

Scleral button graft following acrylic ball prosthesis exposure

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ABSTRACT

Objective: To introduce a novel technique for cases of ball exposure following evisceration and ball implantation. This technique discusses the use of a scleral button as a cap to the remaining scleral funnel to serve as an extra room for the ball implant and consequently allow for ball implant following shrinkage of the already present space.

Methods: Using 2 scleral buttons (obtained following penetrating pkp corneal graft removal) to fashion a cap for the implanted ball. One of the 2 scleral buttons is kept intact as rounded as it is and the other is split in half in a longitudinal fashion and the remains of the corneal tissue is removed. Then the 2 split halves are sutured in an opposite facing fashion using 6/0 vicryl sutures to cover the corneal button gap in the 1st scleral graft. The 1st and 2nd grafts, sutured together, are then used to cover the ball and then sutured to the patient's original sclera using 6/0 vicryl stitches.

Results: The fibrosis induced from using a donor scleral button causes more adhesions to the original sclera and the fashioned scleral buttons, serving as a cap for the implanted ball, solves the problem of the deficit space that was needed to insert a ball with appropriate size in an adequate space and the induced fibrosis ensures its stability.

Conclusion: This technique is used as a safe and effective solution to the shrunken scleral funnel behind the ball and provides an adequate space needed to insert a ball into a narrow space.

BIOGRAPHY

Raslan Ahmed has completed his Msc in ophthalmology in 2011 and has worked exclusively as an Ophthalmology Plastic Surgeon with special interest in orbit reconstruction.