

## *Letter to the editor*

### **Challenges in the management of corneal ulcer**

Sharma A  
Ophthalmologist  
Biratnagar Eye Hospital, Biratnagar, Nepal

Dear editor,

I went through the article by Singh SK (2010) "Challenges in the management of corneal ulcer" published in the fifth issue of the Nepalese Journal of Ophthalmology with great interest and would like to congratulate the author for highlighting one of the neglected but very important causes of preventable blindness.

Corneal ulcer and its complications constitute an important cause of ocular morbidity, particularly in the developing world (Dandona 1997). I do agree with him that there is a lack of diagnostic facilities for culture and sensitivity in the country but these procedures require investment of a certain amount of time and expenses by the ophthalmologist, the patient and ultimately the eye health care system in general. A survey of community ophthalmologists in southern California showed that less than 20 % of corneal ulcers were treated in accordance with textbook recommendations (McDonnell 1992). Another study found that less than 4 % of cases required a change in initial antibiotic therapy based on an inadequate clinical response (McLeod 1996). Performing culture and sensitivity test may be the gold standard but there may be a poor correlation between in vitro antimicrobial sensitivity and in vivo clinical response. Hence, microscopic examination of corneal scrapings using Gram's staining techniques and KOH 10 % preparation can provide equally useful guidance to initiate therapy in a case of suppurative keratitis.

Another important issue regarding the corneal ulcer is that the patients commonly seek help from a wrong source and present to the hospital only when self treatment or the treatment by unqualified persons fail resulting in the much worse condition. Most of the time steroid preparations are offered to help decrease the irritation and inflammation (Ezegwui 2010). I think there is a lack of awareness even amongst the trained community health workers with respect to the adverse effects of the steroids.

Vitamin A deficiency is another very important and common cause of childhood blindness in the developing countries which has been missed in this article (Singh SK 2010).

Lastly, if all sorts of medications fail, corneal transplantation is the last resort for non-healing and advanced ulcers (Garg P et al 1999). Corneal scar is one of the most common causes (28.1 %) for blindness, of which keratitis accounts for 50.5 %. Due to lack of awareness even amongst the medical professionals, it is very difficult to get the required tissue at the given time. Hence, we are in need of a series of awareness programs encouraging eye donations so that we can make a big difference in the final outcome of the disease.

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**Address for correspondence:** Dr Archana Sharma, MD  
Biratnagar Eye Hospital, Biratnagar, Nepal  
E-mail: aarchoo100@gmail.com



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