

CONTACT LENS RELATED CORNEAL ULCER

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Editor's note: These multiple choice questions are based on the following article:

Loh KY, Agarwal P. Contact lens related corneal ulcer. *Malaysian Family Physician*. 2010;5(1):46

For each of the question, select the **MOST** appropriate answer.

- Which of the following is known to be major factor contributing to ulcer formation in contact lens user?
 - Size of the contact lens.
 - Colour of the contact lens.
 - Material used in contact lens.
 - Continuous overnight use of contact lens.
 - Thickness of contact lens.
- The major step in the pathogenesis of bacterial corneal ulcer is:
 - Duration of infection.
 - Virulence of the invading organism.
 - Biofilm formation.
 - Toxin production.
 - Pre-existing corneal lesion.
- The most appropriate method of examination to visualize a corneal ulcer is:
 - Torch light examination.
 - Direct ophthalmoscopy.
 - Indirect ophthalmoscopy.
 - Slit lamp microscopy.
 - Slit lamp microscopy after fluorescein staining of the cornea.
- Which of the following is the most appropriate management plan in cases suspected of contact lens related bacterial ulcer of the cornea?
 - Commence topical broad spectrum antibiotic alone is adequate.
 - Obtain a conjunctival swab for culture and then commence on broad spectrum topical antibiotic.
 - Systemic antibiotic is adequate.
 - Obtain a corneal scraping for culture and then commence on broad spectrum topical antibiotic.
 - Removal of contact lens is adequate.
- A 20-year-old college student complains of pain, photophobia and tearing of her left eye for 1 day. She claims that for the past 3 days she did not remove her contact lens even during sleep because of her prolonged reading to prepare her semester examination. You are the family doctor seeing her. The most appropriate plan of your management is:
 - Prescribe lubricating drops to her and review in one week.
 - Prescribe her gentamicin eye drops.
 - Advise her to remove contact lens immediately and wash with normal saline.
 - Examine with a torch light and if no lesion seen just reassurance is adequate.
 - Refer to ophthalmologist for a thorough slit lamp microscopy examination.

Answers: 1) D; 2) C; 3) E; 4) D; 5) E