

Traumatic Corneal Perforation With Epithelial Ingrowth After Laser In Situ Keratomileusis

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摘要

Abstract

Laser in situ keratomileusis (LASIK) is a promising refractive surgical procedure for low to high myopia. Its advantages over photorefractive keratectomy (PRK) include prompt visual recovery, increased patient comfort, potential to correct high myopia, less postoperative haze and regression, and less postoperative need for corticosteroids. Most LASIK-related complications occur intraoperatively or early postoperatively. They include flap-related complications, corneal perforation, corneal infection, macular hemorrhage, interface deposits, epithelial ingrowth, and irregular astigmatism.¹⁻⁴ LASIK is performed by creating a lamellar flap followed by excimer laser application. The force that the residual untreated cornea could resist decreases as a result of "thinner" stromal bed. Displacement of the lamellar flap following minor blunt trauma after LASIK has been described in the literature.⁵ We herein present a case of blunt ocular injury related to corneal perforation in association with traumatic cataract 10 months after successful bilateral LASIK surgery.