Ubiquitous challenge of ocular surface disease

WORLD VIEW

Ophthalmologists deal with ocular surface disease issues on a daily basis, and patients with ocular surface conditions can be challenging to treat. More and more, we realize the importance of optimizing the ocular surface prior to cataract surgery in order to obtain accurate readings. Patients with dry eye can show variation in signs and symptoms, and in terms of treating dry eye disease, currently Restasis (cyclosporine, Allergan, Dublin) is the only available FDA-approved product. John Hovanesian, MD, Elizabeth Yeu, MD, and William Trattler, MD, discuss why there is such difficulty with the FDA approval process for new treatments; lifitegrast (Shire, Lexington, Mass.), a new topical medication for dry eye treatment that is undergoing FDA review; and their pearls for optimizing patients prior to cataract surgery.

Evaporative tear dysfunction caused by meibomian gland deficiency in many ophthalmology practices can seem like a pandemic. Unfortunately, there is no complete cure for the condition, and a variety of treatments are often required. Cynthia Matossian, MD, David Hardten, MD, and Preeya Gupta, MD, discuss the pros and cons of offering several therapies at once versus a tiered approach. Approaches for more severe cases are also reviewed such as intense pulsed light therapy, LipiFlow (TearScience, Morrisville, N.C.), Restasis, topical steroid pulsing, omega-3 fatty acids, oral antibiotics, and branded lid cleansers.

The diagnosis of allergic eye disease can be easily confused as dry eye, and there is often overlap between the 2 diagnoses. Blepharitis and infections are also on the differential. The symptom of itching is a key differentiating factor present in allergic conjunctivitis. Francis Mah, MD, and Neal Barney, MD, share their strategies for diagnosing allergic eye disease, in-office testing kits, treatments, and when referral to an allergist or immunologist may be beneficial. Finally, Deepinder K. Dhaliwal, MD, and Bennie Jeng, MD, remind us of various structural disorders that can contribute to dry eye symptoms and how to not miss these issues on clinical exam. Conditions reviewed include floppy eyelids, incomplete blinking and lagophthalmos, conjunctivochalasis, and superior limbic keratitis, among others.

We hope you enjoy this issue of EyeWorld with a focus on ocular surface disease, and thank you to all the physicians above for taking the time to share their expertise.