UTILIZING APOLLO AMNIOTIC MEMBRANE IN ACUTE CASES OF CORNEAL ABRASIONS

ATLAS OCULAR™

INTRODUCTION

As an eyecare professional to deliver the best patient care possible your clinical toolbox needs to be comprehensive to ensure success. What I have been finding success with is the utilization of the Apollo Amniotic Membrane for various ocular surface conditions. This case represents how using an Apollo Amniotic Membrane in acute injuries can expedite the healing process while minimizing scarring of the cornea.

CASE SUMMARY

The patient is a 72-year-old female who initially presented to the clinic with a possible abrasion, intermittent redness and irritation of the right eye that had persisted for two days before being seen. A large epithelial defect was observed on this visit, this was the largest abrasion I had seen in my clinical tenure. Initial treatment was the placement of a Prokera device, and the patient was started on Moxifloxacin QID OD until her follow-up.

Patient presented to the clinic for her one-day follow-up to monitor signs and symptoms, which were stable. The patient was instructed to continue the antibiotic drops and begin Vitamin C, 1000 mg daily. The patient returned to the clinic two days later with stable symptoms and no pain in the right eye. **However, the epithelial defect had shown marginal improvement but not resolution.** **The decision was then made to place the Apollo Amniotic Membrane given we did not experience resolution with Prokera. Apollo was easier to use, more comfortable for the patient to wear, and provided amazing outcomes. Seeing how well the Apollo Amniotic Membrane graft healed the cornea was fascinating.**

TREATMENT PLAN

The patient returned to the clinic two days after placement of the Prokera. The patient complained of discomfort with Prokera and felt that there was too much movement with the device. I felt as though it would be worthwhile to try an Apollo amniotic membrane as it would provide good coverage and improved comfort to heal the eye faster. After discussion with the patient, we decided that an Apollo Amniotic Membrane was the best option to address the epithelial defect. A 12mm Apollo Amniotic Membrane disc was placed in an Air Optix Night and Day bandage contact lens (BCL) which was then placed on to the patient's right cornea. The patient was instructed to continue Moxifloxacin QID OD and Vitamin C until her next follow-up appointment.

CLINICAL PRESENTATION/FINDINGS

Upon initial presentation the patient's visual acuity was significantly reduced (**UCVA CF PHNI OD, 20/20 OS.**), with the patient only able to count fingers at a specified distance. The left eye is functioning normally with a visual acuity of 20/20. IOP 12/16 at **initial exam.**

Past treatment for the current condition included the placement of a Prokera amniotic membrane with topical fluoroquinolone QID OD. Slit lamp examination of the left eye was remarkable for pinguecula temporally. Slit lamp examination of the right eye was remarkable for moderate swelling of the upper lid, 1-3+ Descemet's folds, 4mm V x 10mm H epithelial defect after Prokera removal.

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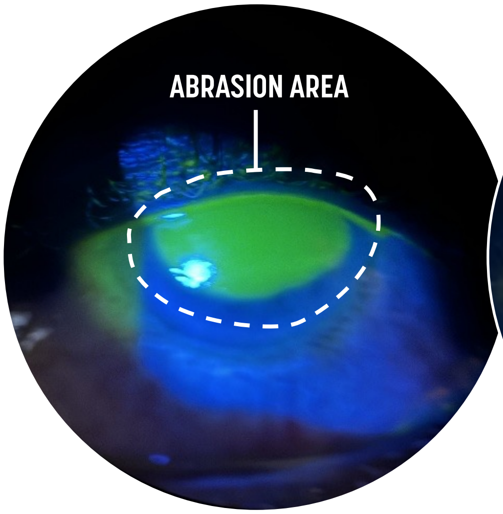
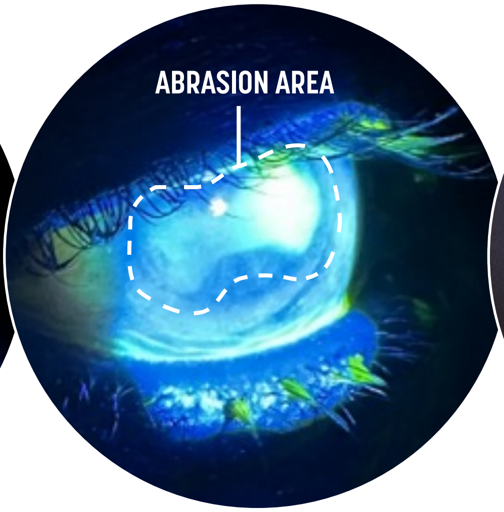
POST-TREATMENT OBSERVATIONS

At her follow-up appointment, two days after placement of the Apollo Amniotic Membrane her right eye vision was stable at CF. The patient's slit lamp examination, right eye, revealed 2+ Descemet's folds, the epithelial defect closed with mild linear punctate epithelial erosions/microcystic corneal edema centrally.

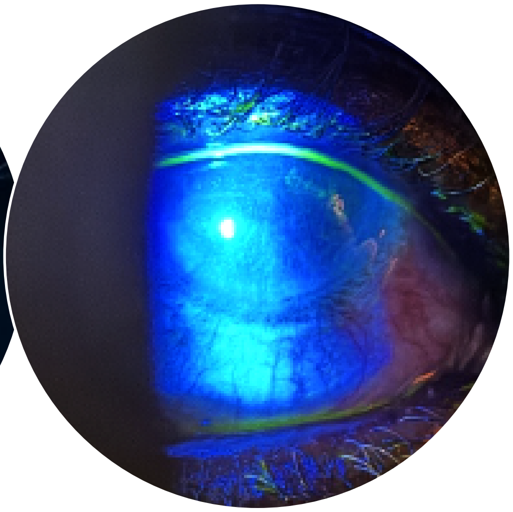
The patient was then started on a steroid drop 4x/day and 50mg doxycycline twice a day by mouth for 1 month. After patient returned to clinic 1 month later, vision returned to 20/30 in the right eye and the epithelium was clear without staining.



Initial Visit
(before Prokera)



After removal
of Prokera
(2 days later)



After removal
of Apollo
(2 days later)

References:
https://pmc.ncbi.nlm.nih.gov/articles/PMC5442716/#:~:text=Vitamin%20C%20(ascorbic%20acid)%20is,well%20as%20its%20inherent%20mechanism

DR. COURTNEY WALTERS

Dr. Courtney Walters is originally from Falcon, N.C. She completed her undergraduate degree at East Carolina University where she received her Bachelor of Science in Public Health. She then completed her Doctorate of Optometry at the University of Alabama at Birmingham School of Optometry. Dr. Walters received training in low vision, ocular disease, primary eye care, and specialty contact lenses. Dr. Walters enjoys practicing full scope with emphasis in treating dry eye, myopia control, ocular disease, and specialty contact lenses. Now residing in Wilmington with her fiancé, Dr. Walters enjoys the coastal lifestyle, beach volleyball, indulging in a good book, and training her delightful golden retriever, Sunny.