Short communication

Management of corneal hydrops using air and micro-punctures

R. Campos Polo a,b,*, J. Chacón Iglesias a, M. Gamazo Carrasco a, J.M. Mencía Bartolomé a, J. Solana Fajardo a, D. García Guisado a, C. Fernández Miranda a, J. Bueno Álvarez-Arenas a, Á. Sánchez Trancón b, E. García Ardoy b

a Servicio de Oftalmología, Complejo Hospitalario Universitario de Badajoz, Badajoz, Spain
b Clínica Vista Sánchez Trancón, Badajoz, Spain

ARTICLE INFO

Article history:
Received 11 August 2013
Accepted 25 February 2014
Available online 19 April 2015

Keywords:
Hydrops
Descemet membrane detachment
Air
Intracameral injection
Keratoconus
Stromal venting incisions

ABSTRACT

Case report: A 22-year-old woman with an acute hydrops and Descemet membrane detachment was managed by intracameral air injection combined with multiple corneal stromal venting incisions for the drainage of intrastromal fluid. No intraoperative complications were encountered, and the intrastromal fluid was resolved over 2 weeks.

Discussion: Acute corneal hydrops is a significant complication of keratoconus. If not treated, resolution usually occurs over a period of 2–4 months. The persistent edema can cause complications, such as corneal neovascularisation, infection and corneal perforation.

© 2013 Sociedad Española de Oftalmología. Published by Elsevier España, S.L.U. All rights reserved.

Manejo del hydrops corneal mediante aire y micropunciones

RESUMEN

Caso clínico: Mujer de 22 años con hydrops corneal agudo y rotura de la membrana de Descemet. Se trató mediante una inyección de aire intracameral combinada con múltiples incisiones intraestromales para conseguir el drenaje del líquido intraestromal. No hubo complicaciones intraoperatorias y el líquido intraestromal desapareció a las 2 semanas.

Discusión: El hydrops corneal agudo es una importante complicación del queratocono. Sin tratamiento, se puede resolver en un periodo de 2 a 4 meses. El edema persistente puede causar complicaciones tales como neovascularización corneal, infección y perforación.

© 2013 Sociedad Española de Oftalmología. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.


* Corresponding author.
E-mail address: rafacampospolo@hotmail.com (R. Campos Polo).

2173-5794/$ – see front matter © 2013 Sociedad Española de Oftalmología. Published by Elsevier España, S.L.U. All rights reserved.
Introduction

Acute corneal hydrops is a keratoconic complication in advanced stage which appears as a consequence of Descemet membrane ruptures which facilitate the entry of aqueous humor into the corneal stroma. On most occasions it is a self-limiting process which completes in 2–4 months but persistent corneal edema is not free of complications such as corneal neovascularization, infection and even perforation.

Typical treatment for hydrops is based on hypertonic eyedrops and corticoids, the former to facilitate process resolution and the latter to diminish inflammation during that process. In addition, surgical techniques have been described consisting in the injection of air or gas, with encouraging results.

Case report

Female, 22, diagnosed with keratoconic stage IV according to the Amsler–Krumeich classification in RE and stage 1 in LE, on waiting list for RE keratoplasty, who visited our practice with a corneal hydrops episode in RE after minimum energy traumatism. Corrected VA is of 0.1 in RE and 0.9 in LE. Slit-lamp examination revealed corneal edema which prevented viewing other anterior element segments (Fig. 1). IOP, measured with pachymetric adjustment, was of 13 mmHg in RE and 10 mmHg in LE. The Scheimpflug-Pentacam® rotation camera (Oculus Inc., Lynnwood, WA, USA) and OCT in anterior segment Cirrus® mode (Carl Zeiss Meditec, Dublin, CA, USA), revealed cornea edema of approximately 1600 microns at the thickest point, Descemet membrane rupture and multiple intra-corneal pseudocysts (Fig. 2).

Due to the severity of the condition and poor medical treatment efficacy, it was decided to intervene surgically to achieve rapid resolution and avoid potential complications. Presurgery, 2% topical pilocarpine was prescribed to produce miosis and protect the lens. Paracentesis was performed with 15° blade and the anterior chamber partially emptied of aqueous humor in order to avoid possible uncontrolled intra-surgery ocular pressure increases. Subsequently, air was introduced with a 27G cannula to completely fill the anterior chamber. Thereafter, several incisions at an angle of 45° were carried out through the corneal surface with a 23G blade in the area of the cysts. To do this, the 3-D anterior segment OCT was used as guide, which located perfectly the areas in which most liquid is retained (Fig. 3). Said incisions must reach the space occupied by the intrastromal liquid so that, when minimum evacuation occurs, the blade must be withdrawn in order to avoid perforating the cornea. After making said incisions, the external expression thereof was carried out with a cannula for a period of approximately 10 min. Finally, air was partially extracted leaving a bubble of approximately 8 mm and the paracentesis hydrated. Antibiotic eyedrops, corticoids and cycloplegics were prescribed in the immediate post-surgery.

Fig. 1 – initial condition of the cornea at hydrops debut, with large corneal edema associated to older peripheral leukoma.

Fig. 2 – images of the cornea at hydrops onset taken with Scheimpflug camera (a) and anterior segment OCT (b).
In the topographies, OCT and serial pachymetries (the day after, at week one and week 2), the condition improved rapidly and was practically in full resolution at week 2 (Figs. 4–6).

**Discussion**

Multiple treatments have been described for managing acute corneal hydrops such as therapeutic contact lenses, topical sodium chloride, intrachamber injections of air or gas, compressive sutures combined with air injection or amniotic membrane transplant among others. With these techniques, the mean resolution period for hydrops ranges between 2 weeks and 4 months. In the presence of multiple cysts, the condition can take up to 6 months to resolve, thus increasing the risk of complications such as perforation, neovascularization or infection.

This technique is already used in the management of DSAEK when there is liquid in the donor-receptor interphase. In the present case the scar induced by said microincisions would assist in repairing Descemet membrane rupture and thus avoiding the entry of more liquid.

In the manner described above, complication-free rapid resolution was obtained of the condition which could have given rise to severe sequels.

**Fig. 4 –** Evolution the day after (a), at week one (b) and at week 2 (c). Note small air bubble in anterior chamber in upper image.

**Fig. 5 –** Evolution of the cornea the day after (a), at week one (b) and at week 2 (c). The pseudocysts can be seen to diminish up to total resolution.
Fig. 6 – Evolution of the pachymetry carried out with Pentacam® in each point of the cornea at diagnostic time (a), the day after (b), at week one (c) and at week 2 (d).

Conflict of interest

No conflict of interests was declared by the authors.

Acknowledgments

The authors wish to acknowledge the Direction and Management of the Badajoz University Hospital Complex, particularly the director of the Hospital Perpetuo Socorro, Dr. Pedro Bobadilla.

REFERENCES