Customized Silicone Hydrogel Lens-A Case Stud

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Abstract:

We report a case in which customized contact lens were fitted in eyes patient was using a readily available contact lens but complained about not examination over the old contact lens revealed those lenses were policise. The symptoms resolved after custom made silicon hydrogel lens ere even that customized contact lens can help in certain high refractive error patient be helpful.

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Keywords: Contact lens; Silicone hydrogel; Customized contact lens

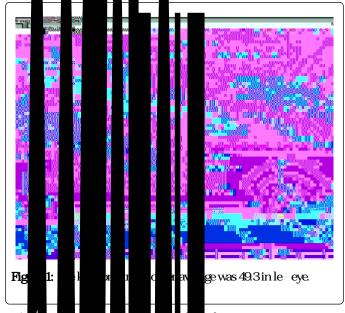
Introduction

ough not of many years old customized silicone hydrogel is still in its infancy in India. We convined patient for RGP lens use but she could not tolerate it even U er 1 month period [1]. en we tried with customized Silicone Hydrogel lens with gave a very positive feedback and created new hope.

When there is a high refractive error where few patients don't readily agree to use RGPs and prefer using so contact lens and as a practitioner you see there is no signic Uht astigmatism to prescribe for RGP then you bound to use contact lens of limited power [2-4].

A young patient of age 21 came to our clinic for her regular eye checkup and had a enquiry if she could get rid of glasses. A er her refraction we found she had High hypermetropia amounting +11.00/+1.00 × 180 in both eyes with best corrected visual acuity of 20/40 in both eyes as well. She had a history of using contact lens which she was very uncomfortable using [5]. e patient had no signi cUnt ocular history, such as trauma, amblyopia or strabismus and no family history of keratoconus [6]. Patient was earlier using contact lens which was very much uncomfortable and she wished if her thick glasses could be removed permanently. Owning to her request she was advised to undergo corneal topography, pachymetry and A-scan.

A complete ophthalmologic examination was unremarkable, Placido disc based corneal topography (Alcon) revealed steep corneal surface. is area appeared suspicious, especially the keratometric diopter average was 49.6 in right eye and 49.3 in le eye Topography stated the patient has abnormal cornea curvature but no any thinning or keratoconus suspect [6]. Corneal pachymetry was 526 and 528 in right and le eye respectively. Her length showed just 17.16 mm in right eye and 17.12 mm in the le eye which explains her high hypermetropia. Her anterior chamber (A/C) depth was 353 mm in right eye and 354 mm in le eye (Figure 1).



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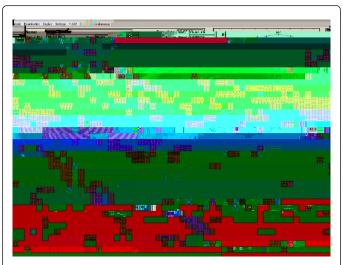


Figure 2 e keratometric diopter average was 49.6 in right eye.

A custom made silicon hydrogel contact lens was advised to the patient in detail and she agreed to use it. A customize lens was ordered of following measurement (Table 1).

| | Right eye | Left eye |
|------------|-----------|----------|
| POWER | 13.5 | 13.5 |
| BASE CURVE | 7.7 mm | 7.7 mm |
| DIAMETER | 14 mm | 14 mm |

Table 1: e nU measurement of the contact lens ordered.

A er when her new contact lens tted in her eyes it was very much well tted and she was very happy with the t and comfortability of the new lens. Her visual acuity with the contact lens was 20/40, N6 in both eyes. A er 1 week of follow-up the patient was happy and stitis ed with the new lens [8-14].

Discussion

In case presented the amount of hypermetropia is very high.