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Case Report

A Case Report of Misdiagnosed Case of Corneal Opacity

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Abstract

Background: Corneal opacities can be because of multiple causes like trauma, resolved infective ulcer, congenital cause etc. We are reporting this case because of its unusual presentation, Unique yet simple management.s.

Keywords: Leucomatous Corneal Opacity, Penetrating Keratoplasty, Diminution of Vision, Exotropia, Corneal Opacity (Non-vascularized).

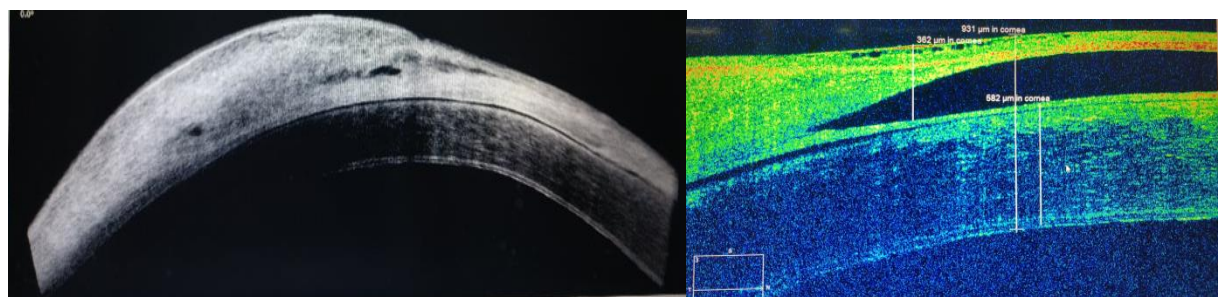
Case Presentation:

A 57 Y/M presented to our opd with chief complaint of diminution of vision Right Eye for last 1 year. He visited eye opd for a second opinion as he was advised for optical penetrating keratoplasty. No history of trauma, redness, previous eye surgery.

On examination vision of pt was Perception of light was present, projection of rays accurate, Adnexa were within normal limit, conjunctiva was transparent, leucomatous grade corneal opacity was present, No vascularisation was present over cornea. Iris was only visible peripherally. pupil, lens and rest posterior segments details were not visible. RE was in exotropia of 45 degree, no vascularization. Left eye was normal.



Such unusual history force us to perform ant segment OCT. To our surprise it was completely a separate layer from cornea

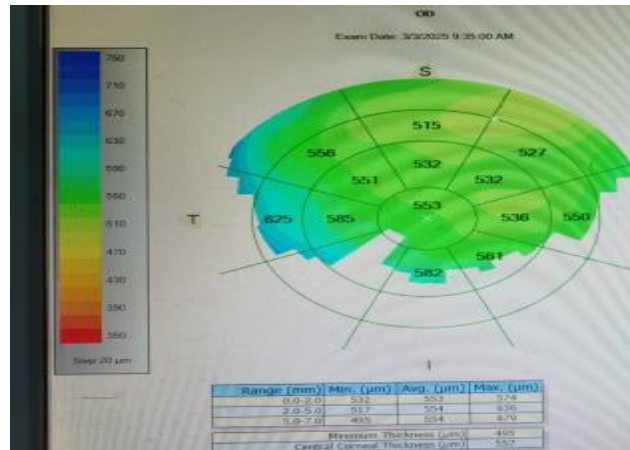


OCT anterior segment showing separate tissue growth

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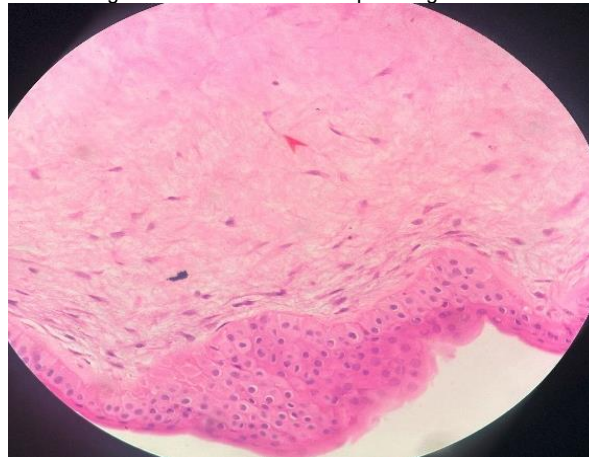
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Pachymetry of RE

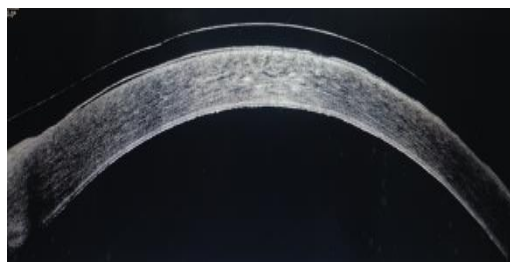
We planned for alcohol assisted dissection of the growth and sent it for histopathological examination.



BIOPSY SLIDE-Suggestive of epithelial hyperplastic cells



POST OP DAY 1 OF ALCOHOL ASSISTED DISSECTION



POST OP OCT OF RE WITH BCL IN SITU

On Post operative day 1 there was congestion of conjunctiva, cornea of the patient was clear. Aided vision revert back to 6/36 in right eye. On subsequent follow up eye becomes quiet.

Discussion:

Corneal opacity is one of the major cause of blindness. Corneal opacities may be secondary to a wide array of etiologies, including trauma, infection, or inflammation. They may also result from drug deposition, metabolic disorders, and corneal dystrophies or degenerations. It is important in such rare presentations to take an accurate history and to arrange appropriate investigations.

Apart from typical presentation of corneal opacity some unusual cases can be encountered by the ophthalmologist which need through

examination.

Reaching to correct diagnosis solves half of the problem. Proper history, clinical examination and investigation can prevent misdiagnosis of cases.

Conclusion:

This was a rare case of corneal opacity which was misdiagnosed and advised wrongly for penetrating keratoplasty. So for every corneal opacity case before moving to a surgical procedure it is advisable to go for anterior segment oct. It will lead to correct diagnosis and appropriate management.

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None

Conflict of interest

None

References

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McAlinden C, Williams CPR. A 54-year-old man with bilateral symmetrical circular corneal opacities. Digit J Ophthalmol. 2020 Jun 21;26(2):21-26. doi: 10.5693/djo.03.2019.12.001. PMID: 33867878; PMCID: PMC8031963.