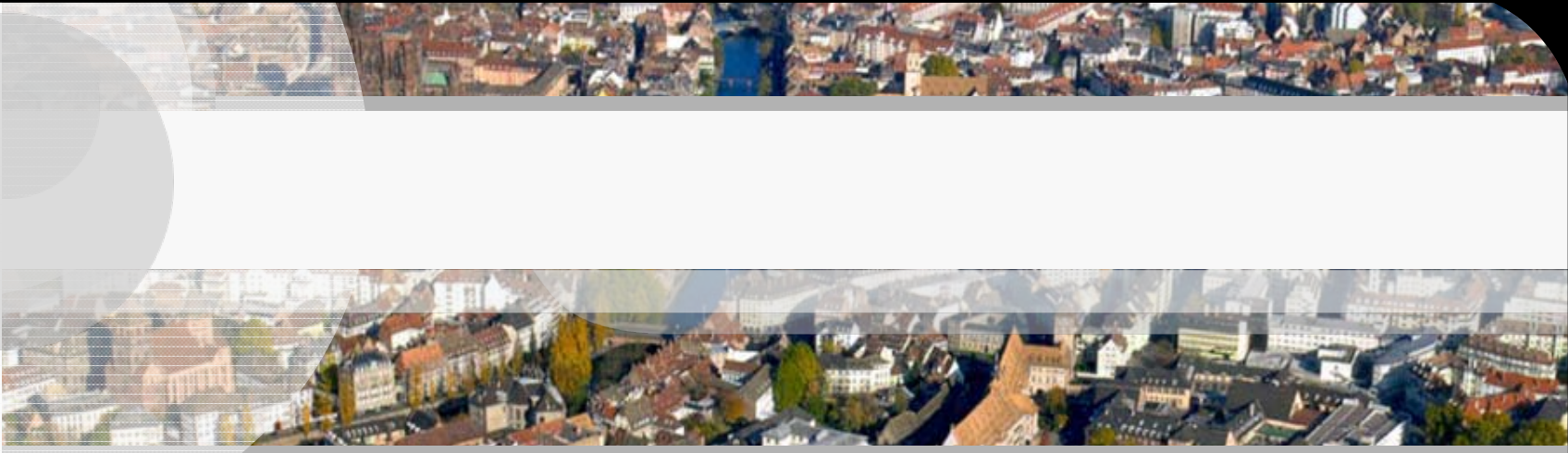




Infections cornéennes

UNIVERSITÉ DE STRASBOURG



Tristan BOURCIER

KERATITE

TRAUMATISME
TOXICITE

INFECTION

SECHERESSE
ALLERGIE
IMMUNITAIRE

Bacteries

98%

Champignons

1%

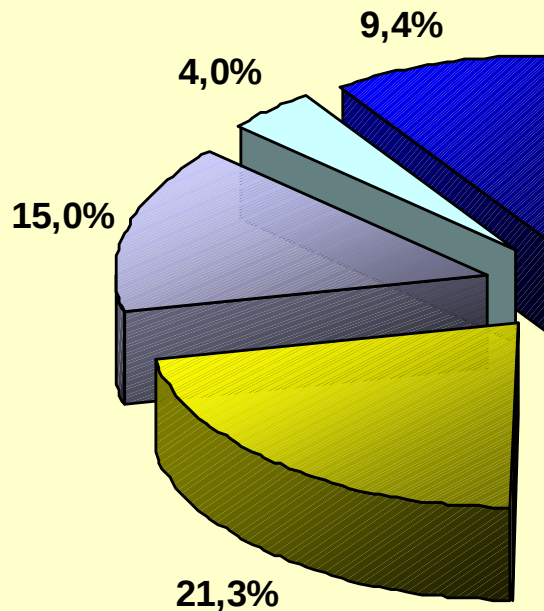
Parasites

1%

Virus

HSV
VZV
ADV
...

Effet mécanique direct
Hypoxie
Hypercapnie
Hyperthermie
↘ circulation du film lacrymal



- Lentilles de contact
- Pathologie oculaire
- Traumatisme
- Chirurgie
- Aucun identifié

Port > 12h, nocturne
Délais de renouvellement dépassés
Décontamination absente
Contact eau robinet / piscines
Mains & Boîtiers sales

MESSAGE # 1/3

Risk Factors for Microbial Keratitis with Contemporary Contact Lenses

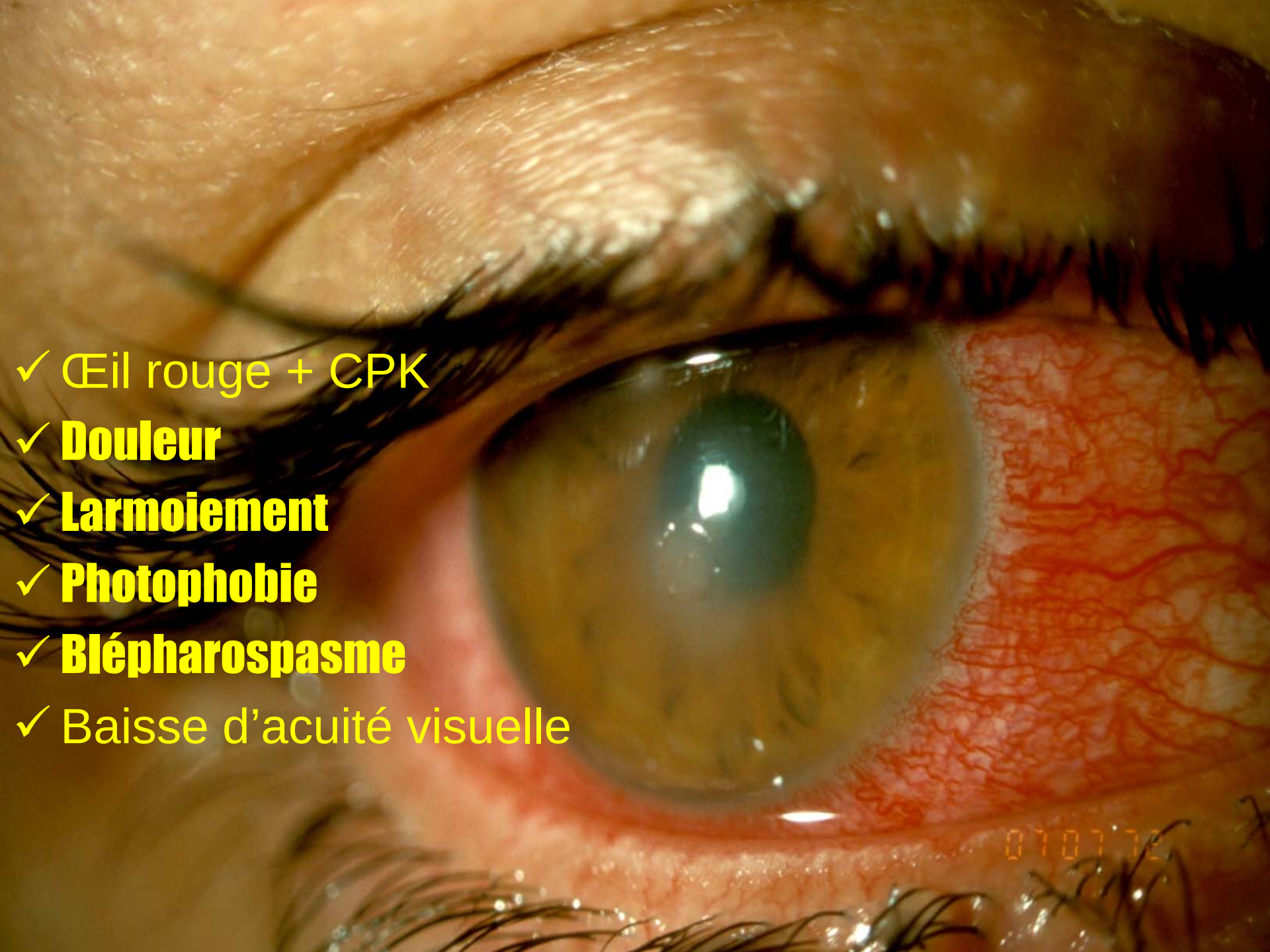
A Case-Control Study

Conclusions: The risk of MK has not been reduced in users of DD and silicone hydrogel CLs. However, vision loss is less likely to occur in DD than in reusable soft CL users. Different brands of CL may be associated with significantly different risks of keratitis; understanding these differences should lead to the development of safer soft lenses. These findings suggest that lens/ocular surface interactions may be more important in the development of corneal infection than oxygen levels and CL case contamination.

vision loss is less likely to occur in DD than in reusable soft CL users. Different brands of CL may be associated with significantly different risks of keratitis; understanding these differences should lead to the development of safer soft lenses. These findings suggest that lens/ocular surface interactions may be more important in the development of corneal infection than oxygen levels and CL case contamination.

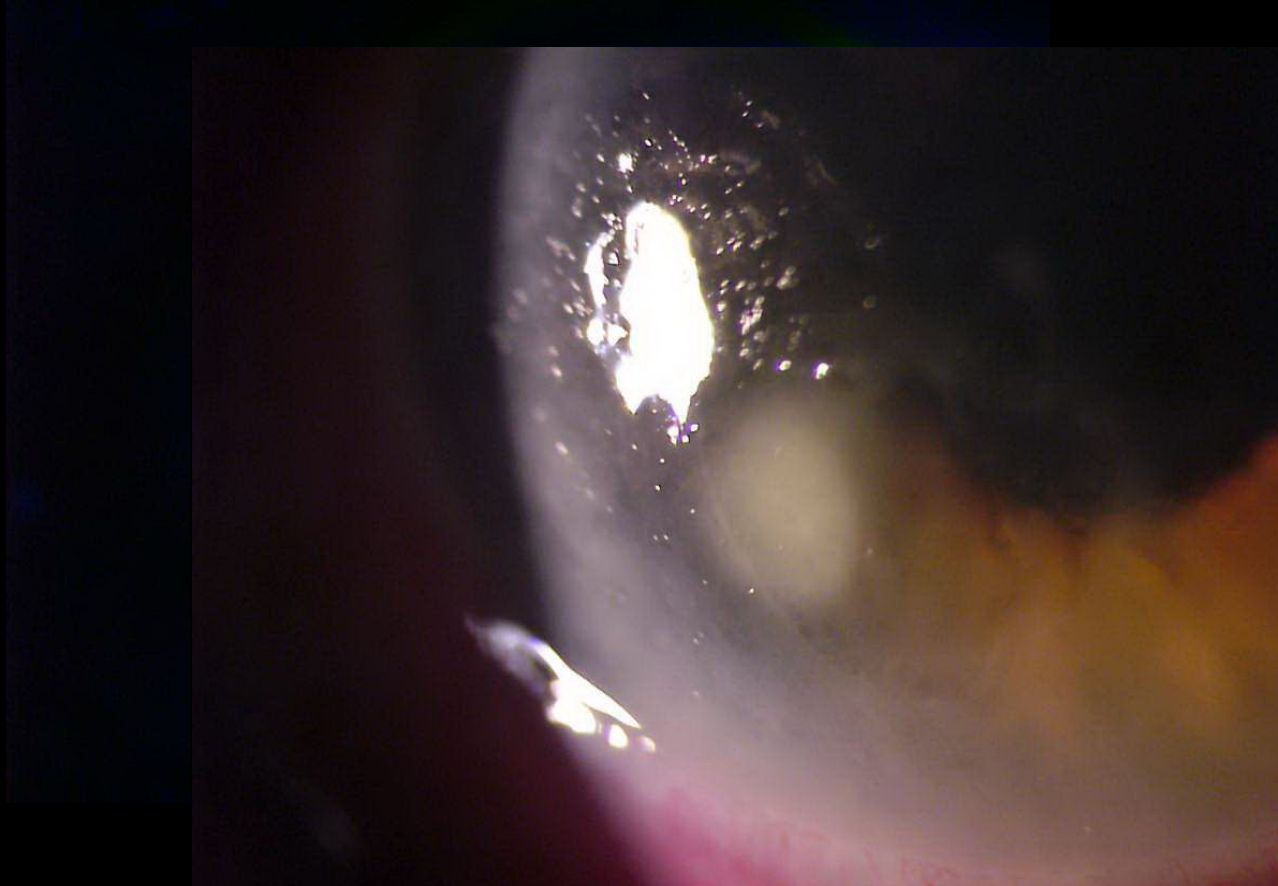
Financial Disclosure(s): The authors have no proprietary or commercial interest in any materials discussed in this article. *Ophthalmology* 2008;115:1647–1654 © 2008 by the American Academy of Ophthalmology.



- 
- A close-up photograph of a human eye. The sclera (white part) is visible, showing significant conjunctival injection, which is the redness caused by dilated blood vessels. The iris is a light brown color. The eyelids are slightly swollen, and there is visible tearing on the lower eyelid. The eyelashes are dark and long. The overall appearance suggests an acute inflammatory condition of the eye.
- ✓ Œil rouge + CPK
 - ✓ **Douleur**
 - ✓ **Larmoiement**
 - ✓ **Photophobie**
 - ✓ **Blépharospasme**
 - ✓ Baisse d'acuité visuelle

070772

Examen à la lampe à fente



Les **3** questions essentielles

- Facteurs de risque
- Diagnostic clinique
- Diagnostic microbiologique
- Traitement
- Evolution
- Pronostic

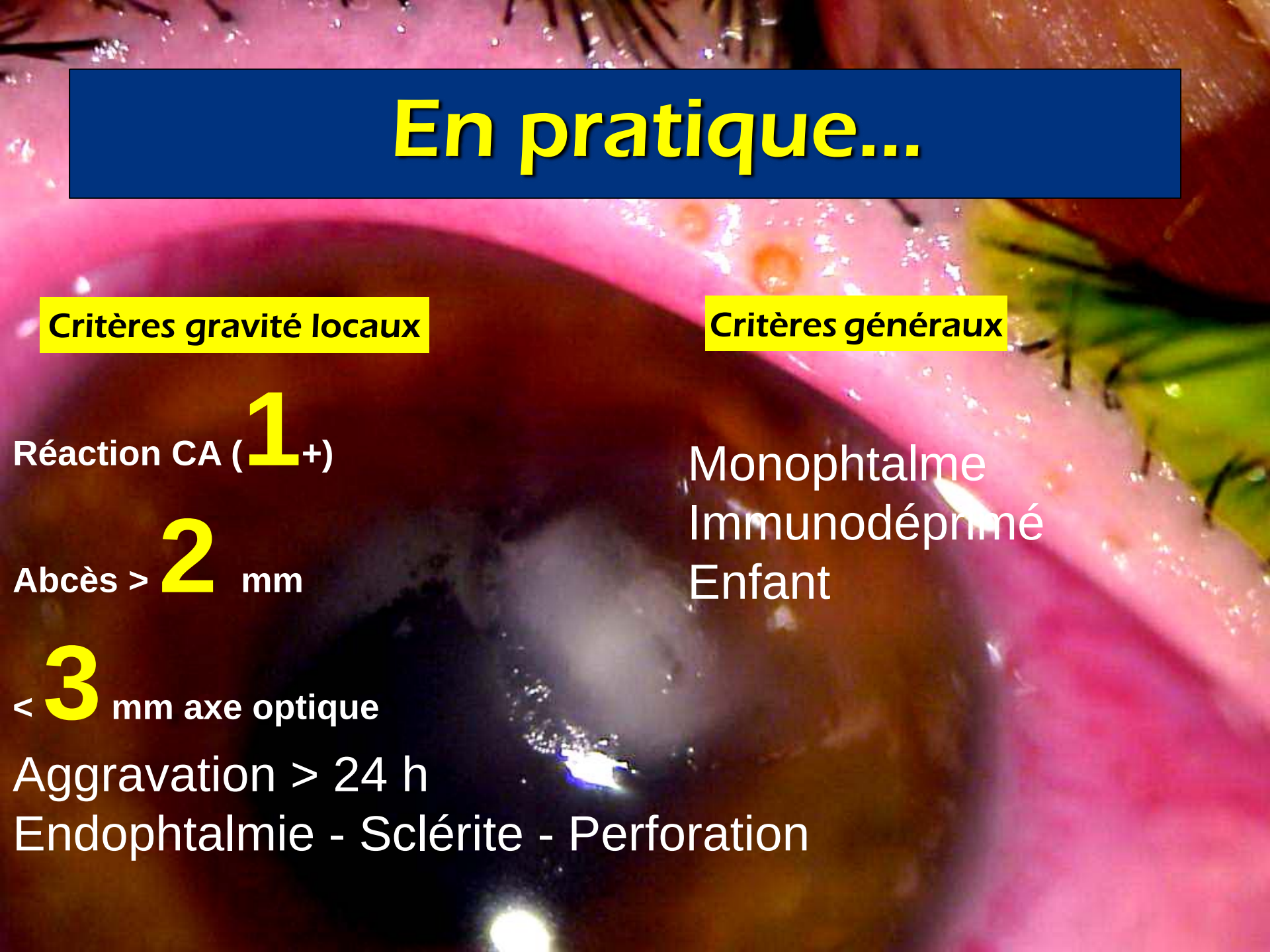
1) Faut il prélever ?

2) Quels antibiotiques ?

3) Hospitalisation ?

En pratique...

Critères gravité locaux

Réaction CA (**1**+) 

Abcès > **2** mm

< **3** mm axe optique

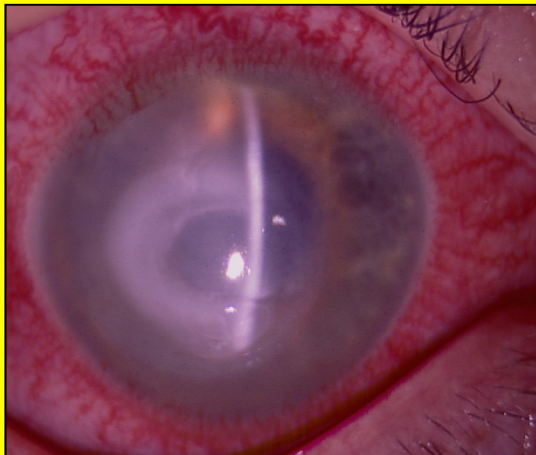
Aggravation > 24 h

Endophtalmie - Sclérite - Perforation

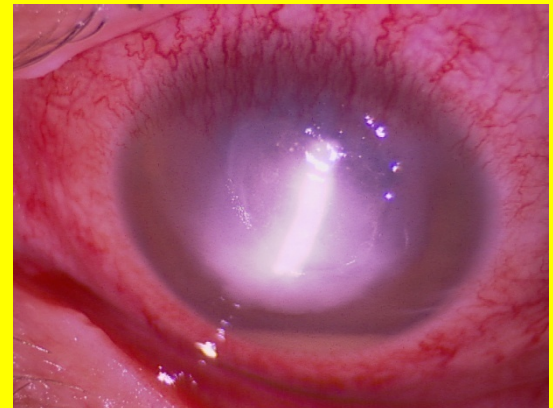
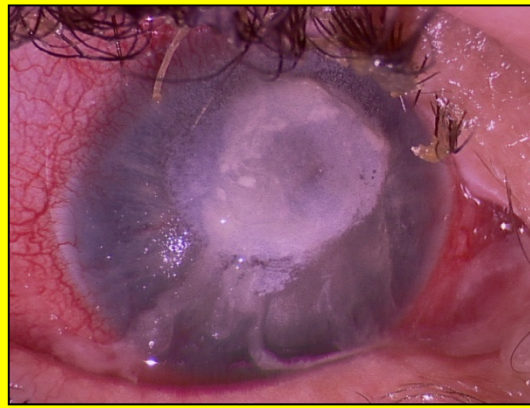
Critères généraux

Monophtalme
Immunodéprimé
Enfant

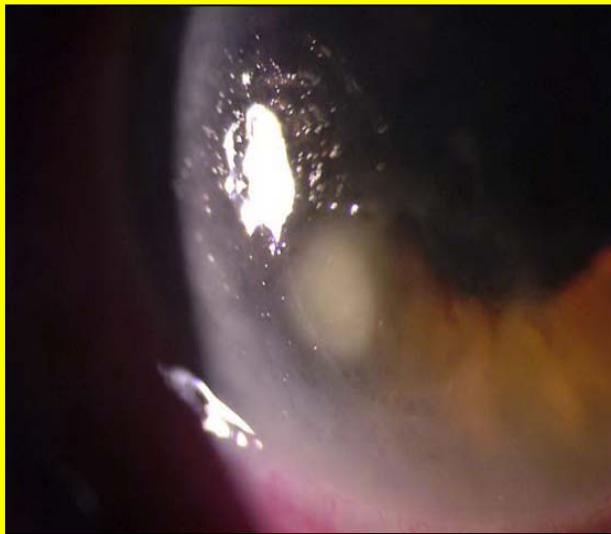
Abcès menaçant la vision (123+)



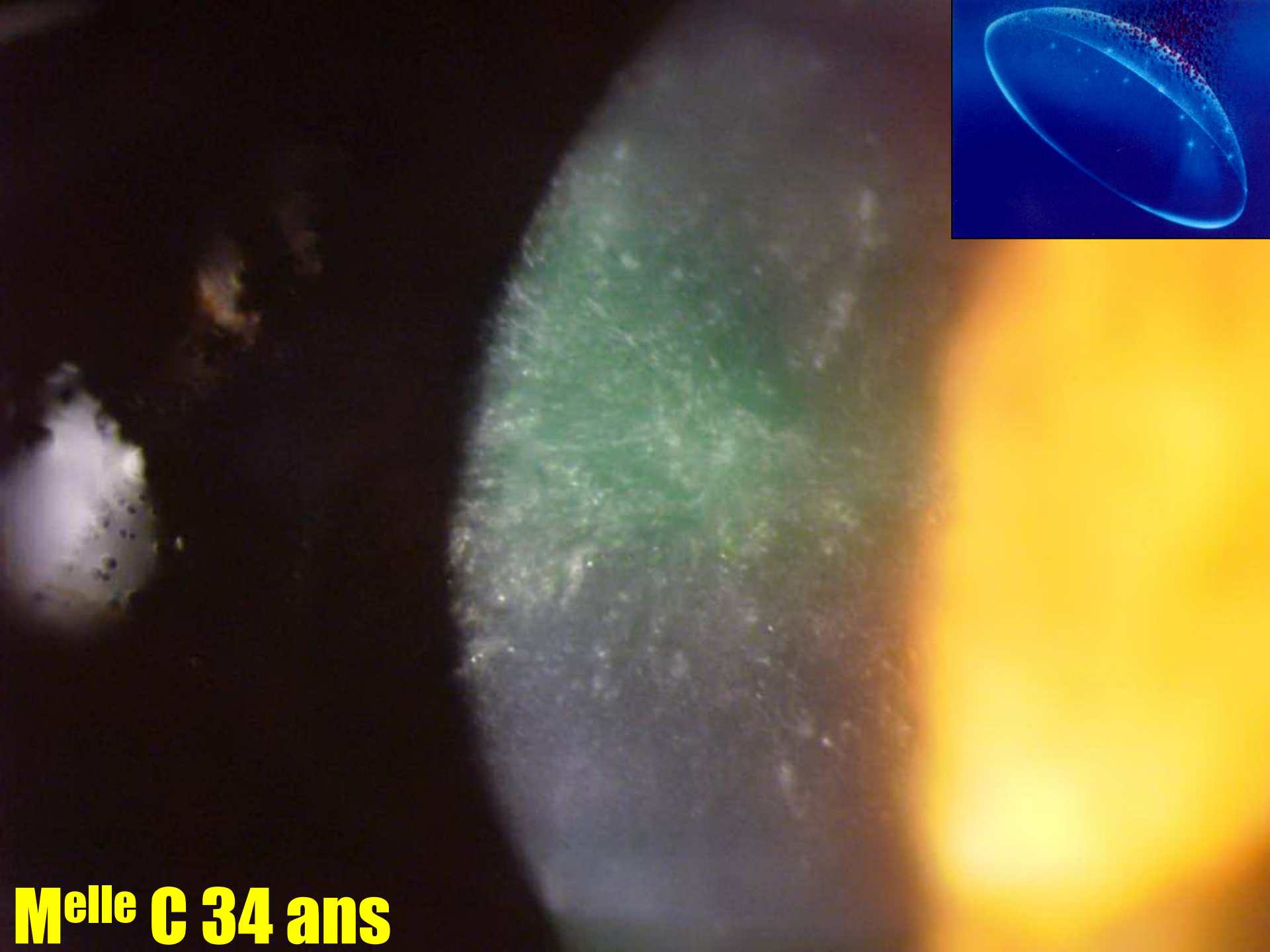
- 1) Grattage cornéen
- 2) Collyres renforcés horaires
- 3) Hospitalisation



Abcès ne menaçant pas la vision (123-)

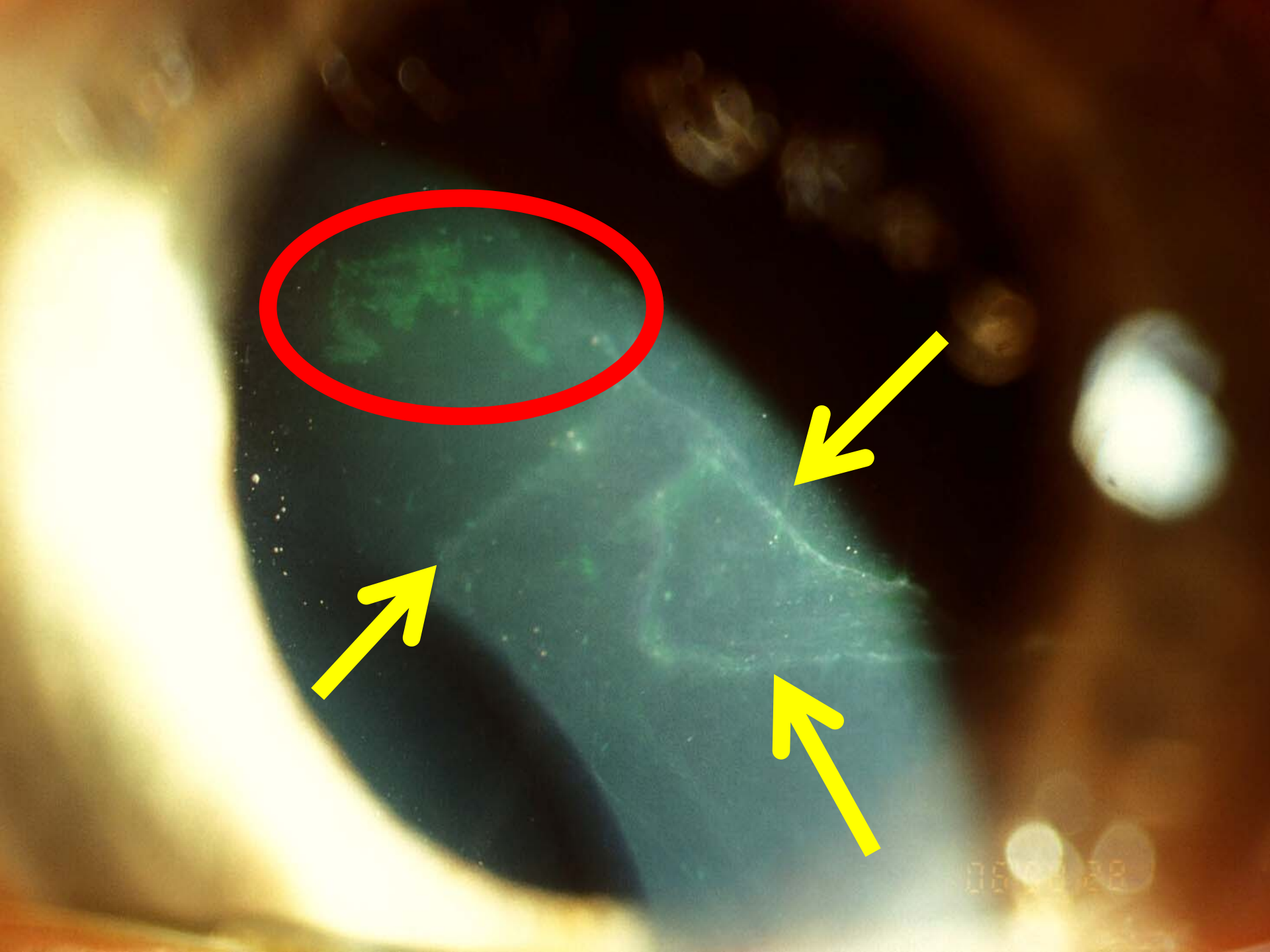


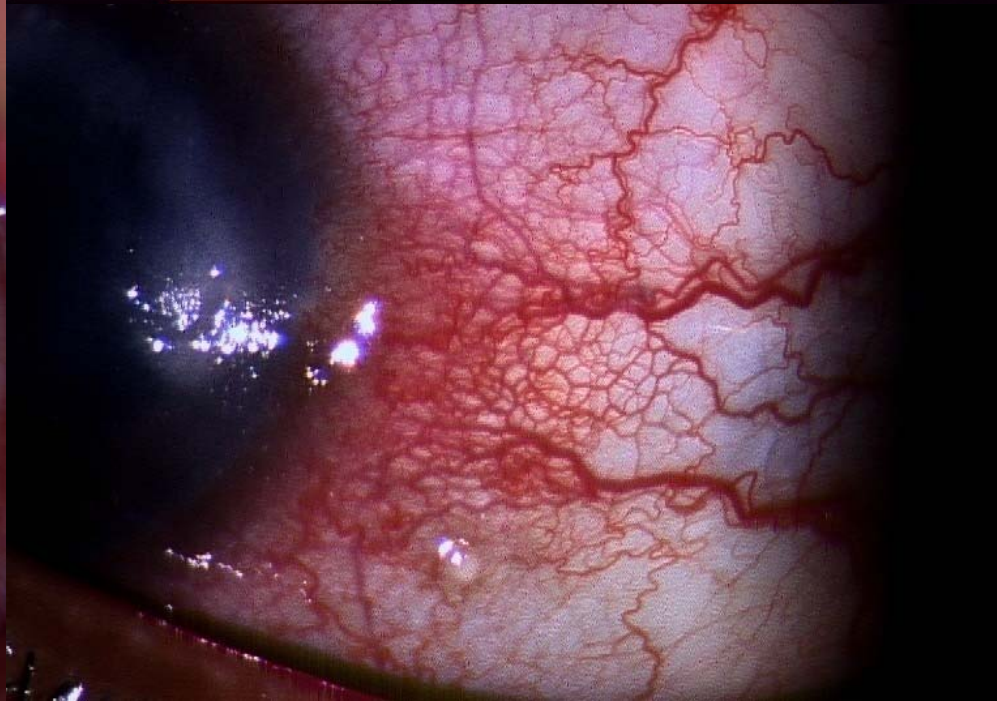
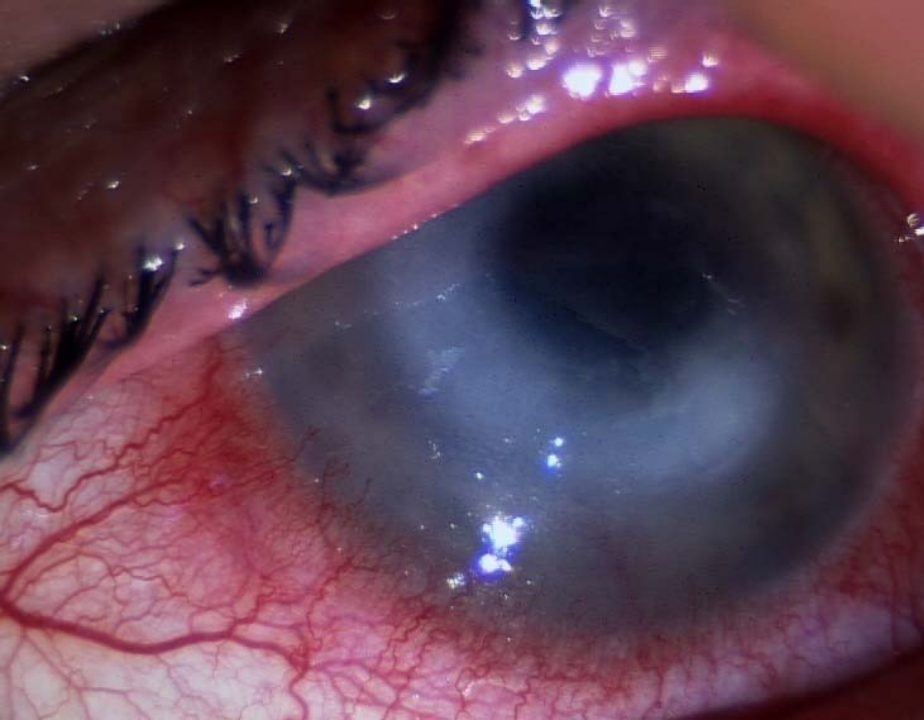
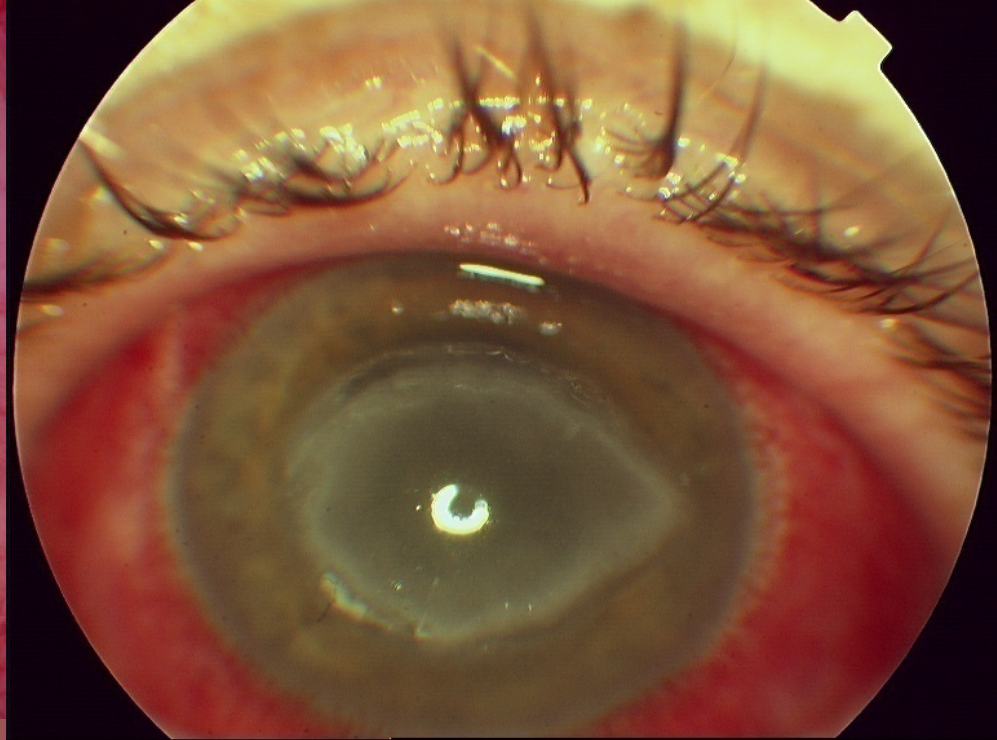
- 1) Grattage non impératif**
- 2) Quinolone +**
- 3) RV de CS à 48 heures**



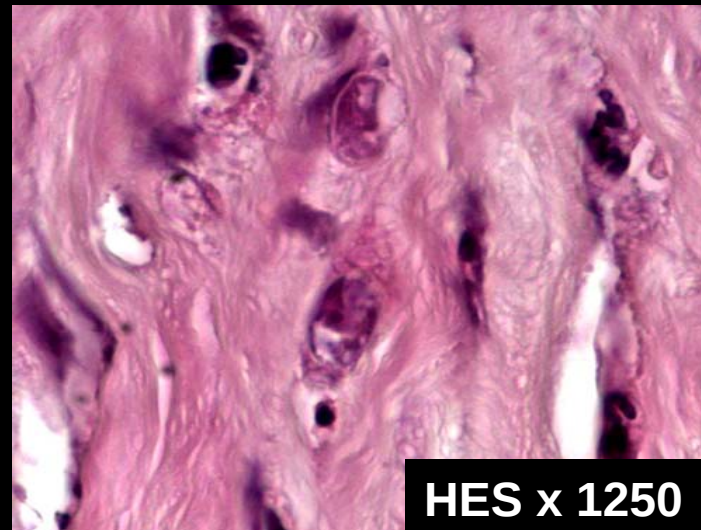
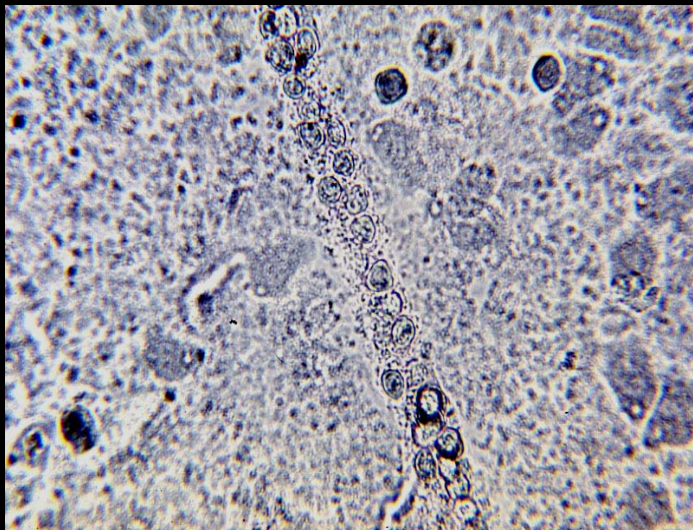
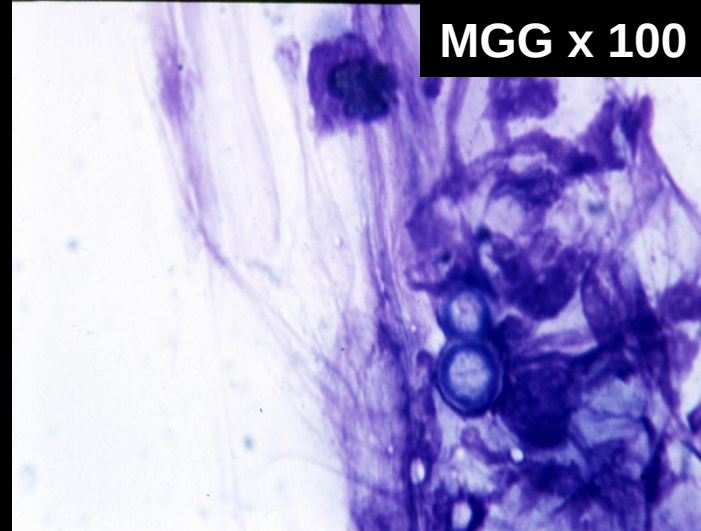
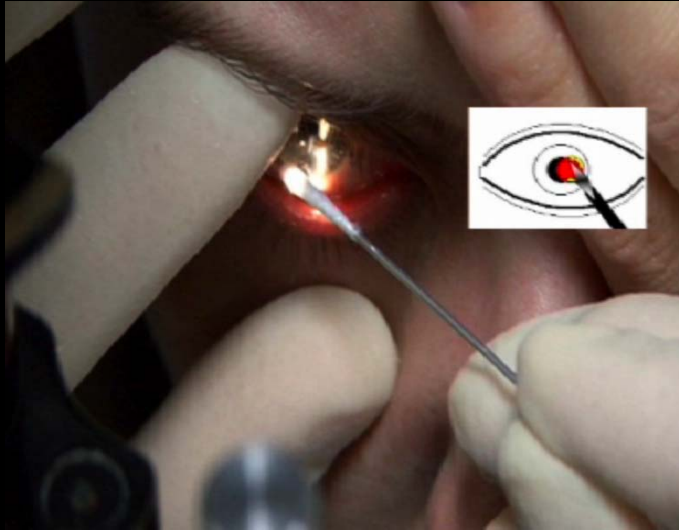
M^{elle} C 34 ans







Diagnostic microbiologique

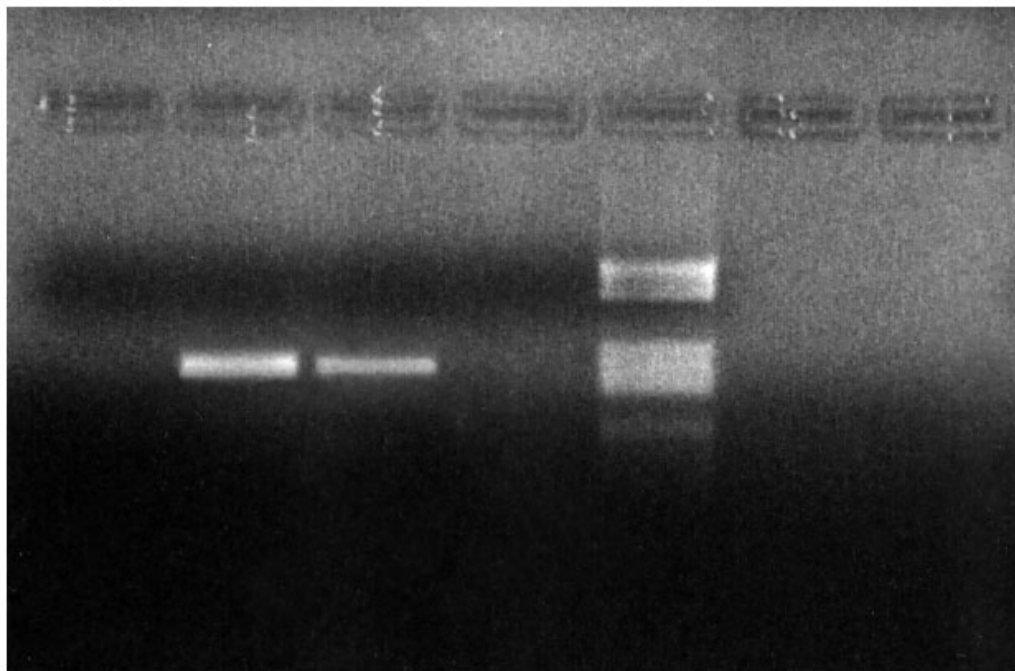




Témoin
négatif

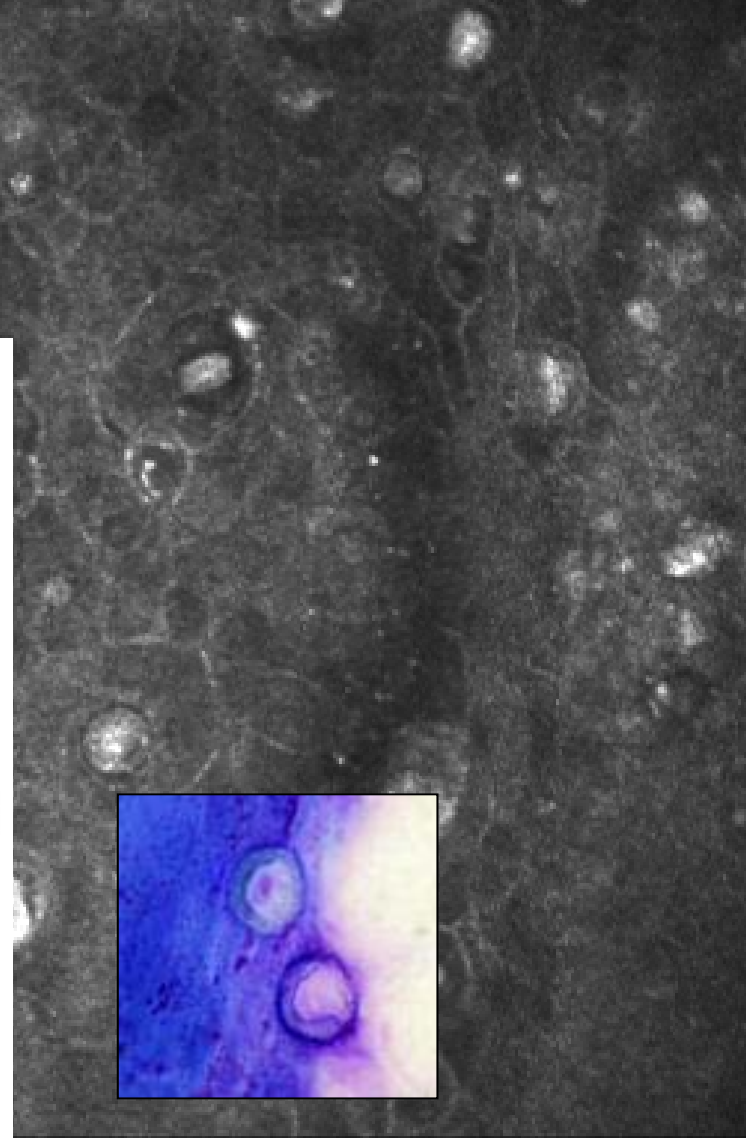
Patient

V



229 pb

Témoin
positif



Cornea Section [13], 21/07/2004, OS

1 / 1: -11 μ m

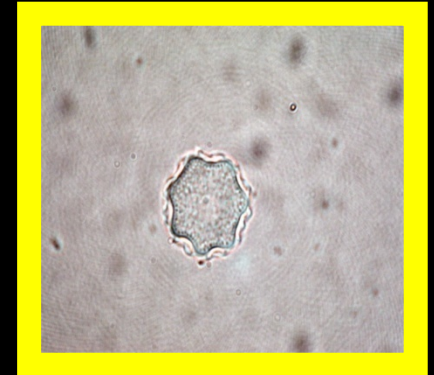
HEIDELBERG
ENGINEERING

Activité in vitro

Trophozoïtes



Kystes



Biguanides

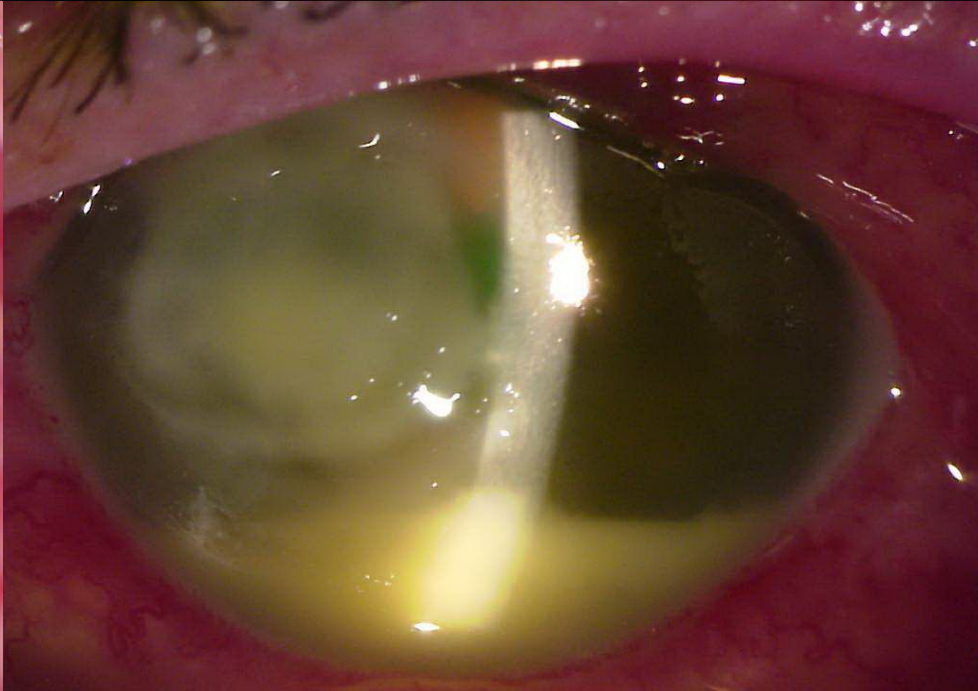
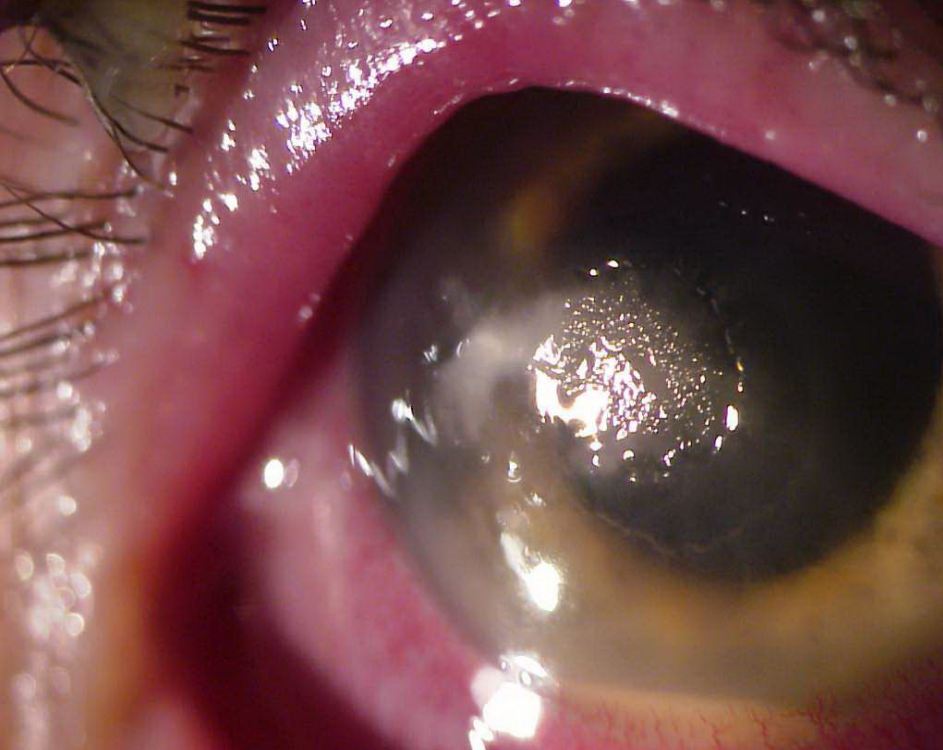
PHMB	+++	+++
Chlorhexidine	+++	+++
Picloxydine (Vitabact®)	+++	+

Diamidines

Propamidine (Brolene®)	+++	+
Hexamidine (Désomédine®)	+++	+

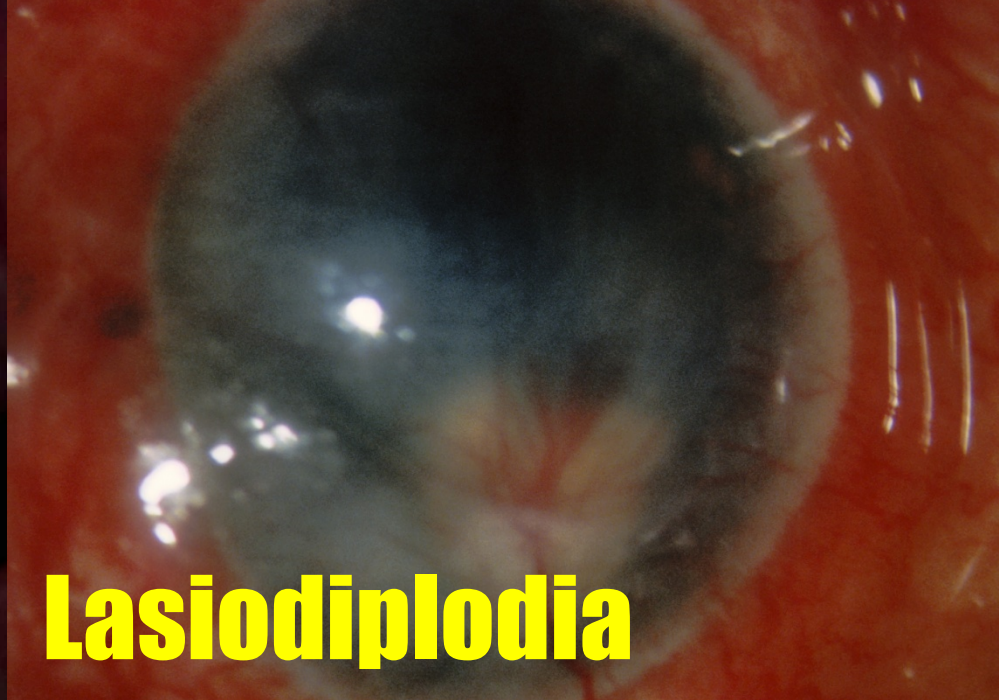
Fusarium



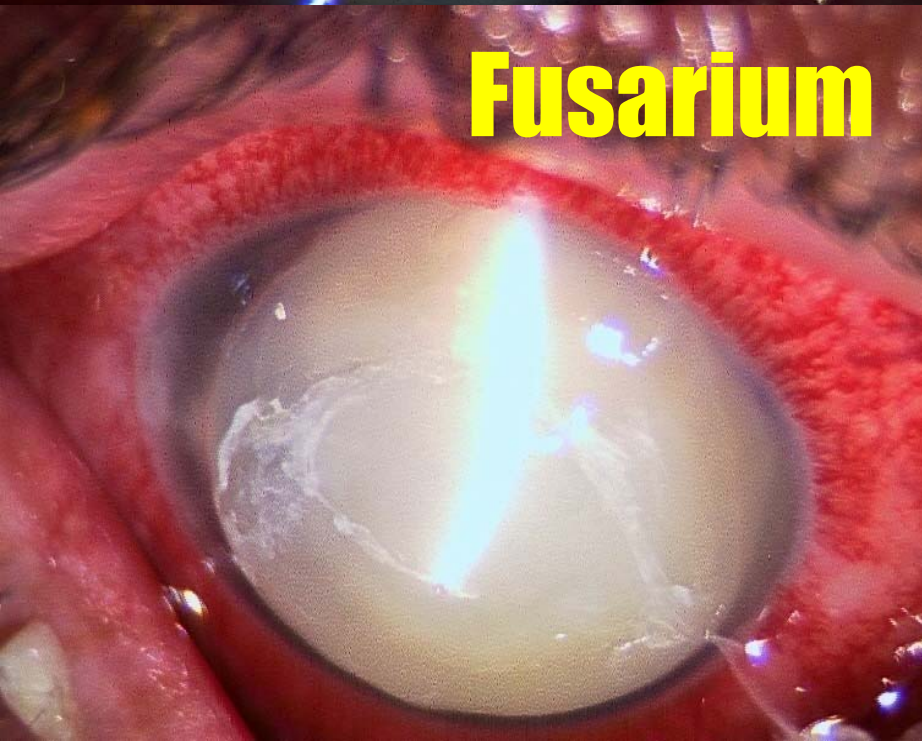




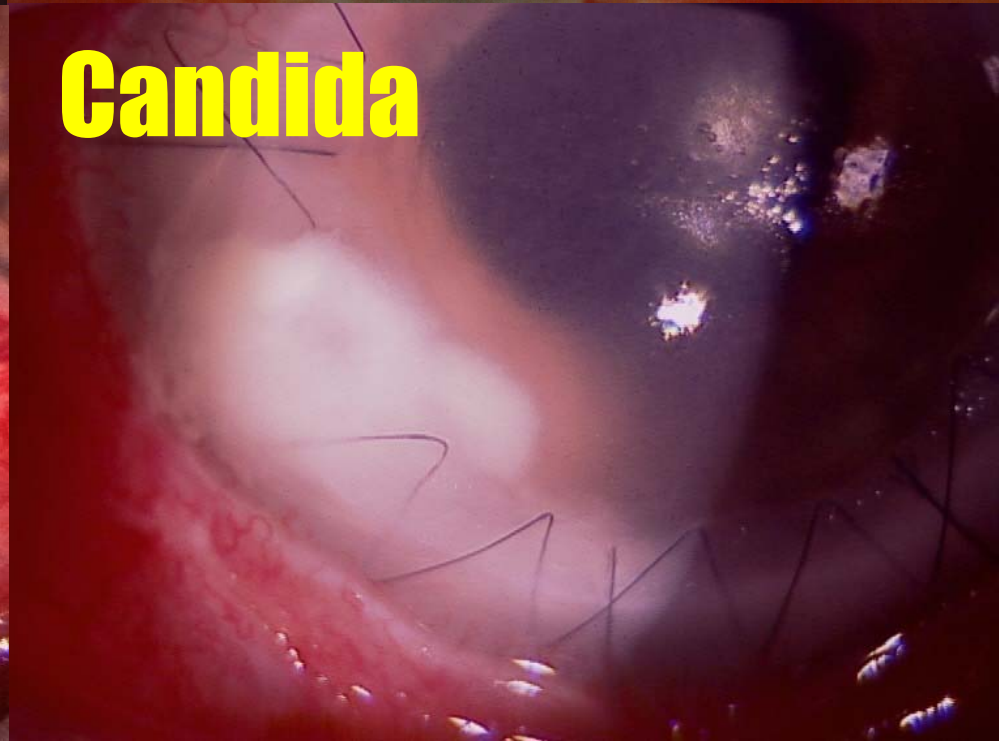
Aspergillus



Lasiodiplodia

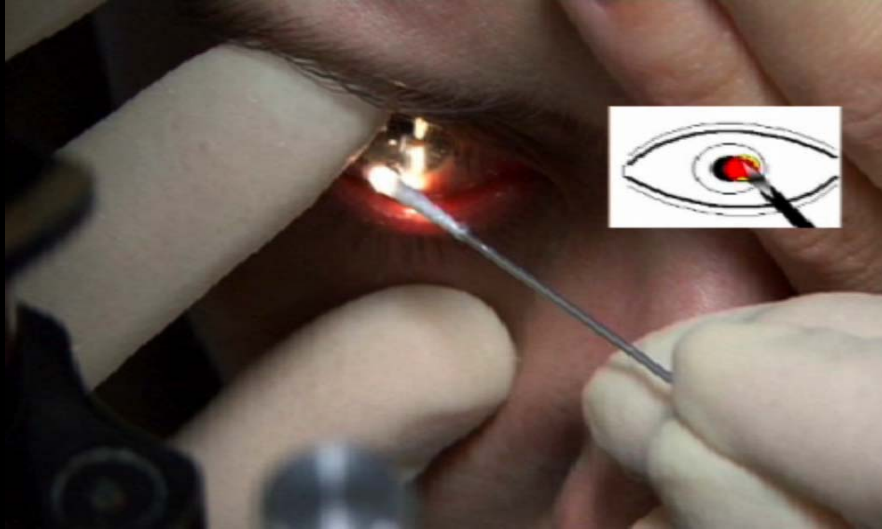


Fusarium

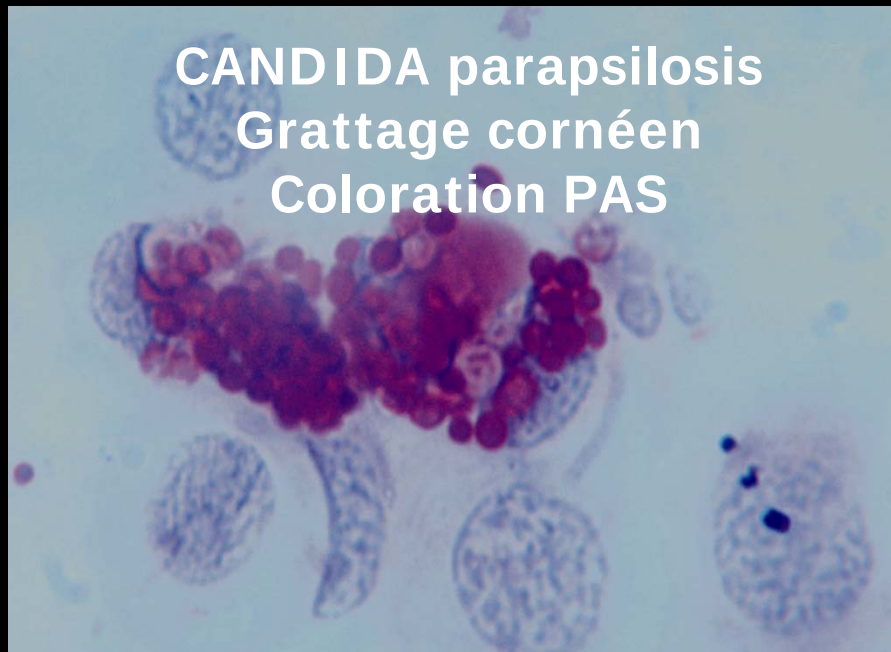


Candida

Ag microbiologique



FUSARIUM



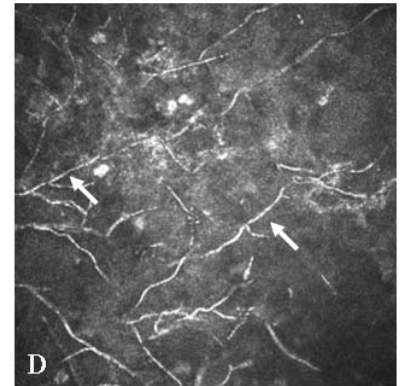
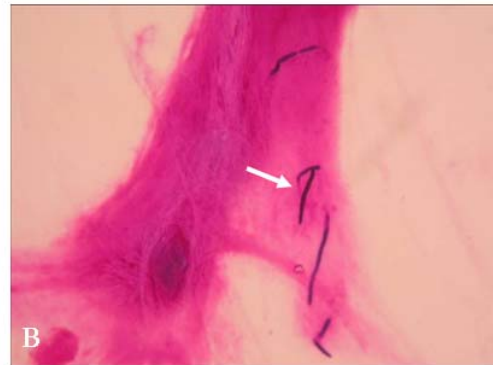
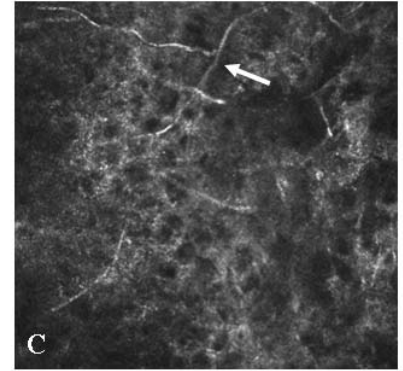
CANDIDA parapsilosis
Grattage cornéen
Coloration PAS



ASPERGILLUS
Sabouraud

3 J à 3 SEM

HRT II module cornée



Antifongiques

CANDIDA

FUSARIUM

Famille		Nom (DCI)
Polyènes		Amphotéricine B Natamycine
Azolés	Imidazolés	Miconazole Kétoconazole
	Triazolés	Fluconazole Itraconazole Voriconazole
Pyrimidines		Flucytosine
Echinocandines		Caspofongine

Fungizone

Natamycine

Triflucan

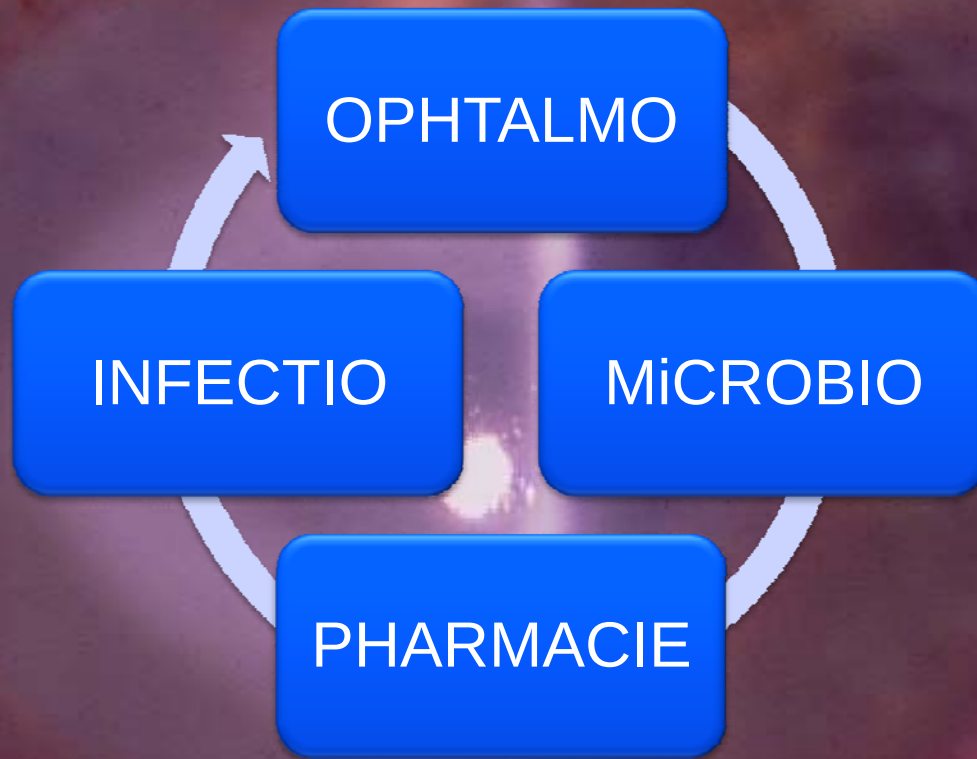
Sporanox

Vfend

Cansidas

ASPERGILLUS

MESSAGE # 2/3

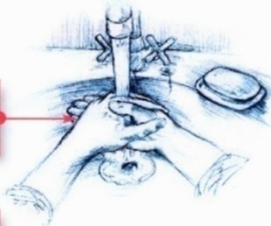


MESSAGE # 3/3

VOUS PORTEZ DES LENTILLES DE CONTACT : VOICI LES RÈGLES D'OR DE BONNES PRATIQUES

AU QUOTIDIEN les 8 règles d'or de la bonne pratique

1 Lavez-vous les mains avec du savon et séchez-les bien avant la pose et le retrait des lentilles.



2 Massez chaque face de vos lentilles avec votre solution d'entretien pendant 30 secondes puis rincez-les avec celle-ci. Remplissez votre étui et laissez tremper vos lentilles pendant au moins 6 heures (sauf si vous utilisez une solution oxydante).



3 Nettoyez toujours vos lentilles à l'aide de votre solution d'entretien, (n'utilisez jamais d'eau du robinet, de salive ou de sérum physiologique. Rebouchez le flacon après chaque utilisation).



4 Évitez le contact avec des substances irritantes (fumée de cigarette, produits chimiques).



5 Une solution d'entretien, une fois ouverte, se conserve entre 1 et 3 mois selon le fabricant. Passé ce délai : jetez le flacon, même s'il n'est pas vide.



6 Une fois vos lentilles posées, videz entièrement l'étui, nettoyez-le avec votre solution d'entretien et laissez-le sécher ouvert à l'air libre (ne mélangez jamais de la solution fraîche à du produit déjà présent dans le boîtier).



7 Pensez à changer régulièrement votre étui ! (si possible tous les mois).



8 Entreposez vos lentilles à distance d'un point d'eau (lavabo, baignoire, douche) car de nombreux germes y prolifèrent.

