood Park, Caxton Road, Preston, PR2 9NZ

Risk Factors for corneal ulceration

- Contact lens wear
- Injuries including foreign and vegetable matter
- Use of steroid drops
- Use of drugs to suppress the immune system e.g. for rheumatoid arthritis
- Abnormalities of eyelids e.g. lashes turning inwards or Bell's Palsy
- Chemical injury
- Autoimmune diseases

What are the symptoms?

A cornea ulcer in itself maybe relatively symptom free. However, if infective the onset of symptoms come about quickly, often in a matter of hours.

Symptoms may include:

- Pain
- Redness
- Sensitivity to light
- Watering
- Blurred vision

Corneal ulcers are potentially serious It is a serious and potentially blinding. It is imperative that the diagnosis is made quickly and that you are seen as early as possible by an ophthalmologist (eye doctor). You will usually be referred by

Making a referral:

your optician to the eye emergency centre. If left untreated the cornea is vulnerable to becoming thin and perforating.

How is it diagnosed?

The diagnosis is usually made on examination by an ophthalmologist. Samples from the cornea are often taken to help isolate the organism and aid treatment. Unfortunately, the tests may not always prove positive even if the picture is convincing for an infection. If you are a contact lens wearer, stop wearing these immediately and bring them with you to your appointment along with the case so we can send those off to the lab also.

How is a corneal ulcer treated?

The treatment of corneal ulcers depends on its severity, but essentially relies on treating the underlying cause and any potential infection. Infections of the eye surface are treated with intensive antiseptic drops or eye ointment. Often these are taken hourly. You will be monitored closely with a review organised within a few days. Usually the antibiotics will be tapered if you respond to treatment but it is sometimes necessary to increase or change them depending on information from the laboratory or your response.

Making a referral:

Complications of corneal ulcers

- Corneal melting may occur where the cornea thins considerably. This is a serious complication and is more common with certain types of infection.
- Longer term, scarring and blood vessel growth may limit vision and require a corneal transplant.

General Advice

- Stop wearing contact lenses during your acute infection or if you keep getting infections as they increase your risk of recurrence.
- Wearing sunglasses can make your eyes feel more comfortable during an attack.
- Steroid eye drops should only be used under close supervision of an eye doctor, as they can cause viral infections to get worse by decreasing your eye's ability to fight infection.
- See an eye doctor as soon possible if you notice symptoms, so that the correct treatment can be started straight away to limit irreversible damage to the cornea.

Making a referral: