( ) R1 ( ) R2 ( ) R3 (X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( )
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INFECTIOUS KERATITIS SECONDARY TO AN INTRASTROMAL CORNEAL RING (ICR)

Yu MCZ; Höfling-Lima AL; Campos MQS; Miranda D; Kwitko S; Moreira H ; Casanova F; Freitas D; Sartori M ; Schor P; Barbosa L. Ophthalmology Department, Federal University of São Paulo, São Paulo,Brazil Purpose: To evaluate infectious keratitis cases associated with the use of an ICR. Methods: Medical records of 8 cases with an ICR and infectious keratitis were reviewed. Results: Seven of these patients had an ICR as treatment for keratoconus and one was for treatment of low myopia. One patient had diabetes and another was wearing soft and hard contact lenses and one patient had had trauma. The diagnosis of infection was made in the first week after the procedure in three patients, within 2-4 weeks in two patients, and in over 60 days in three patients. The diagnosis was confirmed on the basis of microbiological investigation of samples obtained from corneal scrapings (6 cases) and on corneal biopsy (2 cases). Microorganisms identified in the cases of early infection included Staphylococcus aureus (1 case), Streptococcus viridans (1 case). In the period corresponding to two to four weeks, Nocardia sp (1 case) and Streptococcus pneumoniae (1 case) were cultured. In the cases of late infection, we had positive growth for Staphylococcus aureus (1 case) Staphylococcus coag neg, and Klebsiela sp (1 case), and Paecylomices (1 case) and Pseudomonas sp (1 case). Conclusions: ICR can be associated with infectious keratitis, and may be related to other risk factors. Early recognition of infection and proper treatment may result in a favorable visual outcome.