

CASE STUDY

obvious signs of contact lens abuse

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Visit 1 A 20-year-old college student first presented to our clinic noticing redness and complaining of a foreign body sensation OD for two days after a weekend getaway in Canada. He had removed his soft contact lens, cleaned it with an unknown multipurpose solution and reapplied it. The irritation persisted.

He was unsure what brand of contact lens he was wearing and replaced them every three to four weeks with extended wear one night a week. He had no backup spectacles and wore his contact lenses 15 hours a day. His last full eye examination was three to four years ago, and he obtained his contact lenses via the Internet.

We noted circumlimbal injection on both eyes on gross examination. The contact lenses exhibited minimal to no movement. Slit lamp biomicroscopy revealed a small, superior-central foreign body on the right cornea as well as several small mid-peripheral infiltrates scattered from three o'clock to nine o'clock. An imprint of the contact lens appeared with fluorescein on both corneas (Figure 3). We noted corneal vascularization in all 360 degrees, as well as limbal irregularity highlighted by positive and negative staining on both eyes.

We removed the corneal foreign body with irrigation and pre-

scribed fluoroquinolone drops qid to treat the residual abrasion. We advised him that his poor contact lens fit and poor compliance put him at risk for future inflammation, infection and possible vision loss. We advised him to get a full eye examination and have his contact lenses refit.

Visit 2 Our patient returned the following day as advised, wearing no lens OD and wearing the soft contact lens OS. The small corneal abrasion had healed, but the infiltrates remained OD. Both eyes still demonstrated circumlimbal injection. We performed a manifest refraction and gave him a spectacle prescription.

My records showed a problem-focused history, expanded problem-focused examination and low-complexity decision making consistent with a 99212. In addition, the refraction, CPT 92015, was a separate billable procedure that we performed that day.

This patient returned for one more follow-up visit in which we discontinued all medications and advised him to not wear his poor-fitting contact lenses and to return for a comprehensive eye examination. It probably comes as no surprise that he didn't return for more than a year when he came in with a black eye after being struck on the left eyelid with a water ski. The patient was still wearing the same type of contact lenses, replacing them

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after several months with several days of overnight wear a week. He had several corneal infiltrates. He even mentioned modifying his own contact lens powers online to improve his vision.

This patient had two annual visits to our practice, both for ocular injury and not for routine eye care or even for symptoms related to poor contact lens compliance. However, no eyecare practitioner could have ignored the obvious signs of contact lens abuse and contact lens-related acute red eye. It's extremely important to document such events, as well as how you educate the patient, in the medical record.

To obtain references, visit <http://www.clspectrum.com/references.asp> and click on document #115.

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