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Short communication

Keratolimbic autograft transplantation as a possible new treatment of Lisch epithelial corneal dystrophy[☆]



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ABSTRACT

Case report: The case concerns 64-year-old woman with visual acuity of 20/40 in the right eye. Slit-lamp examination revealed a grey, feathery corneal opacification with intraepithelial microcysts compatible with Lisch epithelial corneal dystrophy (LECD). It was treated with epithelial debridements, contact lenses and mitomycin C, but the opacification recurred within months. The removal of limbus sector and autologous limbal transplantation (KLAT) were used successfully without recurrence.

Conclusions: After removal of damaged limbus, KLAT should be considered as a treatment option for asymmetric LECD when other treatments have failed.

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Trasplante autólogo de limbo como nuevo tratamiento de la distrofia corneal epitelial de Lisch

RESUMEN

Caso clínico: Presentamos el caso de una mujer de 64 años con agudeza visual de 20/40 en su ojo derecho, debida a una opacificación grisácea y plumosa con microquistes en el epitelio corneal, compatible con una distrofia epitelial de Lisch. Se trató secuencialmente con varios desbridamientos epiteliales, lente de contacto y mitomicina C, a pesar de los cuales, recidivaba. La extirpación de un sector limbar y el trasplante de limbo autólogo obtuvieron buenos resultados y sin recurrencia.

Palabras clave:

Distrofia corneal

Distrofia de Lisch

Trasplante autólogo de limbo

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Conclusión: El trasplante autólogo de limbo tras extirpar la zona de limbo afectado puede ser considerado como una nueva opción terapéutica en el tratamiento de la distrofia epitelial de Lisch asimétrica, cuando otros tratamientos han fallado.

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Introduction

Lisch epithelial corneal dystrophy (LECD) was first described by Lisch et al. in 1992.¹ It has a dominant inheritance linked to chromosome X. The locus is in the short arm of chromosome X (Xp22.3), but the responsible gene is not yet known.² It is classified as a category 2 dystrophy by the International Committee for Classification of Corneal Dystrophies (IC3D).³ Diagnosis is fundamentally based on clinical findings in slit lamp and a histopathologic examination. There are several therapeutic options, from the use of contact lenses to photorefractive keratectomy with mitomycin C.⁴

Case report

64-Year old woman presenting progressive fall in visual acuity (VA) in right eye (0.5 at that time). The slit lamp examination showed a feathery epithelial opacity extending from 12 h of lumbus to the central zone (Fig. 1). Retroillumination showed multiple dense epithelial microcysts (Fig. 2) with clear space between them. There is no stain with fluorescein.

In view of a suspected Lisch dystrophy, epithelial debridement is performed with VA initially increasing to 0.9, but the lesion recurred after 3-4 months. The process was repeated and it recurred again. A soft hydroxyethyl methacrylate lens was used, obtaining a reduction in the density and extension of the opacity, but it reappeared after removal. We used 0.02% mitomycin eye drops (4 times/day the 1st week and twice/day the 2nd week), to try to inhibit epithelial proliferation, but the lesion recurred 2 months after the treatment. Epithelial debridement was repeated with mitomycin C as an adjuvant,

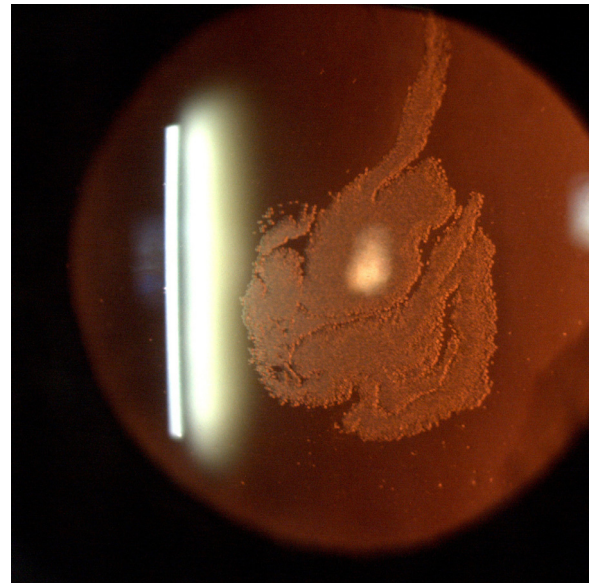


Fig. 2 – Retroillumination: visualisation of numerous epithelial cysts.

but in view of a minimal improvement and a new relapse after a month, we decided to look for an alternative treatment. Due to the clear asymmetry of the dystrophy in this patient, and the fact that the lesion always came from the same limbal area, we considered the possibility of removing that limbal area, replacing it with a limbal fragment from the other eye, which had presented no sign of dystrophy, with which we would provide limbal stem cells capable of regenerating

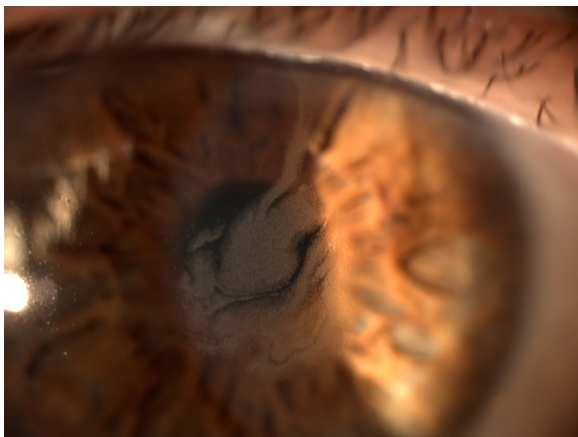


Fig. 1 – Examination with slit lamp: greyish, feather opacity affecting visual axis.

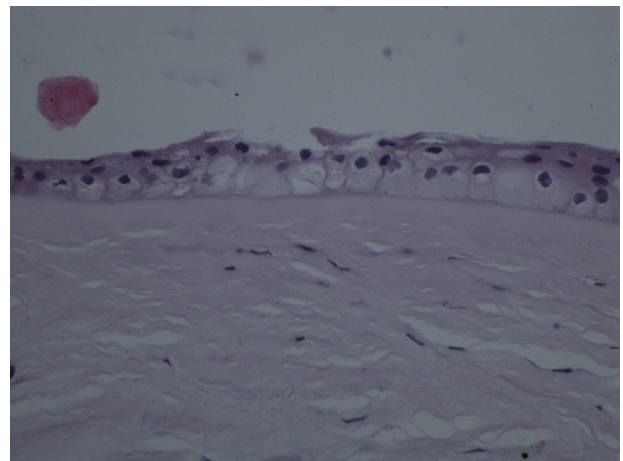


Fig. 3 – Histopathologic examination: intracytoplasmic vacuoles in the affected epithelium.

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