



OCULAR CICATRICIAL PEMPHIGOID



BY THOMAS ARNOLD, OD, FSLs

This pleasant, retired 87-year-old White gentleman was referred to our office for a scleral lens evaluation. His medical history included heart bypass surgery, hip replacements, herpes zoster, and skin cancer. His ocular history included pseudophakia, blepharoplasty, and trichiasis. At the time of his referral, significant trichiasis was irritating the cornea (Figure), resulting in much discomfort. The referring cornea specialist did not recommend additional lid surgery.

The patient was fitted with a well-known scleral lens brand with a 15.6 mm overall diameter. He tolerated the lenses well, and they provided a degree of relief.

After almost 1 year, he started producing copious mucus, which required him to remove, rinse, and reapply the lenses several times a day. We determined that this was not the result of a fitting issue, and the patient was referred to an oculo-plastic specialist at the Houston Medical Center. Further testing resulted in a diagnosis of ocular cicatricial pemphigoid.

The oculoplastic surgeon epilated all the eyelashes at this point and, I believe, sought to remove some of the damaged conjunctival tissue. Although the patient continued to wear the scleral lenses, the cornea in his right eye started to break down. He was then referred to a world-renowned cornea and immunology specialist, also at the Houston

Medical Center, who elected to apply an amniotic membrane surgically. Afterward, the patient stopped wearing the scleral lens in the right eye.

I saw the patient shortly after the amniotic membrane surgery, which took place in February 2020, around the start of the COVID pandemic. Our office cut back our schedule in March and then closed completely for April and the first 2 weeks of May. Nonetheless, I saw the patient once a week throughout this period to monitor the healing process. The patient's cornea surgeon traveled to Los Angeles to check on her 99-year-old father, but soon after, all air travel was halted, and she could not return to Houston. She and I became close as colleagues, as I would send her text updates and photos of the patient. Unfortunately, despite our best efforts, the cornea did not heal well, and the patient's visual acuity decreased. The patient ultimately passed away and is survived by his wife. ■

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