Peripheral Corneal Disease
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Case: A 68 year-old female presented with irritation in the left eye and was found to have superior corneal thinning. Her symptoms improved with topical steroids and a laboratory workup was unrevealing. Three months later, she developed acute kidney injury and anemia. Laboratory studies were repeated and an underlying vasculitis was diagnosed and treated.

Peripheral corneal diseases:
- Corneal degenerations – e.g. Terrien’s marginal degeneration
- Staph marginal keratitis
- Fuchs’ marginal keratitis
- Peripheral ulcerative keratitis
- Mooren’s ulcer
- Rosacea
- Staph marginal keratitis
- Infectious keratitis

Workup
- Rheumatoid factor
- ANCA antibodies
- CBC
- Urinalysis
- ESR
- CRP
- Corneal smear and cultures

Peripheral Ulcerative Keratitis
- About 50% of non-infectious cases are associated with collagen vascular disease: rheumatoid arthritis, ANCA-(+) vasculitides (GPA, microscopic polyangiitis, Churg Strauss), relapsing polychondritis, polymyalgia rheumatic, lupus
- Treat underlying disorder
- Steroids, immunomodulatory therapy, conjunctival resection, corneal grafts

Mooren’s Ulcer
- Diagnosis of exclusion with unknown etiology
- Not associated with scleritis (no scleral involvement)
- Described as painful, spreads circumferentially then centripetally
- May have autoimmune association with hepatitis C or parasitic infection
- Treatment: steroids, immunomodulatory treatments, conjunctival resection