

RECURRENT CORNEA EROSION

One morning, for no apparent reason/ you wake up with a severe, sharp pain in the center of your eye. It feels as if you have been stuck in the eye with a sharp object. Later, your eye may be red, watery, sensitive to light, and feel as if you have a grain of sand in it. The pain may continue for a few hours or even a day, and your vision may be blurred. The experience can be frightening.

What Is Happening, and Why?

Sometime in the past—any time from a few weeks to many years ago—you probably had an injury to your cornea, the clear "window" that covers the iris (colored part of the eye). The injury may have been a simple scratch from a tree branch, fingernail, mascara brush, or even a paper cut. The injury caused an abrasion, a break or blister-like defect that probably healed in a day or two and was forgotten. However, the healing process may not have been complete.

Erosions after an old injury are reopenings of the original wound. They tend to happen suddenly and can be very painful. These, too, heal quickly but not completely. Because an erosion of the cornea has the nasty habit of coming back, it is called recurrent corneal erosion.

Why does it recur?

Although the cornea may initially seem to heal after an abrasion, the area of healing is not firm, and it breaks down on the slightest provocation. For example, when the eye is closed during sleep, the cornea touches the undersurface of the upper eyelid and may become lightly stuck to it. When you open your lid suddenly, or rub your eyes on awakening, the lid can tug on the cornea and reopen the old wound, exposing thousands of sensitive nerves to the air and to rubbing by the lid.

Examination

Your vision will be checked. A small drop of fluorescein, a greenish-orange dye, may be placed on the eye's surface to make the defect more visible, and your cornea will be examined under the high magnification of the slit lamp (clinical microscope). The history of the recurring pattern is helpful in the diagnosis. Try to remember if your eye has ever been scratched or scraped, even way back during childhood.

Treatment

Your eye may be anesthetized with an eye drop so any dead tissue can be scraped away, forming a smooth surface that is a better base for healing. This technique is called debridement. A lubricating medication will be placed into the eye and the eye covered with a firm "pressure" bandage, which holds the eyelid still and keeps it from blinking. The tightness of the patch aids healing and may also relieve your discomfort, although pain medication is sometimes necessary during the first few days of treatment. You may use aspirin, acetaminophen (Tylenol), or ibuprofen (Advil) for any mild discomfort.

In a day or so, the patch may be discontinued. Because the cornea may stay swollen for a while vision may be blurry. Sometimes a "bandage contact lens" (a soft contact lens with no optical power) is placed in the eye (for days or weeks) to protect the corneal surface better. Eye drop medications may be used without removing the lens.

Note: You will not be given the anesthetic eye drops to use at home, even though they make your eye feel much better. Repetitious use of such eye drops is very dangerous to the eye.

Preventing Another Recurrence

Although recurrent corneal erosion may happen only once, there is a possibility for future attacks. You can help prevent recurrences by continuing to use artificial tears eye drops during the day and the lubricating ointment at bedtime for several weeks after an attack. This will help prevent the newly healed parts of the cornea from sticking to the lid. Experiment with different brands of artificial tears to find which are most comfortable for you.

Once you have been free of symptoms for a month or so, you may stop using the tears and ointment. But if any symptoms begin to recur, such as minor eye pain on awakening, start using them again and call for an immediate appointment. Some patients find that they need to continue using the ointment at bedtime immediately.

If you think you are having another recurrence, you should not self-diagnose and treat it yourself. There are other corneal conditions (some of them are complications of recurrent erosion) that can cause similar symptoms and yet require a totally different type of treatment.