Filamentary Keratitis/Keratopathy

- *In this context, what are filaments?*
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

There’s ‘attached,’ and there’s attached. Here are two questions to determine just how attached to the cornea filaments really are…

First, do filaments remain attached through a blink?
Filamentary Keratitis/Keratopathy

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Yes (except...more shortly)
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OK, now the true test of corneal attachment: When a filament is removed, does it leave an epi defect?
Filamentary Keratitis/Keratopathy

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Filamentary Keratitis/Keratopathy

- In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

- What do pts with filaments complain of?
Filamentary Keratitis/Keratopathy

- *In this context, what are filaments?* Strands of devitalized epithelial cells and mucus attached to the corneal surface
- *What do pts with filaments complain of?* Foreign-body sensation
Filamentary Keratitis/Keratopathy

- **In this context, what are filaments?** Strands of devitalized epithelial cells and mucus attached to the corneal surface

- **What do pts with filaments complain of?** Foreign-body sensation

Time to unpack the *except...more shortly* from a couple of slides ago. Occasionally, a blink will pull a filament off the cornea, leaving a small epi defect and leading to the FBS that is characteristic of the condition. Questions to determine just how attached to the cornea filaments really are... *First, do filaments remain attached through a blink? Yes*

(except...more shortly)

- **OK, now the true test of corneal attachment: When a filament is removed, does it leave an epi defect?**
- **Yes**
Filamentary Keratitis/Keratopathy

- *In this context, what are filaments?* Strands of devitalized epithelial cells and mucus attached to the corneal surface
- *What do pts with filaments complain of?* Foreign-body sensation
- *What is the key to successfully managing filamentary keratitis?*
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of? Foreign-body sensation.

What is the key to successfully managing filamentary keratitis? Addressing the underlying condition that led to filament formation in the first place!
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of?

Foreign-body sensation.

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What might the ‘underlying condition’ be?

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(there are others)
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Foreign-body sensation

What is the key to successfully managing filamentary keratitis?

Addressing the underlying condition that led to filament formation in the first place!

What might the ‘underlying condition’ be?

--DES
--REE
--SLK
--Medicomentosa
--Prolonged surface exposure
--Prolonged surface occlusion (partial or complete)
--(there are others)
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of?
Foreign-body sensation.

What is the key to successfully managing filamentary keratitis?
Addressing the underlying condition that led to filament formation in the first place!

Filamentary Keratitis/Keratopathy

What might the 'underlying condition' be?
- Dry eye syndrome
- Rosemary eye syndrome
- Salicylic keratopathy
- Medicamentosa
- Prolonged surface exposure
- Prolonged surface occlusion
- (there are others)

What does DES stand for in this context?
Dry eye syndrome.

How does DES put a pt at risk for developing filamentary keratitis?
The reduced aqueous tear volume leads to an abnormally high mucin-to-aqueous ratio, which in turn makes the surface milieu much more favorable to filament formation.

What are the two broad categories of dry eye syndrome?
- Aqueous tear deficiency (ATD)
- Evaporative dry eye

Of the two, which is more closely associated with filamentary keratitis?
Aqueous tear deficiency (ATD)
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of? Foreign-body sensation.

What is the key to successfully managing filamentary keratitis? Addressing the underlying condition that led to filament formation in the first place!

What might the 'underlying condition' be? DES, REE, SLK, Medicomentosa, Prolonged surface exposure, Prolonged surface occlusion, and (there are others).

What does DES stand for in this context? Dry eye syndrome.

What does DES put a pt at risk for developing filamentary keratitis? The reduced aqueous tear volume leads to an abnormally high mucin-to-aqueous ratio, which in turn makes the surface milieu much more favorable to filament formation.

What are the two broad categories of dry eye syndrome? Aqueous tear deficiency (ATD) and evaporative dry eye.

Of the two, which is more closely associated with filamentary dz? ATD.
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of? Foreign-body sensation.

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What might the 'underlying condition' be?
- DES
- REE
- SLK
- Medicomentosa
- Prolonged surface exposure
- Prolonged surface occlusion
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What might the 'underlying condition' be? --DES --REE --SLK --Medicomentosa --Prolonged surface exposure --Prolonged surface occlusion --(there are others)

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What do pts with filaments complain of? Foreign-body sensation.

What is the key to successfully managing filamentary keratitis? Addressing the underlying condition that led to filament formation in the first place!

What might the 'underlying condition' be? Des, ree, slk, medicomentosa, prolonged surface exposure, prolonged surface occlusion (partial or complete), and others.

What does DES stand for in this context? Dry eye syndrome.

How does DES put a pt at risk for developing filamentary keratitis? The reduced aqueous tear volume leads to an abnormally high mucin-to-aqueous ratio, which in turn makes the surface milieu much more favorable to filament formation.

What are the two broad categories of dry eye syndrome? Aqueous tear deficiency (ATD) and evaporative dry eye.

What does ATD mean? Aqueous tear deficiency.

What does evaporative mean? Evaporative.
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of? Foreign-body sensation.

What is the key to successfully managing filamentary keratitis? Addressing the underlying condition that led to filament formation in the first place!

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What might the ‘underlying condition’ be? DES, REE, SLK, Medicomentosa, Prolonged surface exposure, Prolonged surface occlusion (partial or complete).

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Filamentary Keratitis/Keratopathy

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Of the two, which is more closely associated with filamentary dz?
ATD

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--DES
--REE
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--Prolonged surface exposure
--Prolonged surface occlusion
--(there are others)

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Filamentary Keratitis/Keratopathy

What does DES stand for in this context?
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What are the two broad categories of dry eye syndrome?
Aqueous tear deficiency (ATD) and evaporative dry eye.

But ATD and evaporative dry eye are both characterized by reduced aqueous volume, and thus an increased mucin/aqueous ratio. Given this, why is filamentary keratitis more strongly associated with ATD?

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But ATD and evaporative dry eye are both characterized by reduced aqueous volume, and thus an increased mucin/aqueous ratio. Given this, why is filamentary keratitis more strongly associated with ATD?
Because in addition to reduced aqueous volume, ATD is characterized by an increase in mucin production. Thus, the mucin/aqueous ratio in ATD is even higher than it is in evaporative dry eye.

What might the 'underlying condition' be?
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--REE
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--Prolonged surface occlusion
--(there are others)

What does DES stand for in this context?
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In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of? Foreign-body sensation.

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Which ocular-surface cell produces mucin? Conjunctival goblet cells.
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

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--Prolonged surface occlusion
--(there are others)

What does REE stand for in this context?
Recurrent epithelial erosions (aka 'recurrent corneal erosions').

What are recurrent epithelial erosions?
Epi defects that repeatedly occur in the same corneal location owing to chronically poor adhesion between the epithelium and the underlying basement membrane.

The majority of REE cases can be traced to one of two causes.
--A history of trauma to the corneal epithelium
--An underlying corneal dystrophy (Of course, a pt could have both)
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

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The majority of REE cases can be traced to one of two causes. A history of trauma to the corneal epithelium or an underlying corneal dystrophy. Of course, a pt could have both.
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(Of course, a pt could have both)
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The majority of REE cases can be traced to one of two causes. What are they?
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--An underlying corneal dystrophy
(Of course, a pt could have both)

What sort of trauma, ie, what type of mechanism?
Trauma to the corneal epithelium

Underlying condition
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

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What are recurrent epithelial erosions?
Epi defects that repeatedly occur in the same corneal location owing to chronically poor adhesion between the epithelium and the RPE/BM.

What sort of trauma, ie, what type of mechanism?
A ‘shearing’ injury (eg, a scrape from a fingernail).

Notably, lacerating injuries do not predispose to REE.

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What might the ‘underlying condition’ be? DES, REE, SLK, Medicomentosa, Prolonged surface exposure, Prolonged surface occlusion (partial or complete)...

What does REE stand for in this context? Recurrent epithelial erosions (aka ‘recurrent corneal erosions’).

What are recurrent epithelial erosions? Epi defects that repeatedly occur in the same corneal location owing to chronically poor adhesion between the epithelium and the underlying basement membrane.

Which corneal dystrophies are associated with REE? The classic cause is probably epithelial basement membrane dystrophy (EBMD). Other, less common causes include Meesmann epithelial corneal dystrophy, Reis-Bücklers, Thiel-Behnke, and lattice and granular stromal dystrophies.

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Filamentary Keratitis/Keratopathy

What are filamentary keratitis? Addressing the underlying condition that led to filament formation in the first place!

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(there are others)

What does REE stand for in this context?
Recurrent epithelial erosions (aka ‘recurrent corneal erosions’)

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Epi defects that repeatedly occur in the same corneal location owing to chronically poor adhesion between the epithelium and the underlying basement membrane, resulting in epi defects that repeatedly occur in the same corneal location.

Which corneal dystrophies are associated with REE?
The classic cause is probably epithelial basement membrane dystrophy (EBMD). Other, less common causes include Meesmann epithelial corneal dystrophy, Reis-Bücklers, Thiel-Behnke, and lattice and granular stromal dystrophies.

What is the key to successfully managing filamentary keratitis?
Addressing the underlying condition that led to filament formation in the first place!

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In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of? Foreign-body sensation.

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What might the 'underlying condition' be? --DES --REE --SLK --Medicamenteuse --Prolonged surface exposure --Prolonged surface occlusion (partial or complete) (there are others)

What does REE stand for? Recurrent epithelial erosions (aka 'recurrent corneal erosions').

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What are the '6 F's' of EBMD? --F --F --Fibrillar material accumulates under the basement membrane
In this context, what are filaments? Strands of devitalized epithelial cells and mucus attached to the corneal surface.

What do pts with filaments complain of?

Foreign-body sensation.

What is the key to successfully managing filamentary keratitis?

Addressing the underlying condition that led to filament formation in the first place.

Filamentary Keratitis/Keratopathy

What might the ‘underlying condition’ be?

--DES

--REE

--SLK

--Medicamentosa

--Prolonged surface exposure

--Prolonged surface occlusion (partial or complete)

(there are others)

What does REE stand for?

Recurrent epithelial erosions (aka ‘recurrent corneal erosions’).

What are recurrent epithelial erosions?

Epi defects that repeatedly occur in the same corneal location owing to chronically poor adhesion between the epithelium and the underlying basement membrane.

Which corneal dystrophies are associated with REE?

The classic cause is probably epithelial basement membrane dystrophy (EBMD). Other, less common causes include Meesmann epithelial corneal dystrophy, Reis-Bücklers, Thiel-Behnke, and lattice and granular stromal dystrophies.

What are the ‘6 F’s’ of EBMD?

--Female preponderance

--Fifties and older (usually)

--Five to Fifteen percent of the population are afflicted

--Fifty percent of pts who suffer REE have it

--Fibrillar material accumulates under the basement membrane

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Superior limbic keratoconjunctivitis

In a nutshell, what is SLK?
A chronic/recurrent inflammatory condition of the superior limbal cornea and adjacent conj

What do SLK pts c/o?
DES-like complaints: Foreign-body sensation; burning

In SLK, filaments tend to be distributed in a particular fashion. What is it?
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With what systemic condition is SLK associated?
Thyroid disease
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**Where on the cornea are filaments located in cases owing to ATD?**
Thyroid disease
Filamentary Keratitis/Keratopathy

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What is the classic drug implicated in inducing filaments?

Anticholinergics.

Topical or systemic?

Systemic.

What is the proposed mechanism of action?

Suppression of aqueous (tear) production.
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What are some of the causes of ‘prolonged surface exposure’?

--CN7 palsy
--Conditions leading to a decreased blink rate (eg, Parkinsons)
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--Ptosis
--Patching

Filamentary Keratitis/Keratopathy
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Note that, interestingly, these diametrically opposing situations—to too much corneal exposure, along with too little—lead to the same clinical outcome!

underlying condition
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- What specific treatment steps can be taken to mitigate the filaments themselves?
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- Removing them from the cornea with jewelers
- Copious supplementation of the tear film
- Hypertonic saline drops
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What is the common trade name for ophthalmic N-acetylcysteine? Mucomyst

What property does N-acetylcysteine have that makes it useful in treating filamentary keratitis? That of a mucolytic.

What does Mucomyst smell like? Rotten eggs.
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