Corneal Tattooing for the Treatment of Debilitating Glare in a Child With Traumatic Iris Loss

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PURPOSE: To report the cosmetic and therapeutic use of corneal tattooing for a child with sectoral traumatic corneal scarring and symptomatic glare from sectoral traumatic iris loss.

DESIGN: Interventional case report.

METHODS: A six-year-old girl underwent corneal tattooing (platinum chloride reduced by hydrazine) in the relevant scarred corneal sector.

RESULTS: Six months after the procedure, the child enjoyed a more normal corneal appearance and no longer suffered from glare. Postoperative epithelial healing, however, was slow and required vigilance.

CONCLUSIONS: Corneal tattooing can allow both cosmetic and therapeutic benefit when indicated in a child. However, postoperative healing may require management when using platinum chloride reduced by hydrazine.
allow for color variation). Our patient’s delayed postoperative epithelialization, a reason for caution before recommending this procedure, was likely because of the duration of hydrazine exposure. Hydrazine is a reducing agent with a known potential for epithelial surface toxicity. Its intraoperative application should perhaps be less than the 55 seconds we allowed. Follow-up is required to assess whether significant fading of pigment will occur over the long-term.

REFERENCES

Corneal Pseudomembrane From Acute Inflammatory Response and Fibrin Formation to Acute Myeloid Leukemic Infiltrate
Shree K. Kurup MD, Hanna Coleman MD, and Chi-Chao Chan, MD

PURPOSE: To describe an unusual ocular manifestation of a patient with acute myeloid leukemia (AML).

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DESIGN: Observational case report.
METHODS: A 59-year-old woman with a history of preleukemic myelodysplastic syndrome (MDS) and status post bone marrow transplant (BMT) complained of a sudden onset of poor vision associated with a corneal pseudomembrane. Ocular graft vs host disease was suspected, and the pseudomembrane was excised for histopathologic examination.

RESULTS: The pseudomembrane showed myeloblasts admixed with an acute inflammatory response suggestive of the development of AML, a complication of MDS. Bone marrow examination confirmed the diagnosis of relapsing AML.

CONCLUSIONS: Acute myeloid leukemia could present as a pseudomembrane; thus, examination of relevant ocular tissue is recommended. (Am J Ophthalmol 2005;139:921–923. © 2005 by Elsevier Inc. All rights reserved.)