



THE OCULAR IMMUNOLOGY
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Corneal Infections in Stevens-Johnson Syndrome and Ocular Cicatricial Pemphigoid

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We reviewed 69 episodes of microbial keratitis occurring over an 11-year period in 56 patients with a mucosal scarring disorder or Sjogren's syndrome. Gram-positive bacterial isolates were the most common cause of infection, and accounted for almost all cases in patients with Sjogren's syndrome. Trichiasis (cicatricial pemphigoid), topical corticosteroids, bandage contact lenses, and corneal surgery were the main predisposing factors in the development of the corneal infection. **In patients with ocular cicatricial pemphigoid, infection was much less common after chemotherapeutic control had been achieved.** Recurrent infections were relatively frequent. There was a high rate of major complications, particularly in microbial keratitis complicating Sjogren's syndrome.

In another study, complete records from 175 patients with 176 episodes of culture-proven bacterial keratitis treated over a 4-year period at the Massachusetts Eye and Ear Infirmary in Boston were analyzed. Sixty-three percent of the infections involved Gram-positive organisms, and 40% involved Gram-negative organisms; 15% were polymicrobial. There was a high incidence of infection with *Staphylococcus aureus* (28%), coagulase-negative staphylococci (14%), diphtheroids (14%), *Pseudomonas aeruginosa* (14%), and *Streptococcus pneumoniae* (12%). Gram stain correlation was achieved in 55%. Potential predisposing factors, usually multiple, were identified in 97% of the patients. Fifty percent of the ulcers were associated with such iatrogenic factors as prior topical corticosteroid therapy, penetrating keratoplasty, and contact lens use. Trauma occurred in only 16%. Several statistically significant associations of epidemiologic factors and outcome variables were revealed. Ninety-five percent of the ulcers resolved with therapy, but only 44% of the patients had visual acuity better than the level at admission, and 13% developed major complications