FREEDOM IN DESIGN

CASE REPORT



MAXIM 3D EAGLET ESP

Source Grid Bisphere elevation Bisphere 3D Tangent angles Tangent angles Scieral Profile Height Height 3D Tangential curvature Axial curvature Axial curvature Corneal elevation Quad map



NYSTAGMUS EYES: NEED FOR SPEED

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INTRODUCTION

Female of African origin, albino, with nystagmus. Nystagmus is a condition where the eyes move rapidly and uncontrollably side-to-side, up and down circular motion, usually associated with reduced visual function and contrast sensitivity. this patient has been visiting Occuville since 2018 when she was 11 years old, with a number of vision-related complaints associated with albinism, including blurred vision at distance and near, photophobia, significant nystagmus in both eyes. VA RE 6/36, LE 6/36 N24.

BACKGROUND

It is worthwhile considering scleral lenses for patients who have infantile or even acquired nystagmus if the underlying condition/etiology cannot be addressed. It is a safe treatment option for patients who are usually left with little or no other hope for improvement and for whom even mild symptom relief is often appreciated by the patient.

However, fitting scleral lenses on a patient with nystagmus can be technically difficult. Rapid eye movement can make it very challenging to measure the surface of an eye with most devices. In particular, any device that uses scanning or multiple images to measure the ocular surface will find it near impossible to produce accurate and repeatable measurements.

PROFILOMETRY MEASUREMENT

The Eye Surface Profiler (ESP) was used to take measurements (Eaglet Eye, The Netherlands). This corneoscleral profilometer gathers sagittal height data of the cornea and the sclera and creates a bi-sphere elevation map (see Figure 1). This map shows where3 the cornea and the sclera are more elevated or depressed. On this patient, we see a high-toric eye "with the rule", with a sagittal height difference of 350 microns at a 15mm chord length. A custom scleral lens Maxim 3D (AccuLens, USA) was designed based on Profilometry data.



CONCLUSION

The fast, single-shot measurement process of the ESP allos for good measurements even onpatients with nystagmus. As a result, the scleral lens approach for this patient was the best approach. The patient is comfortable with the lenses and vision they are giving her. This has improved her quality of life, and should give her comfortable wear for years to come.



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FINAL LENS FIT

The ESP First Lens Fit algorithms area very accurate guidelines to help practitioners: based on the Profilometry data they suggest the best fitting lens (see Figure 1), aiming for the first fitted lens to be the final lens.

For this patient, the initial Maxim 3D lenses dispensed were the final lenses:

OD: BC 7.85 | SAG 4.42 | Dia. 15.9mm | OR +0.50 | V/A 6/9 OS: BC 7.50 | SAG 4.73 | Dia 15.9mm | OR 0.0 | V/A 6/6 N8

