mucocutaneous reactions. SJS typically develops secondary to an antibody-mediated hypersensitivity complex with life-threatening complications.

A 73 y/o Caucasian female with history of SJS presents as a follows.

**Background**

Due to severe corneal scarring and perforation, a penetrating eyelid repair. Such treatments provided no long term success.

**INTRODUCTION**

9. History of SJS

5. Cicatricial entropion with mass. OD.

1. KCS, OD

- Fundus:
  - IOP (Goldmann):
  - Unaided Visual Acuity (VA):

- OS: cataract, 20/20

- OD: 0.50 C/D; thin temporally. OS: 0.30 C/D

- OD: KCS, decreased vision, recurrent corneal erosion, conjunctival hyperemia, corneal scarring, and conjunctival injection.

- OS: 2+ NSC and conjunctival graft, PCIOL. OS: unremarkable.

- Office Visits for Scleral Lens Fitting OD

**DISCUSSION**

Ocular manifestations of SJS: keratinization of the eyelid margin which is causative of corneal irregularity, irritation, ocular discomfort, and photophobia. Scleral lenses have been demonstrated to be effective in the management of OSD in SJS.

- Slit lamp photographs (Topcon, Nikon) show the superior temporal edge of the trial ScCL landing on the conjunctival graft (figure 6, right).

- Slit lamp photographs (Topcon, Nikon) show the central thinning of the corneal graft (figure 5, left) and placement of the ScCL on the corneal graft (figure 4, right).

**METHODS and RESULTS**

The patient presents with high degree of corneal irregularity indicating central scarring and thinning (see figure 5). The corneal topography (Pentacam) of the right eye demonstrates high degree of central corneal thinning with central corneal thinning.

- **Scleral Lens Fitting**

  - Initial fitting: Longstanding dry eye and decreased vision
  - Initial ICL:
  - Dispersal: No change
  - Follow-up 1:
  - Patient unable to wear ScCL due to uncontrolled insertion and removal
  - Follow-up 2:
  - Patient fully adapted to ScCL with an average wear time of 8 hours daily.

**CONCLUSIONS**

OSD in SJS should be identified and treated early to prevent deterioration of the ocular surface and potential correlation.

Treatment of OSD

The SCL in SJS may offer a new therapeutic option by providing mechanical and chemical protection to the ocular surface.

**RECOMMENDATIONS**


- Touzeau, O., Borderie, V. M., Allouch, C., & Laroche, L. (January 01, 2006). Late changes in refraction, pachymetry, visual acuity, and corneal thickness in patients with ten years follow-up of severe toxic epidermal necrolysis (TEN).


- Havener, J., Schaffer, A. D., & Law, A. M. (November 01, 2002). Visually significant ocular surface dysmorphism following penetrating keratoplasty.


