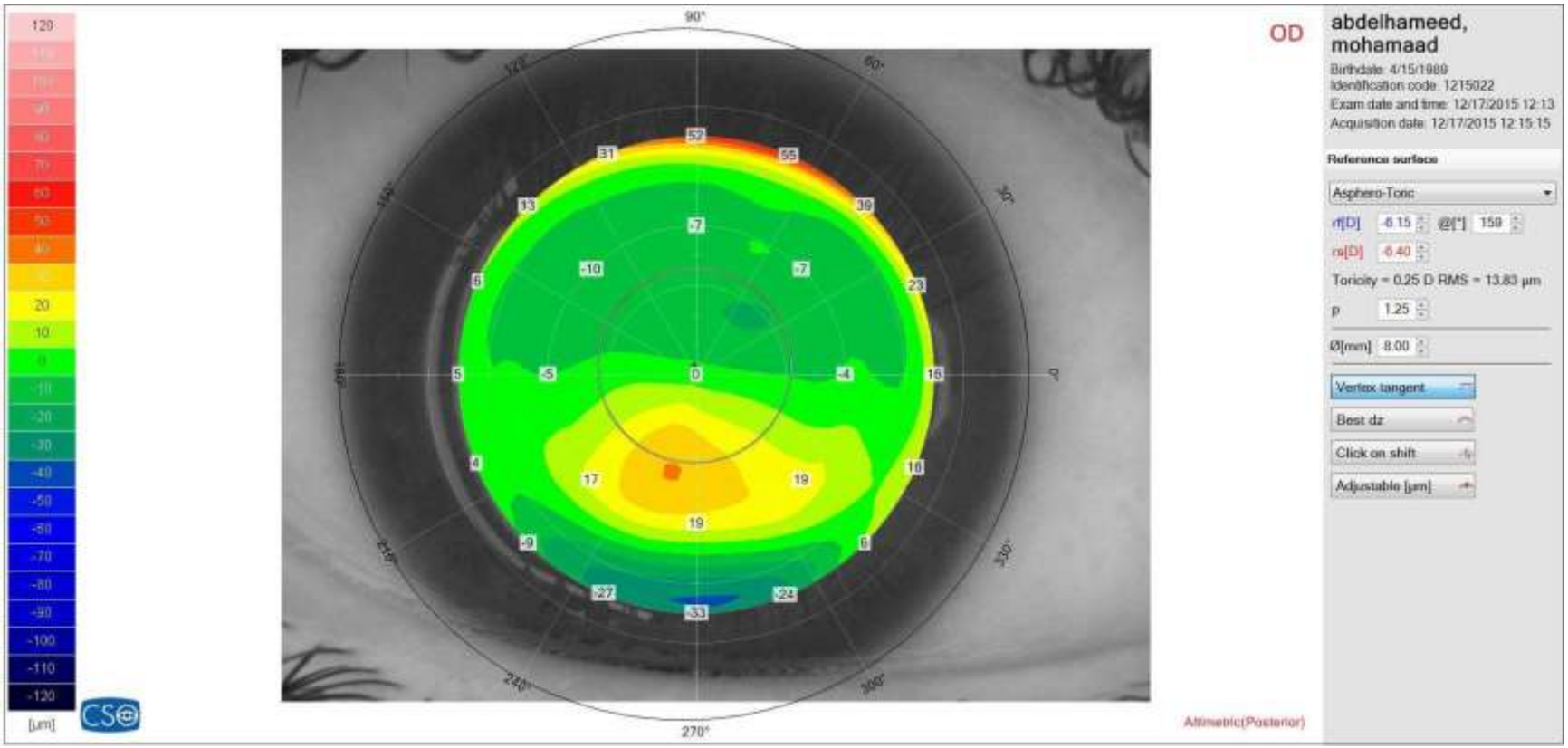
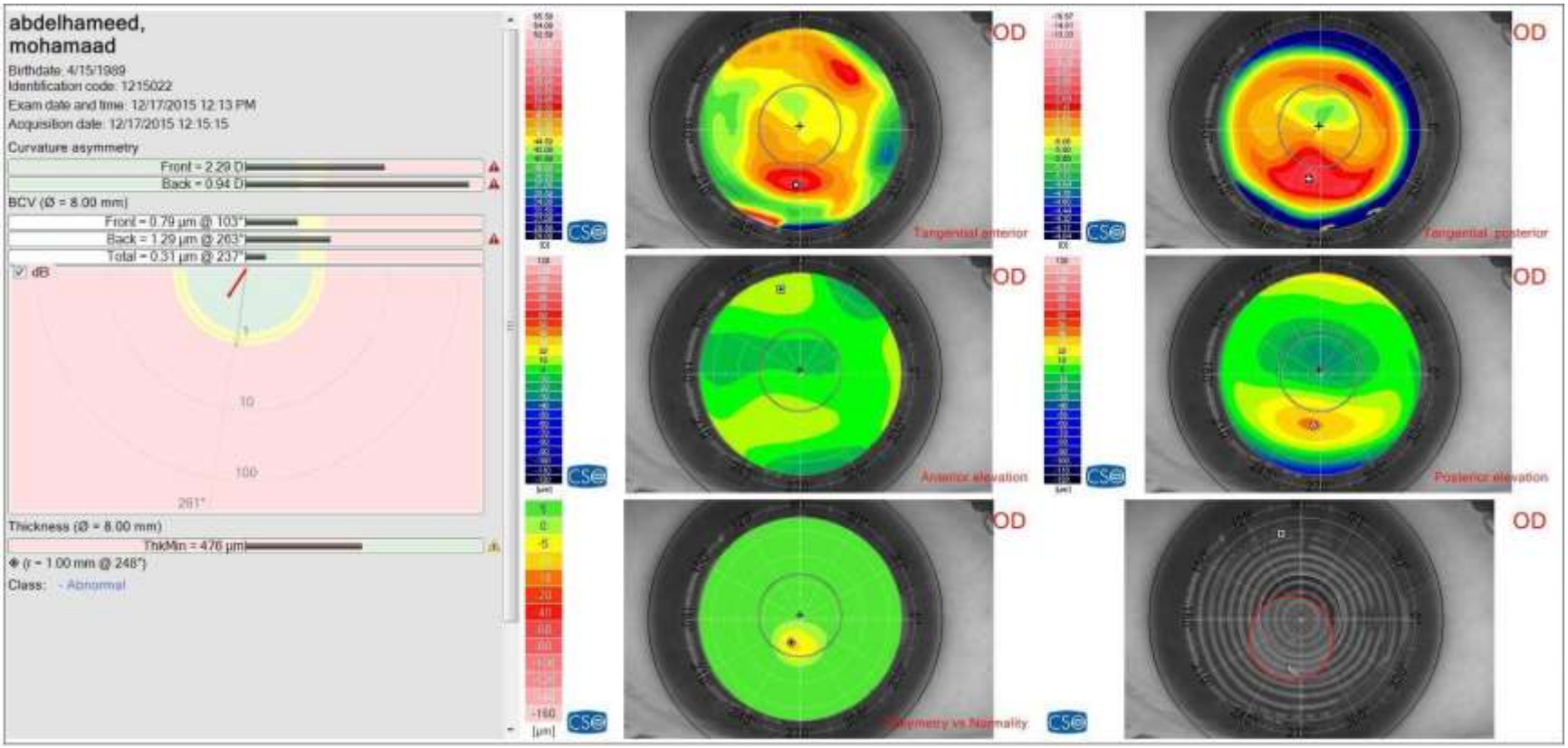
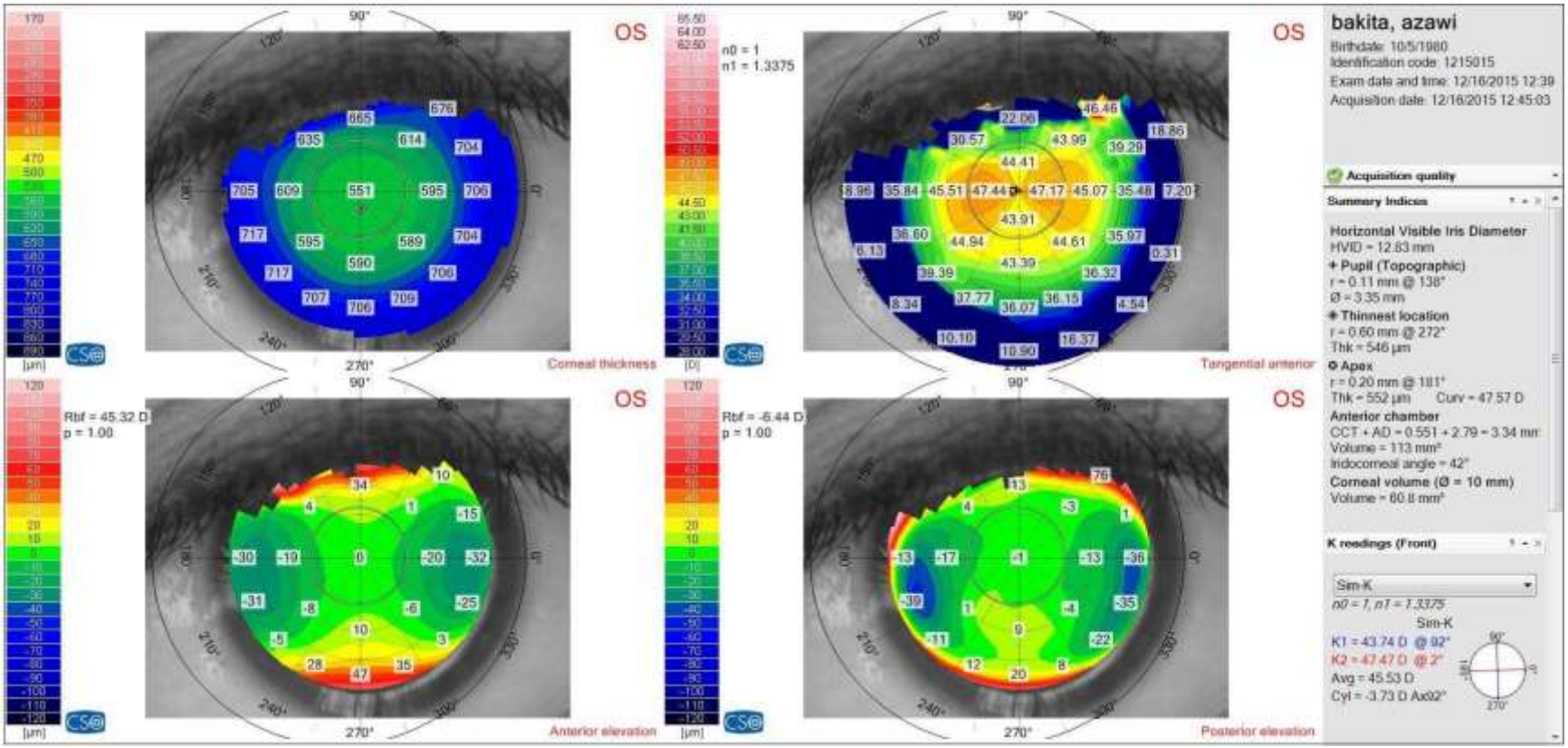
Aspherotoric map: High back elevation



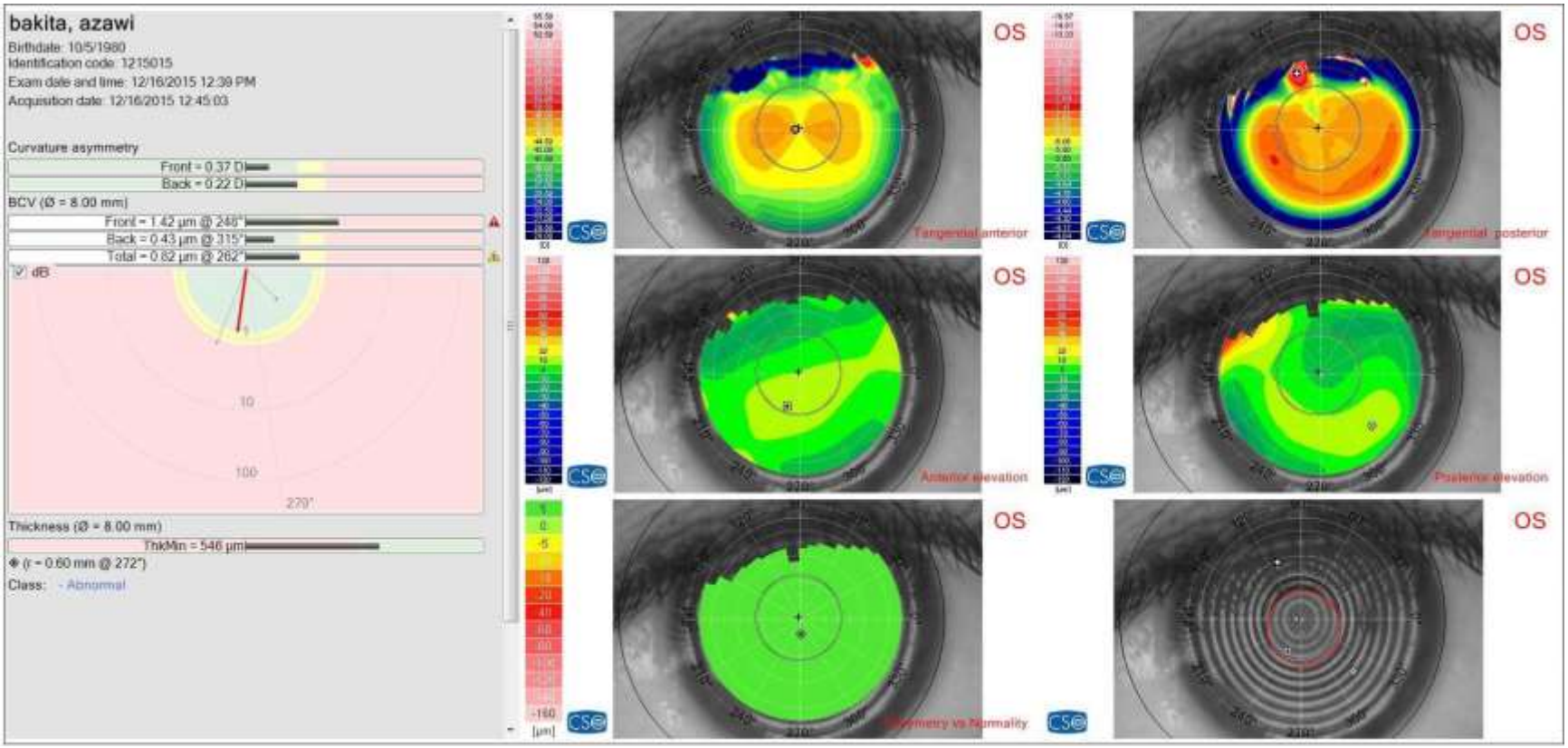
Keratoconus summary map



4 Map : Horizontal bow tie

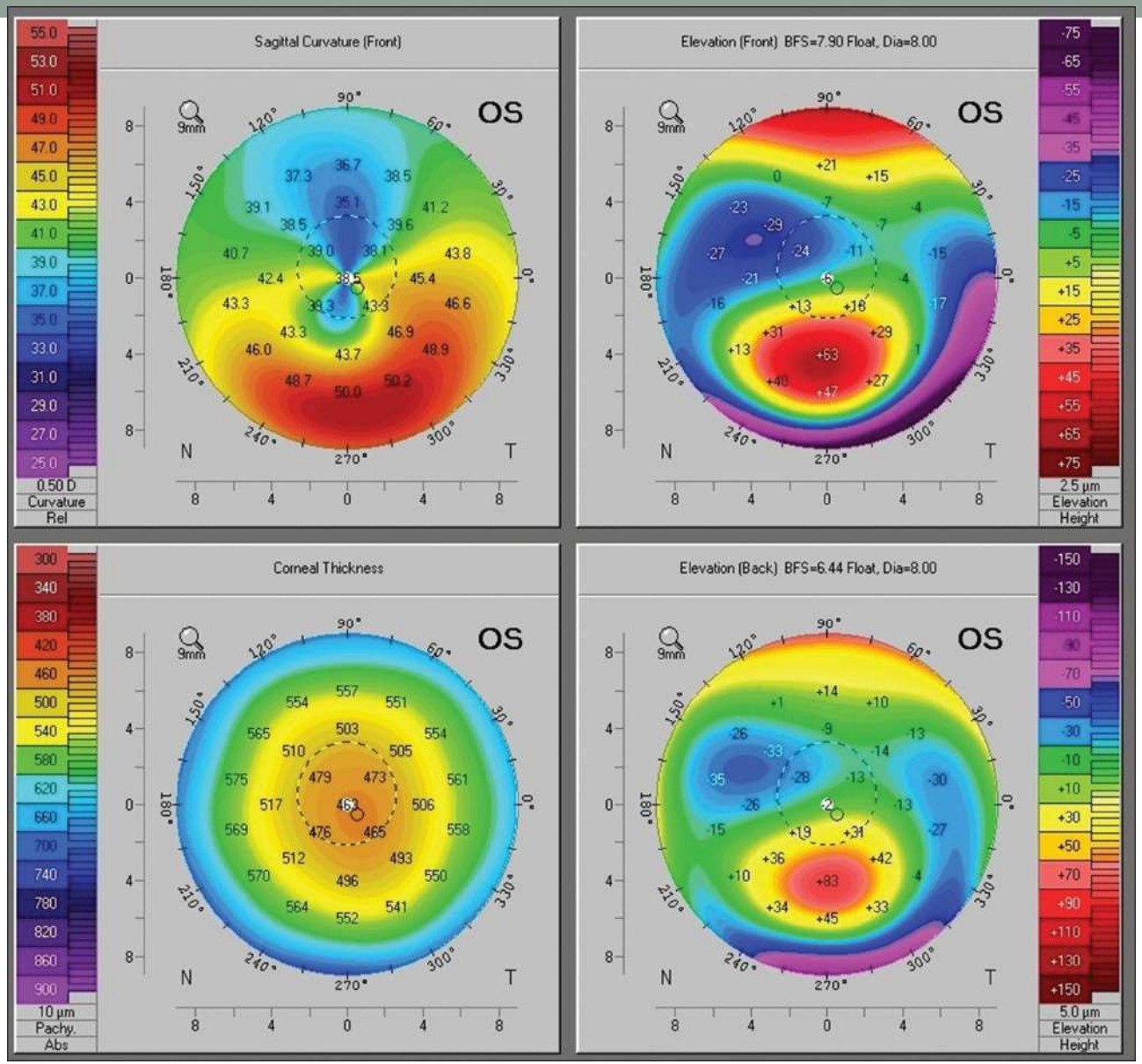


Summary map


bakita, azawi
Birthdate: 10/5/1980
Identification code: 1215015
Exam date and time: 12/16/2015 12:39 PM
Acquisition date: 12/16/2015 12:45:03
Curvature asymmetry
Front = 0.37 D
Back = 0.22 D
BCV (Ø = 8.00 mm)
Front = 1.42 µm @ 246°
Back = 0.43 µm @ 315°
Total = 0.82 µm @ 262°
dB
Thickness (Ø = 8.00 mm)
ThkMin = 546 µm
(r = 0.60 mm @ 272°)
Class: - Abnormal
OS
Tangential anterior
Tangential posterior
Anterior elevation
Posterior elevation
Asymmetry vs Normality

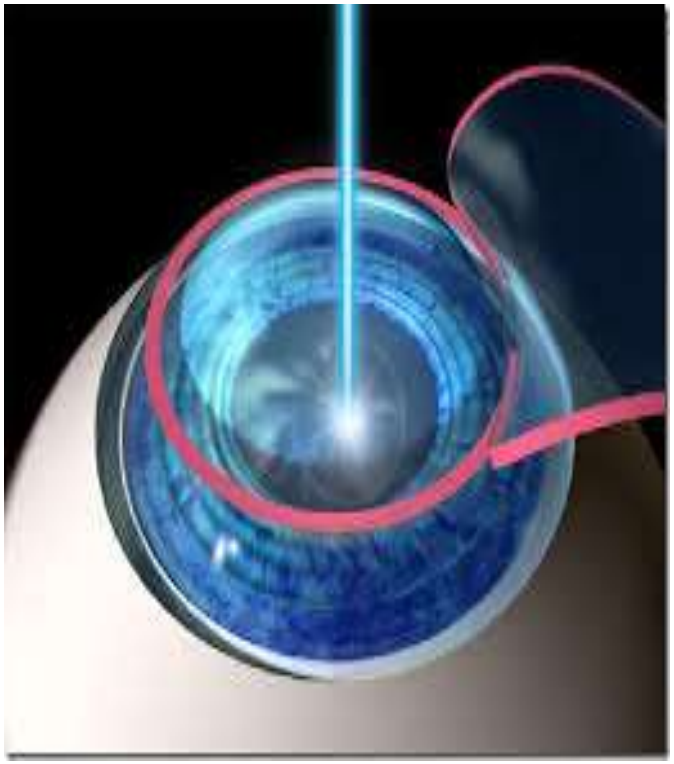
Pellucid Marginal Degeneration (PMD) and Pellucid-like Keratoconus

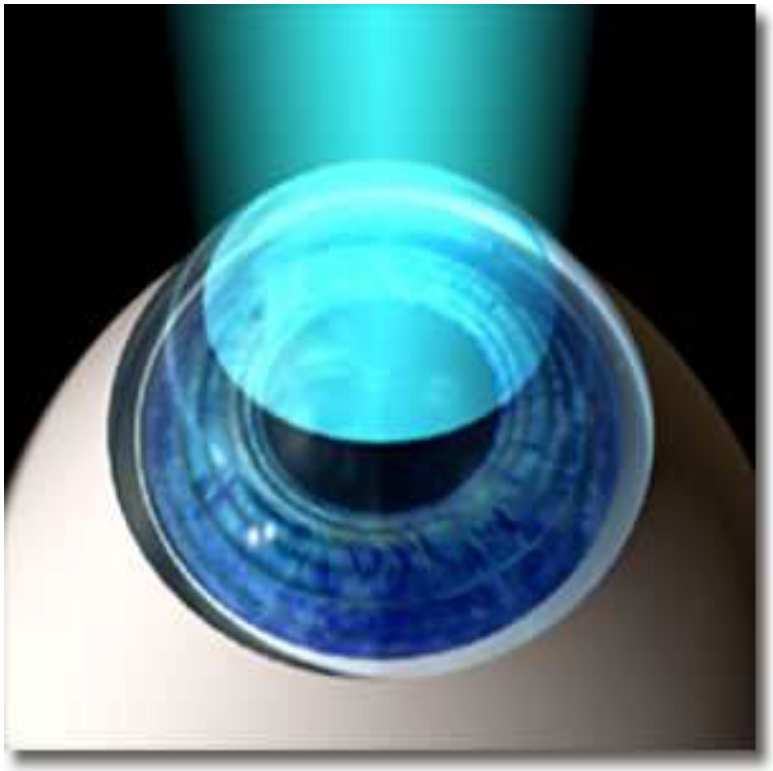
- PMD is a bilateral, non-inflammatory, peripheral corneal thinning disorder characterized by a peripheral band of thinning of the inferior cornea. The cornea in and adjacent to the thinned area is ectatic.
- Patients usually are aged 20–40 years at the time of clinical presentation.


Sagittal Curvature (Front)
OS
9mm
55.0
53.0
51.0
49.0
47.0
45.0
43.0
41.0
39.0
37.0
35.0
33.0
31.0
29.0
27.0
25.0
0.50 D
Curvature
Rel
Elevation (Front) BFS=7.90 Float, Dia=8.00
OS
9mm
-75
-65
-55
-45
-35
-25
-15
-5
+5
+15
+25
+35
+45
+55
+65
+75
2.5 µm
Elevation
Height
Corneal Thickness
OS
9mm
300
340
380
420
460
500
540
580
620
660
700
740
780
820
860
900
10 µm
Pachy.
Abs
Elevation (Back) BFS=6.44 Float, Dia=8.00
OS
9mm
-150
-130
-110
-90
-70
-50
-30
-10
+10
+30
+50
+70
+90
+110
+130
+150
5.0 µm
Elevation
Height
N
T

Options For Treatment

LASIK OR PRK ????





LASIK OR PRK ????

LASIK

- Normal Pentacam
- Sufficient thickness
- Normal retina

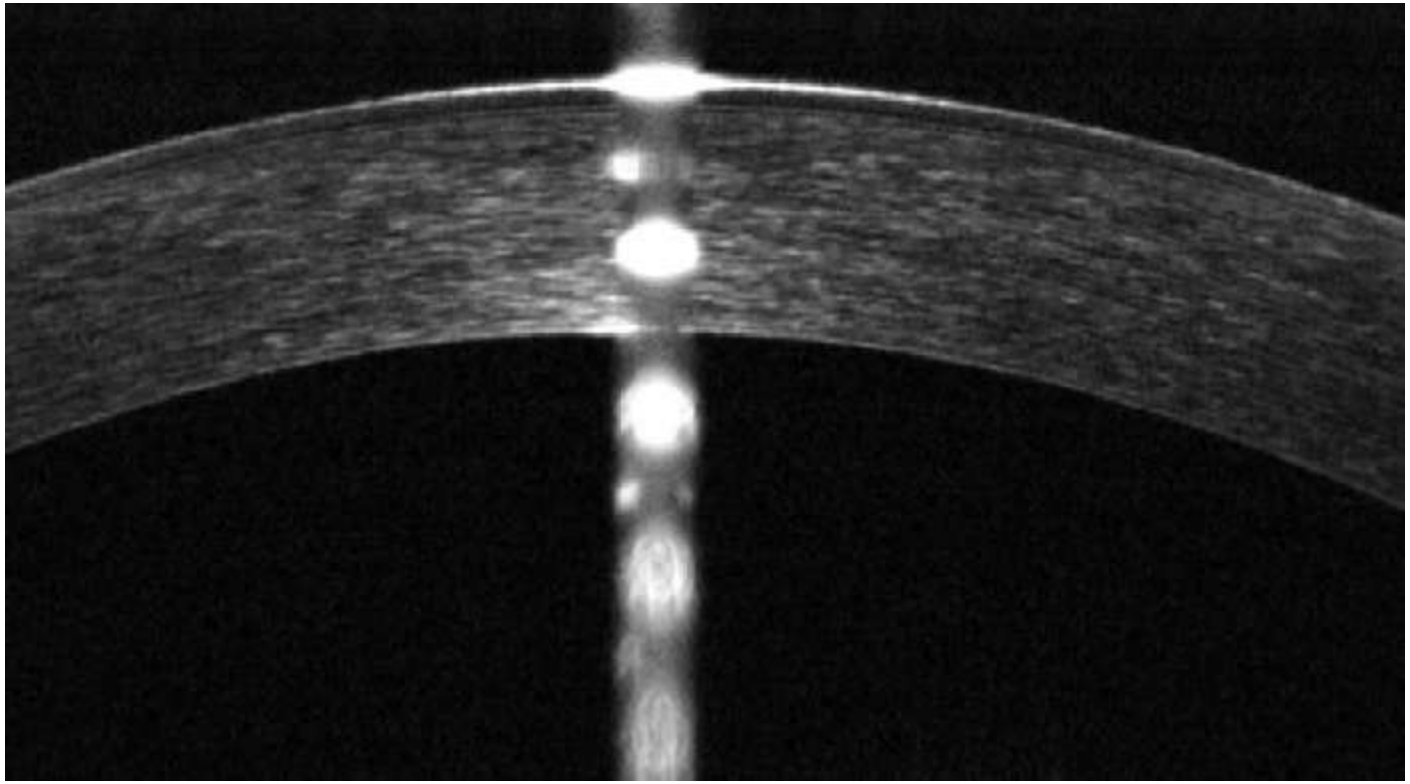
- Clear cornea

- More dry eye
- Rapid rehabilitation

PRK

- Suspicious Pentacam
-Thin cornea
- Peripheral retinal degenerations
- - Faint superficial opacities
- Less dry eye
- Slow rehabilitation

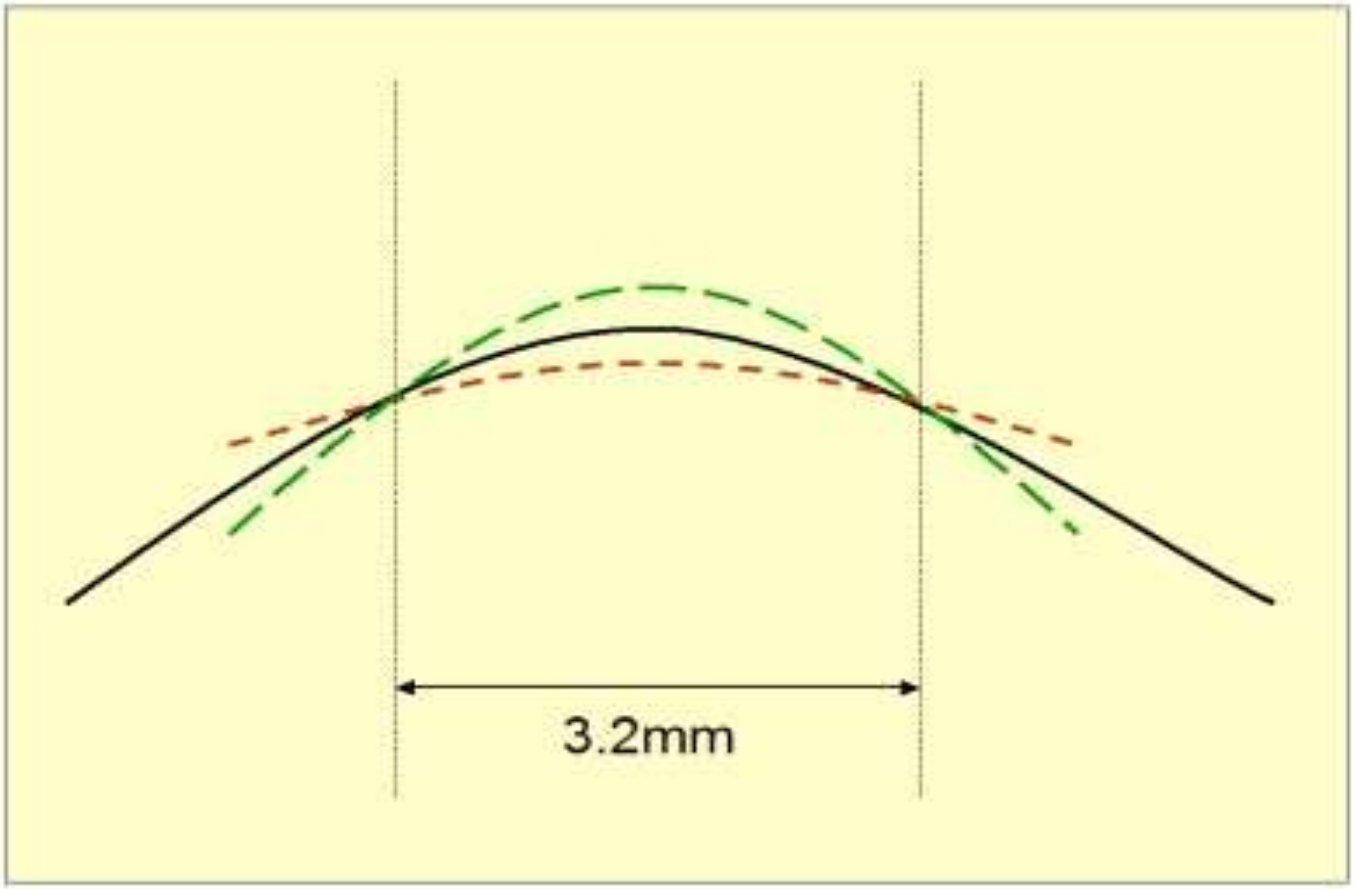
Corneal thickness and correction



Corneal thickness and correction

- Every 1Ds correction will remove about of 10 um of the corneal stroma
- The residual bed shouldn't be less than 300 um to avoid post Lasik ectasia.
- The residual bed = Thinnest location - [ablation depth (ttt) + flap thickness]

Keratometry and correction



Keratometry and correction

For Myopic Correction :

- Every 1 Ds correction will decrease Keratometry by 0.8 Ds.
- Avoid to decrease the flattest K below 34 Ds to avoid aberrations

Keratometry and correction

For Hypermetropic Correction :

- Every 1 Ds correction will increase Keratometry by 1.00 Ds.
- Avoid to increase the steepest K above 50 Ds to avoid aberrations

Age as a guideline for decision

Age as a guideline for decision

In Young age < 30 ys

Full or over correction is recommended to compensate for future regression

In old age > 30 ys

Full correction is recommended or even slight under correction is needed especially in presbyopic patients.

Thank you