Incidence of Corneal Inflammation of Varying Severity among Contact Lens Wearers

Yusuf Osmani \(^a\), Krishna Kela \(^a\) and Mona Sune \(^b\)*

\(^a\) Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Wardha, India.  
\(^b\) Department of Ophthalmology, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Wardha, India.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JPRI/2021/v33i60A34549

Received 10 October 2021  
Accepted 15 December 2021  
Published 20 December 2021

ABSTRACT

The human cornea is an avascular, transparent tissue that permits or allows light rays to enter or reach the retina. The cornea is made up of several layers, each of which plays an important role in preserving the transparency and power of cornea. The epithelium, Bowmans layer, Descemet's membrane and endothelium are the layers of the cornea. This study aimed to discover the incidences of severe and non-severe corneal inflammation amongst wearers of modern technology contact lenses. Studies on contact lens users providing with a corneal ulcer/infiltrates were reported. On the basis of severity, a medical severity matrix was utilized among cases of severe and non-severe corneal inflammation. There was a large distinction in severe corneal infection among ew-hydrogel and ew-silicone hydrogel. When it comes to evaluating contact lens-related corneal inflammation, a medical severity matrix is available in hand. Wearers of contact lenses who sleep with them have a appreciably low risk of severe corneal inflammation than those who simplest put on lenses for the duration of the day. Those cases who everyday sleep with lenses have a 5-fold lower risk of severe corneal inflammation as compared day-to-day hydrogel lenses for prolonged utilization.

Keywords: Corneal infiltrates; contact lens; extreme corneal irritation; bacterial growth; hydrogel lenses.
1. INTRODUCTION

The human cornea is an avascular, transparent tissue that permits or allows light rays to enter or reach the retina. The cornea is made up of several layers, each of which plays an important role in preserving the transparency and power of the cornea. The epithelium, Bowman's layer, Descemet's membrane and endothelium are the layers of the cornea. The corneal stroma which has a regular spacing of crystalline collagen fibres and is largely dry are an important mechanism for retaining the corneal transparency [1]. The corneal Endothelium located at the basement membrane, is the innermost corneal layer [2].

This sediment functions as a barrier and a pump, each of which is required for corneal transparency [3]. The epithelium has the capacity to repair itself but the endothelium doesn't [4,5]. As a result when there is a cell harm due to diverse illness, surviving endothelial cells are stimulated to expand and move to cover any flaws, maintaining its transparency. Patients with corneal endothelial loss and malfunction experience loss of vision, discomfort and pain which is sometimes. Despite the use of medical treatment to treat symptoms, corneal endothelial dysfunction can only be treated by keratoplasty either a complete thickness or partial thickness corneal transplantation. Damage to cornea due to contact lens is common scenario which one can see in day-to-day clinical life. Since the contact lenses can hold up the dust or microorganisms in it, it can cause infections and damage to cornea and in case if the liquid use to clean the lens is contaminated the chances of infection or ulcer, damage to corneal endothelium increases several folds. And if the inflammation is not treated it can lead to the formation of ulcer which results in either visual loss of decreased vision in eye due to the reason that corneal ulcer heals in different stages and ultimately results in cicatrization (scar formation) and thinning of corneal endothelium. And if the inflammation isn't always treated day-to-day result in the formation of ulcer day-to-day both visible lack of reduced vision within the affected eye due day everyday the reason that corneal ulcer heals in distinct stages and ultimately consequences in cicatrization (scar formation) and thinning of corneal endothelium. Inflammation of cornea (keratitis) is characterised by corneal oedema, cellular infiltration and ciliary congestion.

2. CLASSIFICATION

It is difficult to classify and assign a group to each and every case of corneal inflammation; as overlapping concurrent findings tend to obscure the picture. Untreated corneal inflammation will ultimately lead to corneal ulcer which is defined as any breach or discontinuation in the normal epithelial surface of cornea associated with necrosis of the surrounding tissues. Pathologically, it is characterized by oedema and cellular infiltration. Corneal ulcer can be of various types eg; Bacterial corneal ulcer, fungal corneal ulcer, viral corneal ulcer, chlamydia corneal ulcer, protozoan corneal ulcer, vernal corneal ulcer, mycotic corneal ulcer, etc.

As per a study reported from Michigan, cases wore contact lenses on a normal basis spoke back positive every day about moderate corneal inflammation. The cases have been asked every day fill out a green colored affected character questionnaire surveys were shade-coded every day for moderate corneal inflammation. The questionnaire surveys were shade-coded every day lead them to greater reachable to apply in a frantic medical surroundings. one of the maximum vital everyday of the medical records obtained day-to-day using a clinical severity.

If there was no proof of corneal involvement, no similarly data have become accrued for the features of this test. If there was a corneal infiltration or ulcer, the attending stuffed out a red colored medical survey shape (on the alternative facet of the patient survey questionnaire) that gathered scientific records pertinent every day this examine. The questionnaire surveys were shade-coded every day lead them to greater reachable to apply in a frantic medical surroundings. one of the maximum vital everyday of the medical records obtained day-to-day using a clinical severity.

They were assigned a severity score on a scale of 0 to ten relevant each day, considering the category of corneal infiltrative occasions as mild, moderate, or immoderate. The "medical severity rating" for every incident ranged from every day with the lower range day-to-day the check's inclusion requirement of handiest individuals with an infiltrative response. The better the score, the greater critical the scientific episode. Aasuri et.
al. [6-8] have confirmed that any score extra than 8 suggests large microbial corneal contamination. Any scrapes that produced results were tracked for form of lens worn, the severity, and the outcome of any corneal scrapes have been investigated.

A severity score of more than 8 is marked as "excessive corneal inflammation"; in everyday clinical terms, that is assumes be a case of moderate bacterial or any microbial corneal contamination (essentially the designation given with the beneficial useful resource of Aasuri et al.) require more extensive antibiotic treatment. Non-excessive corneal inflammation is described as any manifestations with a severity score less than eight or eight and illnesses and generally does not need clinical intervention. This name changed to "sterile corneal inflammation" [9,10].

As per another study, 24,000 patients with ocular illnesses who visited the eye centre were assessed using Bailey's method (described by way of way of using Senn & Sampson [11]. The prevalence of ocular illnesses were associated in all residential localities.

A twelve months survey on contact lens giving behaviour within the united kingdom includes data on 8833 touch lens fittings carried out through 977 practitioners. Based on these situations, the following four lens types are suggested for prolonged use [12].

2. Categorization of Lenses

1. Rigid lenses composed of inflexible gas permeable polymers comprising silicone. Over the preceding nine years, it was certain that no. patient inside the united kingdom have been fitted with polymethyl methacrylate (PMMA) lenses [12].

2. Hydrogel lenses (all sorts of hydrogel lenses) (aside from disposable and silicone hydeogel-lenses). From last 9 years, 4percent of wearers of this lens type were prescribed lenses every day get replaced each two weeks, 70percent month-to-month, and 18percent much less regularly; 8percent of wearers had been informed daily replace their contacts in line with the requirements (i.e on an unplanned replacement basis) [12].

3. Silicone hydeogel—new era silicone containing hydrogel_lenses; handiest two such substances had been daily the united kingdom at the time of this survey.

4. Balafilcon-A and lotrafilcon-A. Both these lenses are meant daily be replaced on a monthly basis [12].

2.1 Finding out Total Number People Who Wore Lenses

The UK association of touch Lens manufacturers furnished figures on the no. of contact lens wearers inside the U.K using the records on sportingmodalities and lens kind given above, and assuming a complete united kingdom population of 672 crores, we have been capable of predict the range of customers in the health center population the usage of every lens type on a wear versus prolong put on basis [13,14].

The incidence rate of non-severe and severe corneal irritation for every wearing manner/lens was calculated using Wilson's method [15]. The facts is also reported concerning the relative chance that has defined the ratio of every year infection incidence. For evaluations with low percentages of presenting sufferers, the Fisher's genuine test has been used [16].

3. DISCUSSION

Instances of microbial corneal irritation have been reported by Poggio et al. [17] and Cheng. et al. [18] in epidemiological studies depending on the subsequent scientific set of criteria: "a stromal infiltrate of cornea with an overlying abnormalities of epithelium (ulceration) clinically recognized as bacterial(microbial) corneal inflammation and anti - microbial remedy" With the essence, this criterion refers day-to-day clinically severe microbial corneal infection, that's broadly equivalent to the "severe corneal infection".

A notably better yearly prevalence of severe corneal infection was reported for hydrogel lenses used on an prolonged wearing basis [17,18,19]. Poggio et. al. and Cheng et. al. reported cases of intense corneal inflammation. The parameter used day-to-day outline of corneal infiltrative activities of non-severe corneal infection [20]. The prevalence of non-severe corneal inflammation increases as the edge is raised, while the occurrence of severe corneal infection decreases. Moreover, adopting a scientific severity matrix has the gain of reducing inter-observer difference in determining non-severe versus severe corneal inflammation [21].

A key reported fact was 5 times reduced risk of severe corneal inflammation with silicone...
hydrogel lenses compared with hydrogel lenses while worn on prolonged basis. The vital difference among these lens types is the greater oxygen transmission capabilities of silicone hydrogel lenses. Severe corneal inflammation is significantly associated with corneal oxygen availability. Solomon et al. confirmed such an association in a rabbit eye through demonstrating higher counts of excessive microbial corneal inflammation. Ren et al. tested that Pseudomonas bacteria were abundant inside the rabbit cornea (the cornea being a important precursor for infection) at the same time as contact lenses of better oxygen transmissibility are worn [22,23].

The above findings recognize the daily use of silicone hydrogel lenses. However considering the advantages of the type of lens in terms of wearer comfort and keeping off damaging effects associated with long term deposit formation, no statistically significant difference was noted on occurrence of severe corneal inflammation amongst daily wearers and wearing disposable lenses as opposed to daily wearers using hydrogel lenses. Pseudomonas species are usually considered as damage causing microbial pathogen in contact lens related corneal inflammation, as per the findings of clinical severity scores of the patients who had undergone corneal scrape procedure [24-34].

4. CONCLUSION

Medical severity framework is useful in analyzing contact lens related corneal irritation. People who sleep in contact lenses have a more prevalence of severe corneal infection than those who wear lenses throughout waking hours. People who pick out day-to-day sleep in lenses be encouraged to wear silicone hydrogel lenses, which offer a 5-fold reduced risk of severe corneal inflammation for a long periods of time.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Ebrahimi M, Taghi-Abadi E, Baharvand H. Limbal stem cells in review. J Ophthalmic Vis Res 2009;4:40–58.
2. Bonanno JA. Identity and regulation of ion transport mechanisms in the corneal endothelium. Prog Retin Eye Res.2003 :22:69–94.
3. Bourne WM. Clinical estimation of corneal endothelial pump function. Trans Am Ophthalmol Soc. 1998;96:229–239.
4. Polisetti N, Joyce NC. The culture of limbal stromal cells and corneal endothelial cells. Methods Mol Biol. 2013;1014:131–139.
5. Joyce NC. Proliferative capacity of corneal endothelial cells. Exp Eye Res. 2012;95:16–23.
6. AK Khurana, Aruj K Khurana. Comprehensive Ophthalmology seventh edition Jaypee publications. 2019;101-102
7. AK Khurana, Aruj K Khurana, Comprehensive Ophthalmology seventh edition Jaypee Publications. 2019;104-105
8. Aasuri MK, Venkata N, Kumar VM. Differential diagnosis of microbial corneal irritation and contact lens-induced peripheral ulcer. Eye contact Lenses. 2003; 29(1 Suppl):S60–2.
9. Sweeney DF, Jalbert I, Covey M, et al. medical characterization of corneal infiltrative activities found with soft contact lens wear. Cornea. 2003;22:435–42.
10. Baum J, Donshik day-to-day. _severe _cornealtes related dayeveryday smooth contact lens put on (Letter). Cornea 2003;22:435–42.
11. Senn SJ, Samson WB. Estimating medical institution catchment populations. Statistician. 1982;31:81–96.
12. Morgan PB, Efron N. developments in uk touch lens prescribing. Optician. 2003;225 (5904) :34–5.
13. Morgan PB. Taking the pulse of the UK contact lens marketplace. Optician. 2004; 227(5954):26–7.
14. Wilson EB. possibly inference, the law of succession, and statistical inference. J Am Stat Assoc 1927;22:209–12.
15. Bland MJ, Altman DG. the odds ratio. BMJ. 2000;320:1468.
16. Poggio EC, Glynn RJ, Schein OD, et al. The occurrence of ulcerative corneal inflammation among users of 66b34c3da3a0593bd135e66036f9aef3-put on and prolonged-wear gentle contact lenses. N Engl J Med. 1989;321:779–83.
17. Cheng KH, Leung SL, Hoekman HW, et al. Incidence of contact-lens-associated microbial corneal infection and its associated morbidity. Lancet. 1999;354:181–5.

18. Schein OD, Buehler PO, Stamler JF, et al. The effect of overnight wear on the rise of serious and related ulcerative corneal irritation. Arch Ophthalmol 1994;112:186–90.

19. Schein OD, Glynn RJ, Poggio EC, et al. The relative rise of corneal inflammation of ulcerative corneal irritation amongst users of 66b34c3da3a0593bd135e66036f9aeef3-put on and prolong-put on smooth touch lenses. A case-control have a look at. Microbial Corneal inflammation have a look at organization. N Engl J Med. 1989:321:773–8.

20. Stapleday-to-day F, Dart J, Minassian D. Nonulcerative headaches of contact lens put on. Relative rise of corneal inflammations for different lens types. Arch Ophthalmol 1992;110:1601–6.

21. Solomon OD, Loff H, Perla B, et al. checking out hypotheses for rise of corneal inflammation daily for contact lens-related serious corneal irritation in an animal model. contact Lens Assoc Ophthalmol J 1994;20:109–13.

22. Ren DH, Petroll WM, Jester JV, et al. the connection b/w contact lens oxygen permeability and binding of Pseudomonas aeruginosa day-to-day epithelial cells of human cornea after prolong wear and overnight useContact Lens Assoc Ophthalmol J. 1999;25:80–100.

23. Fleiszig SM, Evans DJ. The pathogenesis of bacterial corneal infection: research with Pseudomonas aeruginosa. Clin Exp Optom. 2002;85:271–8.

24. Stapleton F, Dart J, Minassian D. Nonulcerative complications of contact lens wear. Relative risks for different lens types. Arch Ophthalmol. 1992;110:1601–6.

25. Solomon OD, Loff H, Perla B, et al. Testing hypotheses for risk factors for contact lens-associated infectious keratitis in an animal model. Contact Lens Assoc Ophthalmol J 1994;20:109–13. [PubMed] [Google Scholar]

26. Ren DH, Petroll WM, Jester JV, et al. The relationship between contact lens oxygen permeability and binding of Pseudomonas aeruginosa to human corneal epithelial cells after overnight and extended wear. Contact Lens Assoc Ophthalmol J.1999;25:80–100.

27. Fleiszig SM, Evans DJ. The pathogenesis of bacterial keratitis: studies with Pseudomonas aeruginosa. Clin Exp Optom. 2002;85:271–8.

28. Panjwani V, Daigavane S. A Comparative Study of Corneal Endothelial Cell Count and Central Corneal Thickness in Emmetropia and Axial Myopia. Journal of Evolution of Medical and Dental Sciences. 2020;9(44):3300-5. Available:https://doi.org/10.14260/jemds/2020/725.

29. Prasad M, Daigavane VS. A Comparative Study of Central Corneal Thickness and Endothelial Cell Density after Phacoemulsification by 'Phaco-chop'and 'Divide and Conquer' Techniques. Journal of Clinical & Diagnostic Research. 2020;14(9). Available:https://doi.org/10.7860/JCDR/2020/45010.14065.

30. Daigavane S, Patkar P. To Compare the Changes in the Corneal Endothelium Post Phacoemulsification Surgery with Balanced Salt Solution vs. Viscoelastic Device. Journal of Clinical & Diagnostic Research. 2019;13(12). Available:https://doi.org/10.7860/JCDR/2019/42723.13371.

31. Pardasani R, Lohiya S. Study of Changes in Corneal Thickness and Corneal Endothelial Cell Density after Phacoemulsification Cataract Surgery. Journal of Evolution of Medical and Dental Sciences-Jemds. 2021;10(12):866–72.

32. Murray CJ, Abbafati C, Abbas KM, Abbasi M, Abbasi-Kangevari M, Abd-Allah F, Abdollahi M, Abedi P, Abedi A, Abolhassani H, Aboyans V. Five insights from the global burden of disease study 2019. The Lancet. 2020;396(10258):1135–59.

33. Abbafati, Cristiana, Kaja M. Abbas, Mohammad Abbasi, Mitra Abbasfard, Mohsen Abbasi-Kangevari, Hedayat Abbastabar, Foad Abd-Allah, et al. “Global Burden of 369 Diseases and Injuries in 204 Countries and Territories, 1990-2019: A Systematic Analysis for the Global Burden of Disease Study 2019.” The Lancet. 2020;396(10258):1204–22.

Franklin, Richard Charles, Amy E. Peden, Erin B. Hamilton, Catherine Bisignano,
Chris D. Castle, Zachary Dingels, Simon Hay, et al. "The Burden of Unintentional Drowning: Global, Regional and National Estimates of Mortality from the Global Burden of Disease 2017 Study." Injury Prevention. 2020;26(SUPP_1):83–95. Available:https://doi.org/10.1136/injuryprev-2019-043484.

© 2021 Osmani et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/80138