KERATOPLASTY IN THE KERATITIS OF LEPROSY*

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THERE are few reports of keratoplasty being performed on leprosy subjects; Degos, Voisin, and Delzant (1952) reported that corneal scars secondary to ocular leprosy were successfully treated with local cortisone and by lamellar corneal grafting. Pavlov (1958) stated that keratoplasty was a useful procedure, but Rycroft (1955) considered leprotic keratitis to be a contraindication to corneal grafting and stated that the graft succumbed to the original disease.

Now that sulphone therapy is available to control the disease it appears probable that many patients with leprosy would derive benefit from ocular surgery if this were undertaken with steroid cover. It seems unfortunate that, in countries where the disease is prevalent, facilities for corneal grafting are not always available and that local superstitions prevent the acquisition of donor eyes.

The case to be described indicates that penetrating keratoplasty, followed at a later date by cataract extraction, are procedures that can be undertaken to overcome the blindness produced by ocular leprosy.

Case Report

A man aged 48, born in British Guiana of partly Portuguese stock, received institutional treatment for leprosy between 1937 and 1939.

Deterioration of vision commenced in 1948 and proceeded in spite of treatment, so that he had no useful vision for 14 years before coming to Great Britain.

Examination.—The facial appearance, leonine in type, with thick ear lobes, loss of eyebrows, madarosis, and a depressed bridge to the nose suggested leprosy and there was also ulnar and peroneal palsy.

The right eye had perception of light in the temporal field only, and was glaucomatous secondary to iridocyclitis. The left eye could detect hand movements over a good field. The cornea showed a superficial pannus of small vessels above, together with many deep interstitial vessels widely distributed in the cornea, and diffuse corneal opacities with "chalky-white" deposits were scattered all over it. The iris showed a little atrophic change with posterior synechiae; a dense cataract was present. The clinical picture was typical of leprosy though lepra bacilli were not found in a right corneal scraping. It was decided that only in the left eye was there any possibility of improving vision.

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Systemic cortisone was given and on October 18, 1961, a left 6 mm. penetrating keratoplasty was performed, the systemic steroids being continued. The post-operative course was smooth, the reaction in the eye being less than usual. An excellent result was obtained after a completely uneventful convalescence.

On November 27, 1961, a left intracapsular cataract extraction with peripheral iridectomy was performed, and by February 23, 1962, a visual acuity of 6/12 was obtained with +10 D sph. and N.5 could be read with a reading addition.

The fundus showed a normal optic disc and posterior pole; there was some evidence of healed anterior choroiditis. The appearance of the eye 6 months after the cataract extraction is shown in the Figure.

FIGURE.—Appearance of left eye on May 31, 1962.

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