

Case Report:

Soflex K2 lens with the ESP

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Kyriakos Telamitsi is an experienced contact lens practitioner working in Limasol (Cyprus). In addition to fitting specialty lenses, he maintains his own practice, the Kyranto Optical Center.



Introduction

Patient, male, 27 years old with keratoconus was referred to me to fit him with a specialty lens. The patient didn't wear any contact lenses before and the keratoconus had only been recently discovered. The ESP measurements shows a central mild keratoconic eye (Figure 1).

The ESP enables me to measure the location and size of pingueculae. This patient shows a nasal pinguecula starting 7mm from the apex. The height of the pinguecula is roughly 250 micron.

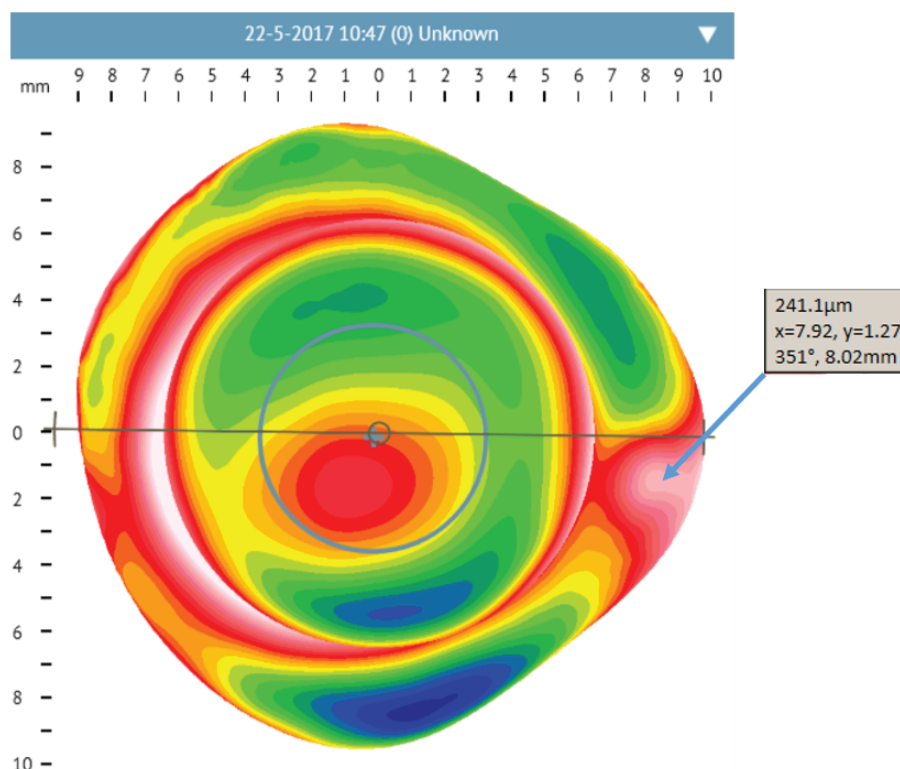


Figure 1

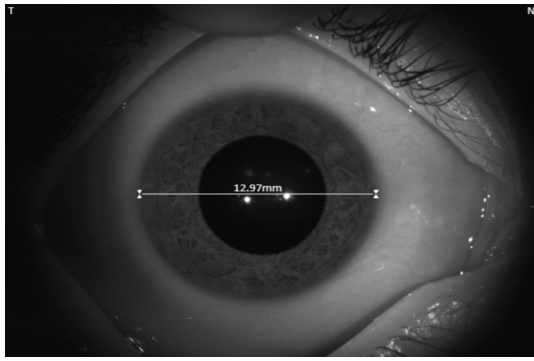


Figure 2

In my daily practice I discovered that the HVID of the majority of Greek people is much larger than the average HVID of 11.8mm that is reported in literature. This patient is a good example and shows an HVID of 12.97mm.

Step 1: Run automated first lens fit algorithm

After a discussion with the patient we decided to choose a soft lens, because he is not an experienced contact lens wearer. I prefer to work with the Soflex Soft K2 since this is the first lens to offer Sagittal heights.

Lens	
Diameter	14.80
Vault	4.550
Soft K2 lens:	dia 14.80 / SAG 4.55

Figure 3

BC/DIA	14.20	14.80
7.00	5290	---
7.30	4730	5500
7.60	4370	4950
7.90	4000	4550
8.20	3770	4230

Figure 4

The automated algorithm suggests a 14.8mm lens with a sagittal height (vault) of 4550 micron. With the slit lamp this looks like a good fit.

Step 2: Evaluation and final selection

After half an hour however the patient reported an unstable vision. More stable fits can be reached by enlarging the lens or choosing a higher vault. This lens sets offers the option to raise the lens.

Slit lamp revealed a good fitting lens after 1 hour and the visual acuity was 9/10 so we decided to order a lens with 4950micron height.

Conclusion

The follow up is planned in the afternoon to keep a close look at the nasal pinguecula. It might cause late onset irritation for the patient or a disturbed blood flow due the soft lens edge digging in the soft tissue of the pinguecula.