

Severe Dry Eye Disease with Sjögren's Syndrome

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INITIAL PRESENTATION

A 63-year-old male presented to the clinic with a known history of dry eye disease with exacerbated symptomology that had developed after contracting COVID. He had previously tried many of the first-line treatments including topical cyclosporine, artificial tears, omega-3 fatty acids, warm compresses, and bilateral lower eyelid cautery.

ENTRANCE EXAM

VA was 20/100 OD and 20/500 OS. He had diffuse punctate keratopathy OU with associated corneal haze and grade 2+ nuclear sclerosis OU.

TREATMENT PLAN

I immediately started him on serum tears at 20% concentration six times per day to treat the keratopathy and modulate the corneal haze. I performed bilateral upper eyelid punctal cautery and referred him to be fit in scleral lenses to protect the ocular surface and improve visual acuity. In addition, he was prescribed Xiidra® twice daily and told to continue using artificial tears and warm compresses.

FOLLOW UP

Over the course of a year and a half, his visual acuity improved to 20/20 OD and 20/60 OS with scleral lenses and he had a marked improvement in the keratopathy. However, his scleral lens wear became inconsistent as he experienced symptom relief with the use of autologous serum.

Unfortunately, he had a flare after receiving his COVID booster, so I prescribed a round of topical steroids and increased his serum tears to 40% concentration to improve signs and symptoms. He also began using Tyrvaya® and Ivizia® tears and gel, as he felt he could not tolerate topical lifitegrast.

At his last exam, he reported feeling comfortable and pleased with his current therapies and is also increasing his scleral lens wear.

