**Abstract:**

**Introduction:** Phthisis bulbi is often associated with ocular atrophy and consequence of degenerative process of severely damaged eye. Prosthesis rehabilitation over residual eyeball is the preferred treatment during disease progress as it maintains anatomic integrity of the surrounding tissue.

**Case Description:** A 42 years old man was referred for an ocular prosthesis over his defective left eye. Being a HIV-positive person receiving highly active antiretroviral therapy (HAART), he had undergone multiple eyes surgery for complications from cytomegalovirus retinitis. Although already prescribed and use a ready-made ocular prosthesis, it had caused great discomfort and a teary eye. The clinical appearance showed the atrophied and shrinkage of left eye and enophthalmos with disfigured sclera, with reduce palpebral opening and vision loss. Prior to the construction of prosthesis, the right eye was photographed digitally with meticulously dimensional measurements made as reference to produce a close replica. Refinement impression was done to the custom made ocular prosthesis and relining on the fitting surface to enhance the fit was prescribed.

**Discussion:** The approach provided a technical advantage in establish the accuracy of prosthesis, close approximation of the eyeball and minimal clinical exposure. The bulk of ocular prosthesis is important as it gives proper support to eyelid, even volume and weight distribution in the socket while providing adequate mobility with minimal discomfort and no potential space for tear accumulation.

**Conclusion:** Major challenge imposed by a phthisis bulbi is the progression of the condition. This approach however, provides opportunity for prosthesis reshaping, refining and better acceptance by patient.

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**CRNC10: Refining Custom Made Ocular Prosthesis in Rehabilitation of Phthisis Bulbi Secondary to HIV Infection**

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