

Is it Inevitable to have a scar?

#### Is the severe scar just around the corner?

#### Should we wait, so Only time will tell?

Microbial keratitis with ciliary injection, corneal infiltrate and a hypopyon. This patient also has satellite lesions superiorly © Simon Arunga

#### PREDICTORS OF SEVERE CORNEAL SCARRING AFTER MICROBIAL KERATITIS IN SOUTHWESTERN UGANDA

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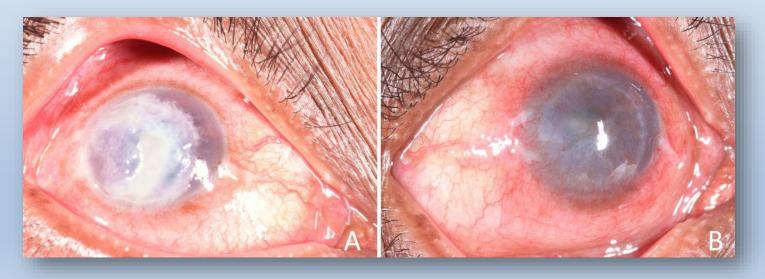


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SUCCEED WE MUST

## AIM

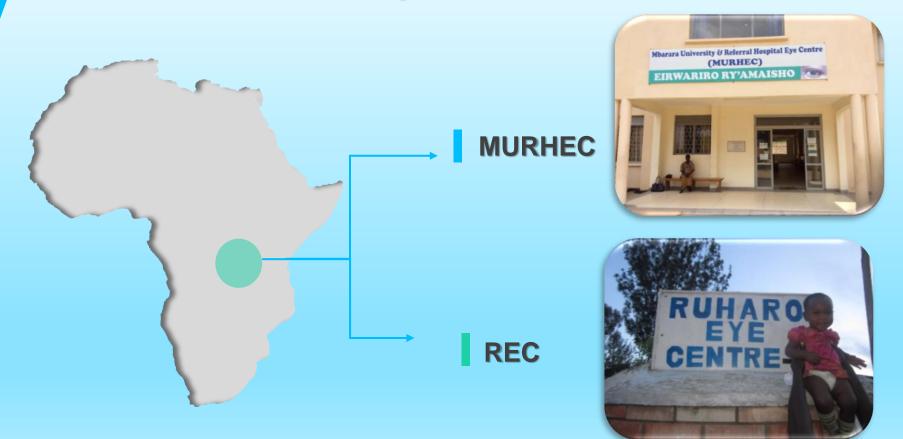
## To determine the predictors of severe corneal scarring following microbial keratitis.

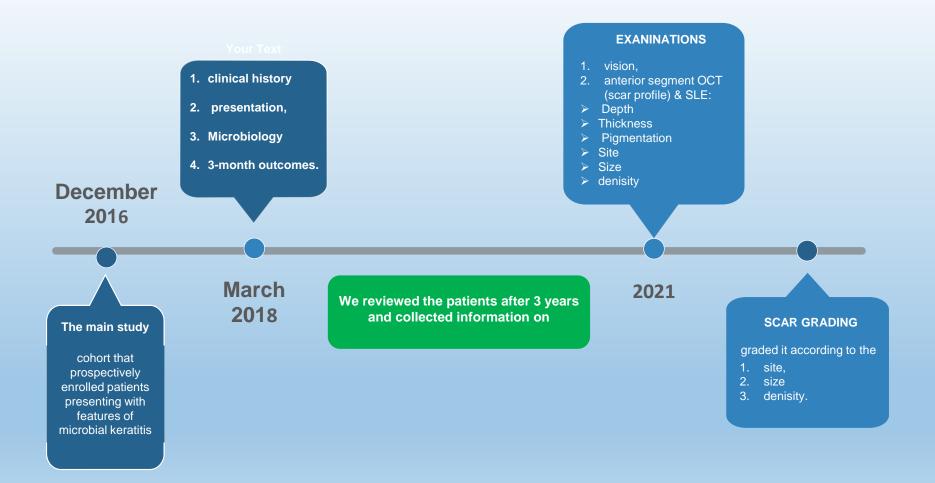


Jeremy John Hoffman et al. BMJ Open 2020;10:e038066

## METHODS

#### **Study Location**





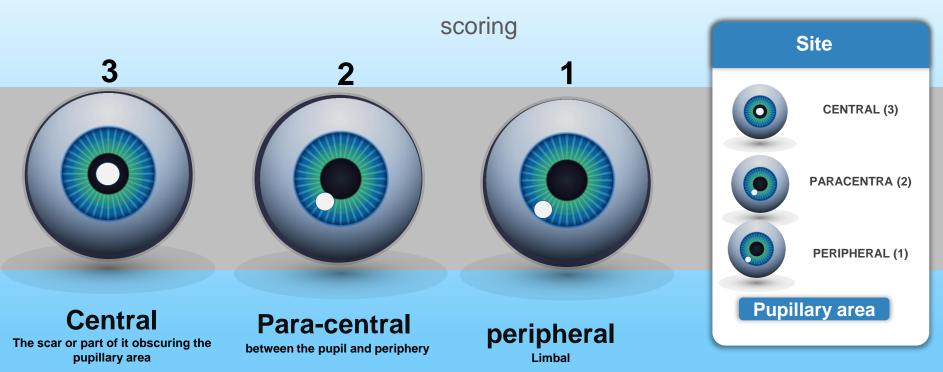
#### **METHODS**

## Scars were graded as mild, moderate and severe based on

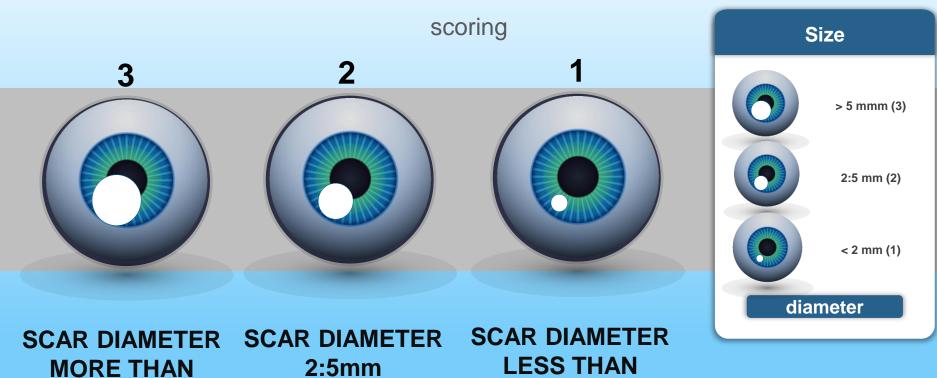


### **Corneal scar severity scoring**

#### Site



#### Size

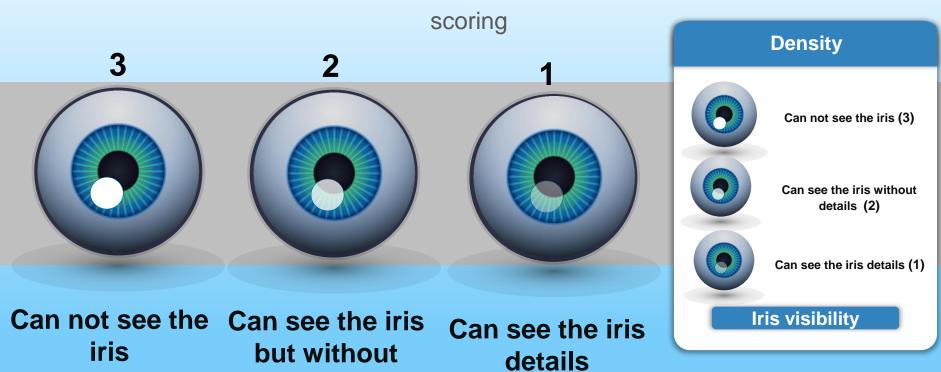


**5 mm** 

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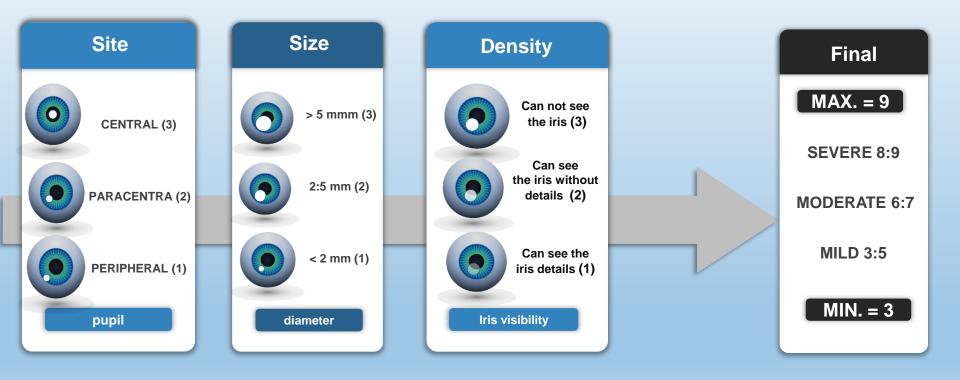
2mm

#### Density



details

#### Corneal scar severity scoring

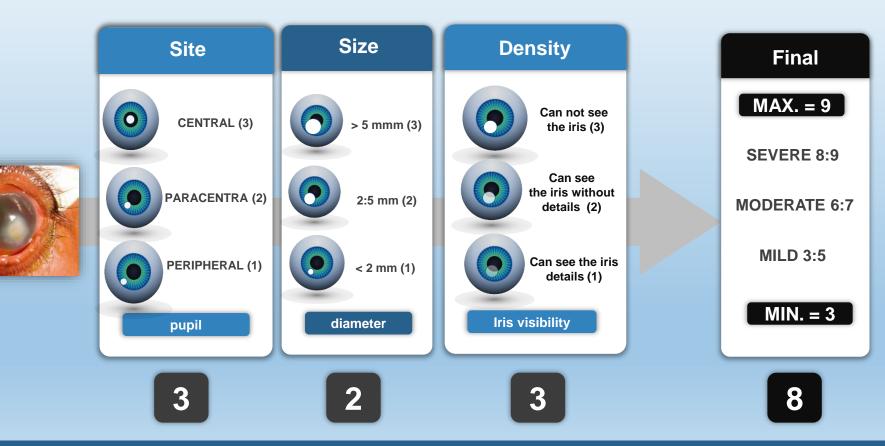


#### Example



Mr Massae's left eye, after several weeks of treatment. © Matthew Burton

#### Corneal scar severity scoring

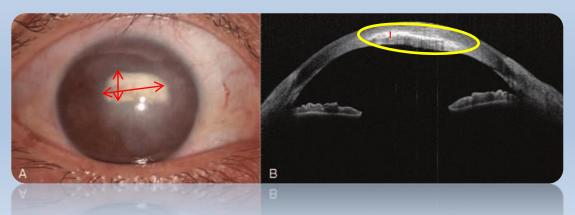


 In a multivariable regression model, we tested the baseline features that were associated with severe corneal scarring.

## RESULTS

#### A total of 56 individuals were enrolled.

- 53 scars and 3 without scars
- Median scar thickness 183 μm (IQR 125-296 μm).
- Scar size was variable (Median size was 7.6 mm (IQR 2-12.5 mm).



### A table showing the grades of corneal scars, N=53

SCAR SEVERITY *	Ν	%
Mild	22	41.5
Moderate	9	17
Severe	22	41.5

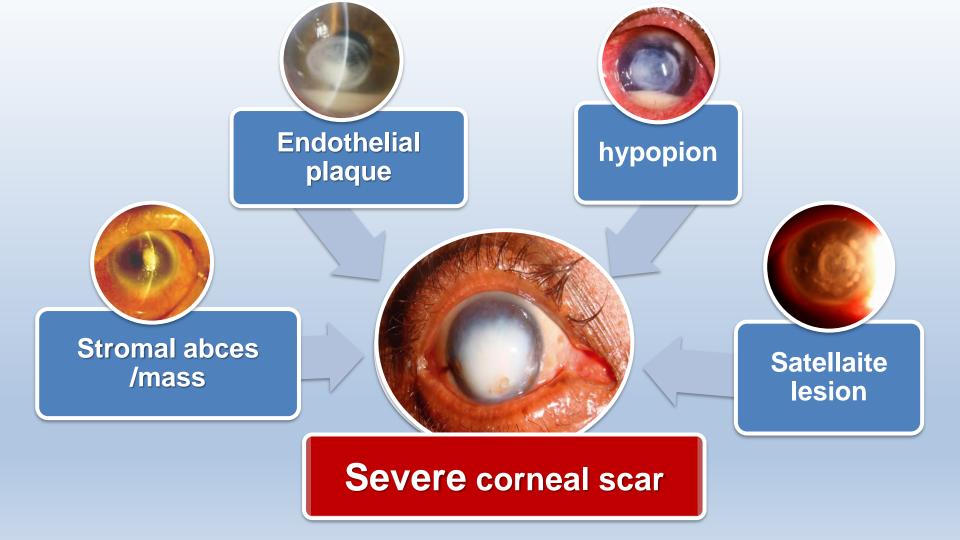
\*according to: "Corneal scar severity scoring"

### Baseline factors which were strongly associated with severe corneal scarring were;

Factors	aOR	95% CI	P value
Stromal abscess/ Mass*			
An endothelial plaque	21.75	2.07- 228.77	0.010
Hypopyon	13.0	1.10- 152.4	0.042
Satellite lesions	5.3	0.97-28.58	0.054

\*Stromal abscess/ Mass: no ORs could be generated because of their 100% predictability

## Conclusion



## Recommendation

# This information should guide clinicians to:

- Provide proper prognostic counselling.
- More aggressive treatment approach to patients presenting with these features.

## THANKS