

Case Files:

The Anterior Segment Chronicles

Marc R. Bloomenstien OD, FFAO - Paul Karpecki, OD, FFAO - Laura M. Periman, MD

ARS Polling Instructions

Step 1 - Open the Vision West app and log in using your badge ID and zip code

Step 2 - Click on blue Education button to see All Education Sessions

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• **Innovation Stage - Exhibit Hall - The Bridge (Booth #1050)**
Our Innovation Stage sessions feature free, promotional content for all attendees.

• **Vision Series - Friday, March 15 and Saturday, March 16**
Grab a bite to eat or drink and continue learning over breakfast or lunch! Listen to industry leaders as they address the latest clinical innovations in a relaxed and collaborative environment.

*Open to Optometrists only. Not for Credit. Meals offered on first-come, first-serve basis to pre-registered attendees.

Exhibit Hall Hours

Friday, March 15 9:30am – 6:00pm
Saturday, March 16 9:30am – 6:00pm
Sunday, March 17 9:30am – 3:00pm

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All financial relationships have been mitigated.

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A Case From Electric Avenue

NeuralStimulation When, Where, Why

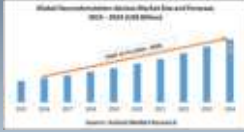

NeuralStimulation: Where? When? Why?

Case Study:
67 y.o. AF with dryness, burning, FBS, irritation, itching.

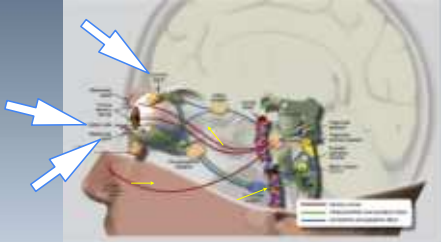
Dx:
Dry Eye Disease, MGD, Demodex, Conjunctival Chalasis (CCh)



Neuromodulation Has Been a Game Changer in Many Fields

Neural Control of the Lacrimal Function Unit (LFU) is a Powerful Mechanism of Action in Maintaining the Tear Film



Deedman et al. Ocular Surface 17 (2019)

Fellow Eye Outcomes with Pharmacologic Neuroactivator Nasal Spray in Dry Eye Disease: ONSET-1 and ONSET-2 Studies

Laura M. Parkman, MD, Sally Melt, OD, Alan G. Rabolt, OD, RAADP, Laura Hendrix, MD, Andrew Gibson, PhD

BACKGROUND: The trigeminal nerve plays a key role in the neural control of the lacrimal function unit (LFU) and tear film maintenance. Pharmacologic neuroactivation of the trigeminal nerve may improve LFU function and tear film stability.

OBJECTIVE: To evaluate the effect of a pharmacologic neuroactivator nasal spray on fellow eye outcomes in patients with dry eye disease (DED) in the ONSET-1 and ONSET-2 studies.

DESIGN: Retrospective analysis of data from the ONSET-1 and ONSET-2 studies.

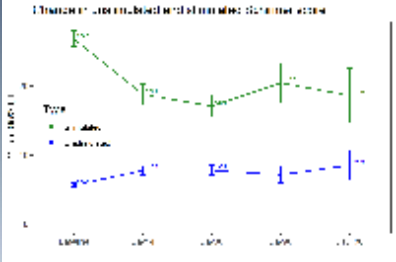
SETTING: Clinical trial sites.

PARTICIPANTS: Patients with DED who participated in the ONSET-1 and ONSET-2 studies.

MEASUREMENTS AND MAIN RESULTS: Data from the ONSET-1 and ONSET-2 studies were analyzed to determine the effect of the neuroactivator nasal spray on fellow eye outcomes. The primary outcome was the change in fellow eye Schirmer score over time. Secondary outcomes included changes in fellow eye tear break-up time (TBUT), tear osmolarity, and patient-reported symptoms.

CONCLUSIONS: The results of the ONSET-1 and ONSET-2 studies suggest that the pharmacologic neuroactivator nasal spray may improve fellow eye outcomes in patients with DED. The neuroactivator nasal spray was associated with a significant increase in fellow eye Schirmer score, as well as improvements in fellow eye TBUT, tear osmolarity, and patient-reported symptoms.

Primary Endpoint Schirmer Score



Periman LM, Kading D, Mitosian C, Wilson G, Markham S, Ma A, Jayaram A, Gerner M, Karpecki P, Friedman NJ. Novel Extranasal Tear Stimulation Device Shows Promise in Improving Tear Production in Dry Eye Disease. Trans Vis Sci Technol. 2020 Nov;17(11):1.

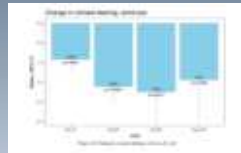
Improvement in Baseline Suggests Benefit Beyond Immediate Tear Production

	Schirmer	Meibomian Gland Score	TBUT
Day 0	5.7	13.2	5.4
Day 30	7.7	20.1	7.8
P value	<.01	<.01	<.01

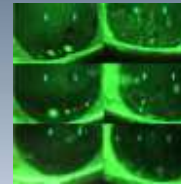
Ji MH, Moshfeghi DM, Periman LM, Kading D, Matossian C, Walman G, Markham S, Mu A, Jayaram A, Gertner M, Karpecki P, Friedman NJ. Novel Extranasal Tear Stimulation: Pivotal Study Results. *Transl Vis Sci Technol*. 2020 Nov;17(9):12.

Corneal Staining

Data - all subjects - worse eye



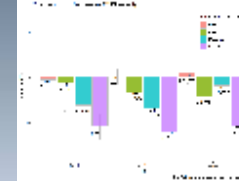
Subject 000 site 02



Ji MH, Moshfeghi DM, Periman LM, Kading D, Matossian C, Walman G, Markham S, Mu A, Jayaram A, Gertner M, Karpecki P, Friedman NJ. Novel Extranasal Tear Stimulation: Pivotal Study Results. *Transl Vis Sci Technol*. 2020 Nov;17(9):12.

Symptom Scores

OSDI



EDS



Ji MH, Moshfeghi DM, Periman LM, Kading D, Matossian C, Walman G, Markham S, Mu A, Jayaram A, Gertner M, Karpecki P, Friedman NJ. Novel Extranasal Tear Stimulation: Pivotal Study Results. *Transl Vis Sci Technol*. 2020 Nov;17(9):12.

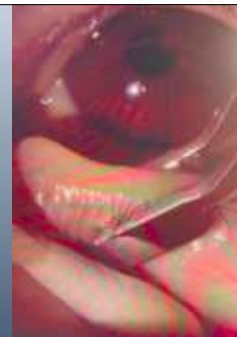
Immediate Response and Meibum Secretion with Mechanical Extranasal Stimulation (iTear 100)



30s 4x speed

LM Periman MD

External Vibration Neural Stimulation Device Assisted Meibomian Gland Expression (MGX)



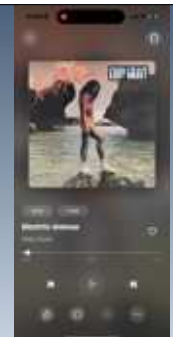
Electric Avenue

Now on the eye there is dryness
And, a lotta work to be done
No place for comfortable blinking
And it hurts to look at the sun

Oh no we gonna spray down to Tyrvaya Avenue
And make the tear film higher
Oh we gonna vibrate down to the iTear Avenue
And make the eyes feel better

Yes we can blame inflammation
Treat the LFU as One
Treatin' with care integration
Sing with me the good tear film song

Good god we gonna spray down to Tyrvaya Avenue
And make the tear film higher
Oh we gonna vibrate down to the iTear Avenue
And make the eyes feel better

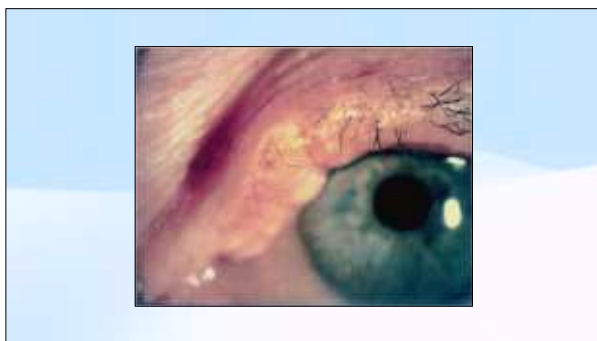
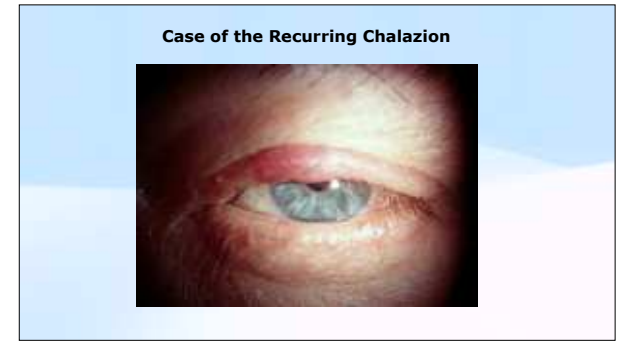


Case Report

Dejavu

Case: History

43 y.o. Caucasian Male
CC "here to have my chalazion removed - just moved to the area"
Recurrence x 3 over 4 years
Same location LUL





Sebaceous Carcinoma

Sebaceous Carcinoma: Key Signs

- Recurrence in the same location
- Madarosis
- Irregular eyelid borders and displaced normal tissue
- Somewhat purple/red in color

Sebaceous Carcinoma: Characteristics

- Rare entity
- Aggressive cancer
- Also referred to as: sebaceous gland carcinoma, sebaceous gland adenocarcinoma, or meibomian gland carcinoma
- Usually originates from meibomian glands

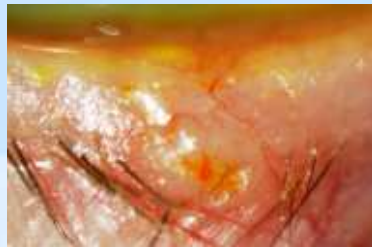
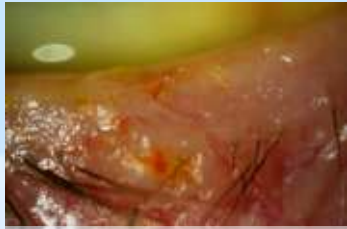
Sebaceous Carcinoma Characteristics

- Highly malignant, infiltrative and metastatic
- 78% survival rate if localized and 50% if metastatic
- Often masquerades as a Chalazion



More common in clinical practice...





Three most common locations for a basal cell carcinoma?

Eyelid margins (i.e. spectacle lens or frame areas)

Inner nose lesion (i.e. spectacle nosepad area)

Behind the ears (i.e. Temple/earpiece)



Melanosis: 1 in 400 chance of Malignant Melanoma

Excessive melanotic pigment

Congenital

• pigment flecks

• usually near limbus

Primary Acquired

• if unilateral – significant malignancy potential





Melanosis vs. Melanoma

Melanosis typically on bulbar conjunctiva around limbal area

Concern if pigment is located:

- Upper Tarsal Plate
- Lower Fornix (Palpebral conjunctiva)



Melanosis vs. Melanoma

- A - Asymmetry (mirror image folded over)
- B - Borders (notching)
- C - Color variance
- D - Diameter (> 6mm)
- E - Evolving
- F - Feeder vessels



Malignant Melanoma



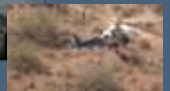
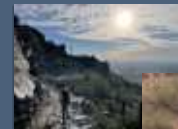
15

41

911: "What's your Emergency?"

BD: "I have a nine alarm fire on my eyelids"

- Bobby is a Fire Captain for Phoenix
- He is the spokesperson PFD
- "Those bumps are coming back! And I can't stand to look at myself..."(09.2023)
- Previous Treatment
 - Moist heat, Z-Pack, Zylet drops aid
 - Help!



Oy vey!!

I told Bobby to come into the office.
He has a flat choroidal lesion in OS and he has this.



Demodex Blepharitis

October 2023-Patient #1

- Discussed the use of lotilaner 1% BID
 - "Do you think it was the demodex that has increased and is causing my lid issues?"
- Started lotilaner ophthalmic solution 0.25% Nov. 2024 (BID for 6 weeks)
- "This is amazing, my eyes feel great."
- You may be the best doctor I have been to in my life (I presume he thought that)
- August 2024
 - "I think I am getting a new bump. I started the Xdemvy from last year. This is a miracle drug.
 - May I have some more please???"

Demodex and Hordeola

Treatment strategies

- Micropharoxfoliation: manual with okra polysaccharide, oscillatory cleaning in office
- Lotilaner 0.25%
- Intense Pulsed Light
- ASCRS 2022
- Full Periman IPL Protocol on YouTube.DryEyeMaster

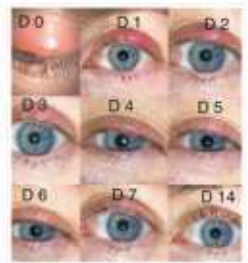


FIGURE 5: Improvements in appearance of hordeola after one session of IPL treatment. IMAGE COURTESY LAURA M. PERMAN, MD

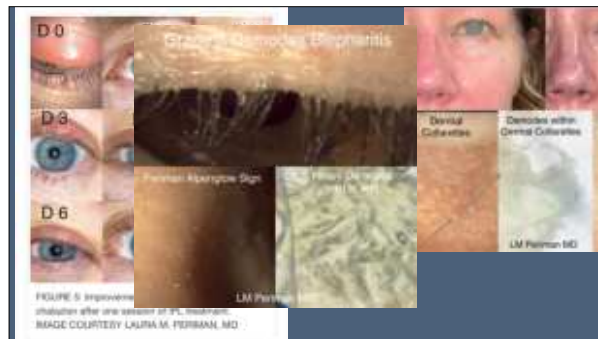


FIGURE 5: Improvements in appearance of hordeola after one session of IPL treatment. IMAGE COURTESY LAURA M. PERMAN, MD

The Alpenglow Sign

Look at the nasal bridge

- Rapid clinical exam finding to pick up cases of suspected demodex in patients with excellent lid hygiene

- ASCRS 2024, ARVO 2024



Rosacea Management

- Treat demodex
- In office chemical peels
- OPT IPL
- compounded ivermectin cream
- dermatological skincare
- Lotilaner 0.25%



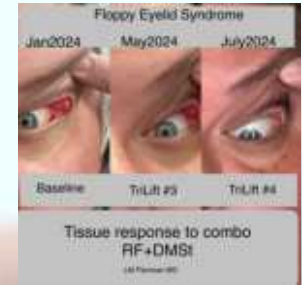
Managing Lagophthalmos



Floppy EyeLid Syndrome

Systemic Disease Manifesting in Lids

- Hypoxic injury to muscle of Riolan, connective tissues. High levels of MMP9 in tissues.
- Highly correlative with Obstructive Sleep Apnea
- ROS: poor quality sleep, excessive daytime hypersomnolence, not waking refreshed
- Sleep Study necessary
- CPAP therapy can stop the hypoxic insults to the microvasculature of the entire body.
- Radiofrequency, CPAP->horizontal lid surgery



Clean Up the Kitchen and Pick Up The Slack



IPL and CCh-plasty. When, Where, Why

Intense Pulsed Light + CCh Repair

Case Study 2: 53 yo WM

- Chief complaint: Temporal Epiphora and FBS OD.
- Hx: T/F: Cequa, Restasis, Xiidra, Maskin probing done 1-2 years ago along with CCh and Conjunctival fornix reconstruction, 2 years ago had three basic IPL. Lid cleansing, Lastacraft and Pataday not helping with allergies. Tearing and with soreness at the lateral canthal angle and discomfort OD.

Dx: Rosacea with Mild Rhinophyma, Demodicosis, Blepharitis, Floppy Eyelid Syndrome, Angular Blepharitis OD, Conjunctival Chalasis (CCh), MGD, Ptosis BUL.

Treatments:

- In office: IPL and MCH for rosacea and demodicosis, microblepharoexfoliation for blepharitis
- Dilute brimonidine and oxymetazoline for CCh, followed immediately with perfluorohexyloctane
- 0.25% Lotilaner BID x 8 weeks at home with follow up 6 weeks
- Follow up 6 weeks for possible CCh-plasty

Six Weeks After In-Office MBE, IPL, MCH, Home 0.25% Lotilaner:

- Significant improvements in:
 - Symptoms, findings
 - Tearing improved, but still bothersome
 - Tear osmolarity
 - MMP-9 levels
 - Moderate FES, reduced tear reservoir OD



A Wrinkle in Time

- Introduction and Pathophysiology
- Current treatment options:
 - Medical
 - Surgical
 - New Strategies



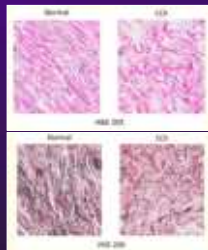
Introduction: CCh

- Common and under diagnosed
- Mimics dry eye symptoms, epiphora
- History: worse on downgaze, blinking, typically worse later in the day
- Post surgical chemosis, post inflammatory chemosis, chronic inflammation



Pathophysiology: Mechanical and Inflammatory

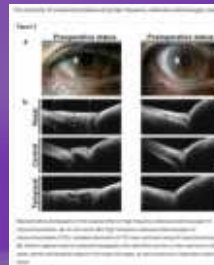
- Associated with up regulation of MMP
- Reduced collagen and elastin
- Increased lymphatic vessels
- Increased CD68 macrophages



Pitavak JA, Perry HD et al. Histopathologic and Immunohistochemical Analysis of Conjunctivochalasis. ACTA SCI OPHTH 2021 4.1: 16-21

Exam

- Lid-parallel conjunctival folds (LIPCOF) help classify the severity.
- Anteriorization of the MCJ
- Fluorescein, TMH, TBUT, FDDT
- Lissamine Green: GC loss more severe with nasal CCh
- Strum test elicits symptoms
- OCT
- Elevation mapping using fluorescein images and AOS AI image analysis



Woo J Y et al. The correction of conjunctivochalasis using high frequency radio wave electrocautery improves dry eye disease. So Rep 11, 2501 (2021). <https://doi.org/10.1007/s12209-021-00099-9>

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Medical Treatments: control friction and inflammation

FRICITION CONTROL

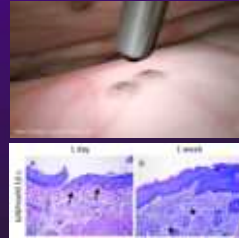
- Normalize mucins
- Perfluorohexyloctane
- Maximize tear volume
 - AFT, neuralstimulation
- Optimize meibomian gland secretion
- Optimize goblet cell density
- Reduce LIPCOF

INFLAMMATION CONTROL

- Immunomodulators
- Optimize goblet cell density
- Reduce evaporative and desiccating stresses

Plasma Pen CCh-plasty

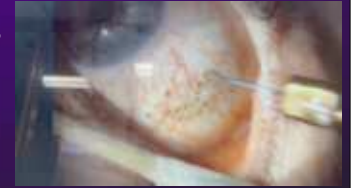
- Used extensively in aesthetics, dermatology for non-invasive treatment of mild to moderate rhytids, skin tags, AK, xanthelasma, angioma, telangiectasias, acne scars, skin tightening ("non surgical blepharoplasty")
- Controlled, non-contact plasma arc that induces tissue contraction and triggers fibroblast collagen remodeling
- Highly controlled contraction of the conjunctiva with minimal thermal damage



Jablonowski et al. Side effects by oral application of atmospheric pressure plasma on the mucosa in mice. PLOS ONE. 14 e 0215099 10.1371

Plasma Pen CCH-plasty Technique

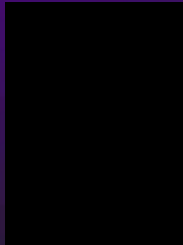
- Pre-Procedure: Lid scrub, proparacaine soaked pledget, brimonidine, moxifloxacin or tobra-dex drops
- Post-Procedure: combination antibiotic-steroid, perfluorohexyloctane
- Tylenol for pain control
- Patients report relief in CCh symptoms starting day 3



Video: Laura M Periman MD

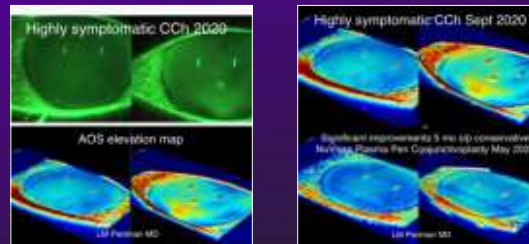
Plasma Pen CCH-plasty Technique

- Pre-Procedure: Lid scrub, proparacaine soaked pledget, brimonidine, moxifloxacin or tobra-dex drops
- Post-Procedure: combination antibiotic-steroid, perfluorohexyloctane
- Tylenol for pain control
- Patients report relief in CCh symptoms starting day 3



Video: Laura M Periman MD

Plasma Pen CCh-Plasty Cases



LM Periman MD

LM Periman MD

Inferior CCH-plasty Improved SLK



LM Periman MD

Inferior CCH-plasty: Improved SLK

Conjunctival Chalasis-plasty

Case

17 yo Contact Lens

"Felt like something got under my contact"

- 1/28/2024
 - VASC 20/60
 - Superior Puffiness
 - D/C contacts, Moxifloxacin, PF and
 - RTC 3 days
- 1/31/2024
 - "My eye feels better"
 - VASC 20/60
 - Topical Haze at infiltrate
 - CFM, RTC 2 days
- 2/1/2024
 - Seem to be improving
 - VASC 20/60
 - No further stinging/feels under, no organic material
 - Haze with shallow abrasion

17 yo Contact Lens

"Felt like something got under my contact"

- 2/4/2024
 - My eye is really red, heavy and light sensitive
 - VASC 20/60 ph 20/30
 - Superior lid injection, focal infiltrate, with stromal haze
 - Rx Valtrex, Zigan, D/C Pred
 - Called Corneal Specialist.

17 yo Contact Lens

"Felt like something got under my contact"

- 2/4/2024
 - Corneal specialist
 - Cultured, continued anti-viral, Added Durezol TID Cyclogel 1% TID Solmax qh
 - Decided for culture
 - Spoke to Father on 2/4/2024
 - **Mycobacterium**
 - Natamycin qh
 - Voriconazole 200 mg BID po
 - Liposome amphotericin b solution
 - Retinal Ultrasound was negative

Mycotic Nightmare

Last Exam with Cornea June 4, 2024

- VASCHM
- Confocal negative
- No ulceration, diffuse new with circumferential at limbus, thick scarring
- Diffuse NVI
- Tx: Voriconazole 200mg BID PO, Intrastromal Voriconazole and Sub-conj injections
- Natamycin and Pred qid
- Cosopt and Bromsite BID (IOP 19mmhg today)
- Diamox 500mg BID po

Fungal Keratitis Treatment: A Comprehensive Approach



Etiology



Filamentous fungi

Fusarium, *Aspergillus*, and to a lesser extent, *Curvularia*, are frequently isolated pathogens.



Yeasts

Candida species are more common in immunocompromised patients.



Mode of infection

The mode of infection often involves trauma to the cornea, where fungal spores enter the eye.

Risk Factors

Contact lens wear

Improper hygiene and extended wear increase susceptibility.

Ocular trauma

Injuries involving organic materials (e.g., plant matter) are particularly risky.

Underlying health conditions

Diabetes mellitus, immunosuppressive therapy, and other systemic illnesses.

Geographic location

Higher incidence in tropical and subtropical climates.



Diagnosis

1

Clinical examination

Slit-lamp examination to assess corneal integrity and identify fungal elements.
Suppurative, raised infiltrate, feathery borders
Satellite lesions

2

Microbiological testing

Corneal scrapings sent for culture and sensitivity tests are essential for confirming the diagnosis.

3

Imaging

Optical coherence tomography (OCT) may be used to evaluate the extent of corneal involvement.



Clinical Presentation

Symptoms

Eye redness

Pain

Photophobia

Blurred vision

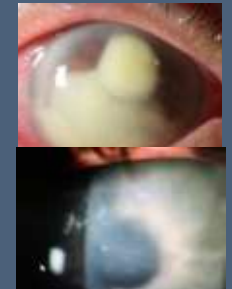
Excessive tearing

Signs

Corneal opacification

Infiltrates

Characteristic "satellite" lesion





Antifungal Medications: The First Line of Defense

- 1 **Topical Antifungals**
Natamycin
Voriconazole and Amphotericin B are alternative options.
Intrastromal injections of voriconazole (when confirmed)
- 2 **Systemic Antifungals**
Fluconazole may be prescribed for severe cases. They complement topical treatments.
- 3 **Application Frequency**
Hourly in the initial stages. The frequency is adjusted based on response.

Corneal Debridement: Removing Infected Tissue

- 1 **Assessment**
Evaluate the extent of infection and decides if debridement is necessary.
- 2 **Procedure**
Infected corneal tissue is carefully removed using specialized instruments. Local anesthesia is applied.
- 3 **Post-Procedure**
Antifungal medications are applied. The eye is monitored for signs of healing.



Surgical Interventions: When Medication Isn't Enough

Corneal Transplant

Replaces the entire cornea. Used for severe scarring or persistent infections.

Therapeutic Keratoplasty

Removes only the infected portion. Healthy donor tissue is grafted.

Post-Surgery Care

Intensive follow-up. Antifungal and immunosuppressive medications are crucial.

Adjunctive Therapies: Supporting the Healing Process

Topical Steroids

Used cautiously to reduce inflammation. Timing is crucial to avoid exacerbating the infection.

Pain Management

Analgesics may be prescribed to alleviate discomfort associated with the infection and treatments.

Lubricating Eye Drops

Help maintain eye comfort and support the healing process.



Follow-Up Care: Monitoring Progress

- 1 **Initial Follow-Up**
Daily visits may be required to assess treatment response and adjust medications.
- 2 **Ongoing Monitoring**
Frequency decreases as infection resolves. Corneal healing is closely observed.
- 3 **Long-Term Care**
Regular check-ups continue to monitor for recurrence and manage any complications.



Preventive Measures: Reducing Infection Risk



Hand Hygiene

Wash hands thoroughly before handling contact lenses or touching eyes.



Lens Care

Follow proper cleaning and storage procedures for contact lenses.



Avoid Water Exposure

Don't swim or use hot tubs while wearing contact lenses.



Prompt Treatment

Seek immediate medical attention for any eye injuries or symptoms.

Thank you