CASE RECORD : Severe chemotic reaction to eyelash treatment

You are presenting this case on behalf of a colleague. Chatham House rules apply but the patient and practitioners are not present. You must facilitate a discussion about the case.

Try and encourage the group to explore:

1. Type of allergic conjunctivitis
    3. 1. SAC
        2. PAC
        3. VKC
        4. AKC
        5. GPC?
        6. Drug/Chemical Allergy
2. Types of Gell Coombs reactions
    a. Type I, Type II, Type III, Type IV
3. What is in the patient's best interest
4. Conservative Treatments
    a. Cold Compresses, Mast Cell Stabilisers, Anti-histamines, Combo – Olpatadine,
5. Steroids
    a. Is it ever legitimate to use.
        i. Choice (FML)
    b. What considerations may influence their use
        i. Severity, Duration, Risks of vision compromise (AKC, VKC), Confirmation no infective agent present
    c. Can non-IP optometrists,CLPs prescribe POM (Olopatadine, FML) and how.
6. The importance of increasing our armoury of confidence, skills and therapeutic agents
7. Types of response. Drug/chemical responses are not Type I IgE responses so a papillary response would not be expected. Chemical is too small to induce immune response in isolation but can act as hapten and bind to a self-protein which is recognised as foreign. More of a delay and may be a Type IV Delayed Type hypersensitivity.
8. The majority (75 to 80 %) of adverse drug reactions are caused by predictable, non-immunologic effects.
    a. Irritant dermatitis, Epithelial Dessication, Drug Toxicities
9. Easily resolved in practice but much harder without steroids. Px was in real distress and needed rapid resolution, particularly as she was paying for the privilege.
10. The need to take a comprehensive case history to identify triggers/patterns and medical predisposition (Atopy, general allergy, medication)
    a. The importance of patient education for avoidance

The goal is to consider our evolving roles and responsibilities. Clinical responsibilities to patients and practice structures and procedures to remain safe.

Competency 1: Communication

- 1.1.1 Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements.
- 1.1.2 Elicits the detail and relevance of any significant symptoms.
- 1.2.4 Explains to the patient the implications of their pathology or physiological eye condition.

Competency 2: Professional Conduct

- 2.2.6. Makes an appropriate judgement regarding referral and understands referral pathways.

Competency 3: Ocular Examination

- 3.1.2 Uses a slit lamp to examine the external eye and related structures

Competency 6: Ocular Disease

- 6.1.1. Understands the risk factors for common ocular conditions.
- 6.1.2. Interprets and investigates the presenting symptoms of the patient.
- 6.1.3. Develops a management plan for the investigation of the patient.
- 6.1.4. Identifies external pathology and offers appropriate advice to patients not requiring referral.
- 6.1.5. Recognises common ocular abnormalities and refers when appropriate.
- 6.1.7. Manages patients presenting with red eye/s.
- 6.1.11. Understands the treatment of a range of common ocular conditions.

Record Card
Day 1

19 year old non spectacle wearer

General Health Excellent

- Oral Contraceptive,
- No known Allergies
- No Hayfever
- General Health good.
    - No medications

- Non-Smoker, Social Drinker

Symptoms and history

Unscheduled appointment, aware of charge

Bilateral very red itchy eyes since false eyelashes and lash colour put on 3/7 ago.

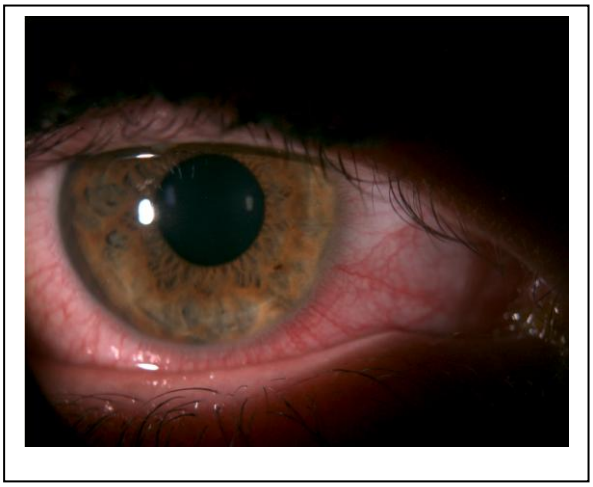
GP Rxd systemic anti-histamine and opticrom. No better and very concerned about cosmesis as much as ocular comfort.

Not happy about fee but very concerned about eyes.

Clinical examination

VA 6/6 R&L, Pupils normal, Tensions R 17, L 17 icare

- Slit lamp
  - Severe conjunctival hyperaemia and chemosis



  - Evert lids – palpebral conjunctiva smooth.
  - No Corneal staining
  - AC clear

Diagnosis and Management

Allergy to a chemical in lash treatment.

Differential?

Clinical Management Plan

General Advice

FML qid Rxd.

Review in 2/7

Advised to return earlier if symptoms worsen

Review 2 Days later

Symptoms and history

Scheduled Review

Ocular comfort significantly better, cosmesis excellent.

Clinical examination

CCLRU conjunctival hyperaemia 2. Taper FML and discharge

Icare 15, 15

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FLUOROMETHOLONE

Indications local treatment of inflammation (short-term)