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Letter to the Editor

Anophthalmic cavity in patient with prosthetic eye. Is there any evidence-based protocol for its care?☆

Cavidad anoftálmica en paciente con prótesis ocular. ¿Existe un protocolo basado en la evidencia para su cuidado?

Dear Editor:

The loss of an eye has a deep impact in the life of an individual as it involves significant changes in daily life in addition to the necessity of maintaining the ocular prosthesis and the anophthalmic cavity. Most scientific literature discusses surgery or specifically medical events but very few discuss the way in which people adapt to this change in the course of time.[1]

Rasmussen[2] describes that the most frequent causes of complications associated to ocular prosthesis comprise secretion, lagophthalmos, enophthalmos, prosthesis instability and exophthalmos. Along the same lines, Pine et al.[1] observed that the concerns of patients with the prosthesis evolve with time. They demonstrated that even though the health of the fellow eye is the main concern of these patients throughout the periods of the study, new complaints appeared with the passage of time. While initially patients expressed greater concern for the loss of stereopsis or peripheral vision, later on other complications such as tearing, secretion and dryness gained prevalence, taking second place in the list of concerns. However, protocols for caring for the prosthesis and anophthalmic cavity or methods to objectively measure and diagnose patient discomfort have not been developed, and in the majority of cases this leads to inadequate management and protraction of discomfort.[1,3]

In this regard, in the recent past topics related to ocular prostheses care have gained importance.[3,4] The Bonaque-González et al.[3] group published a review to differentiate between care recommendations for ocular prosthesis that had obtained scientific support and those who still give rise to contradictory opinions. On the basis of the evidence, said group concluded that the anophthalmic cavity and the ocular prosthesis should be examined at least once a year as well as polished by a professional with the same frequency or more if visible deposits are found on the surface. The prosthesis should be used round-the-clock in the absence of any limiting condition. As regards cleaning by patients, there is no standardized product or method, although the use of contact lens cleaners is recommended.[4] Pine et al.[5] suggest cleaning the prosthesis at monthly intervals and at least every 6 months depending on the model of response of the anophthalmic cavity to the ocular prosthesis. To end, said review concludes that the lifecycle of prostheses could range between 2 and 6 years in adults and recommended the use of lubricants as well as palpebral cleaning despite the absence of standardized treatment guidelines.[3]

All of the above emphasizes the absence of scientific evidence in this matter. There is no scientific evidence that clearly establishes care guidelines for ocular prostheses or standardized surveys or tests to facilitate the diagnostic and follow-up of these cases. Accordingly, it is necessary to develop new protocols to enable the optimization of care for patients with anophthalmic cavities and ocular prostheses.

Funding

The authors state that they have not received funding for this paper.

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☆ Please cite this article as: Zamorano Martín F, Rocha de Lossada C, García Lorente M, Sánchez España JC. Cavidad anoftálmica en paciente con prótesis ocular. ¿Existe un protocolo basado en la evidencia para su cuidado? Arch Soc Esp Oftalmol. 2020;95:415–416.

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Available online 4 May 2020
2173-5794/