

# Scleral Contact Lens (ScCL) Visual Rehabilitation in Limbal Stem Cell Deficiency (LSCD) in Chronic Ocular Chemical Injury sequelae

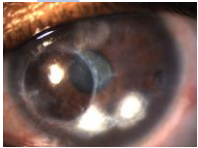


Sneha Aggarwal, Vanathi M, Radhika Tandon  
Low Vision and Contact Lens Services; Dr. R. P. Centre for Ophthalmic Sciences,  
All India Institute of Medical Sciences, New Delhi, India

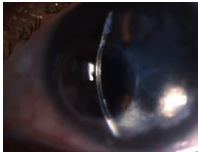


## Case 1

40 Y old nursing professional presented with OU chemical injury sequelae;



Developed NMCO with 360° LSCD with neovascularization, subepithelial haze, Nasal Corneal thinning, dry eye



Operated with patch graft and was prescribed Rose K2 IC CL. Despite good vision, had severe symptoms of dryness and discomfort.



She was prescribed ScCL gaining good BCVA having great comfort from dryness, glare and blurred vision.

## Case 2

16 Y female sports enthusiast presented with acute chemical injury sequelae managed 3 years ago.

She had history of OS lime injury and operated for OS symblepharon release, Amniotic Membrane transplantation (AMT), Patch Graft and managed for melt descemetocoele.

She had severe dry eye, 360° LSCD, with poor vision.

She was prescribed ScCL OD, and able to wear lens for 12 hours.

## Case 3

14 Y old female presented with OS lime injury sequelae

Developed melanization of epithelial cells with keratoconjunctivitis sicca and poor vision.

She was operated Simple Limbal Epithelial Transplantation (SLET) with symblepharon release.

For visual and ocular surface rehabilitation she was prescribed ScCL with toric periphery.

**Conclusion :** Optimally managed chemically injured ocular surfaces with symblepharon release, post AMT, operated SLET or CLET, Patch Graft can be rehabilitated with ScCL for better and comfortable vision, ocular surface regularity and dry eye management. ScCL provides a liquid reservoir of tears which hydrates the cornea; protects ocular surface from mechanical and shearing forces of lids and environment.