

"Cherry Eye" Dilemma Revisited

Ken Abrams, DVM, DACVO
Warwick, Rhode Island



Case Presentation

- 4 year old Lhasa Apso- male/neutered
- Initial Exam- November 9, 2009
- History:
 - Gland prolapse O.D. > 2 years
 - Mucus regularly- owner cleans.
- Exam findings:
 - STT: OD-7 mm/min; OS-20 mm/min
 - OD- vessels, pigment, facet
 - OD- prolapsed NM gland- pigmented conjunctiva.
- Rx: Tacrolimus OD TID and NPD OD TID

Follow-Up

- 2 months later: STT- OD: >20mm/min OS: >20mm/min
 - Cornea clearing!
 - Decreased treatment to tacrolimus only qd.
- Re-scheduled appts several times and rechecked 10 months after initial exam:
 - September, 2010: STT: OD- 16 mm/min and owner reports some mucus
 - Increased tacrolimus to BID; recheck in 6 months.
- April, 2011 exam: STT: O.D.-3 mm/min; OS> 20/mm/min
 - Emphasized compliance with medications! Recheck in 2 months. Add pred.
- May, 2011 exam: STT: OD- 7mm/min ; OS>20mm/min
- November, 2011 exam: STT: 14 mm/min; OS> 20mm/min

Questions...

1. Would you replace the gland if it's been prolapsed long enough to result in KCS?
2. If so, do we have evidence that KCS will resolve after surgery and patient will no longer need medications?
3. If KCS persists after replacement of gland, did we just do a cosmetic surgery? Justified?
4. Discussion with Brian Wilcock: Suggests that to determine if surgery was beneficial, would need to biopsy pre-replacement and then compare to post-replacement biopsy...obviously, difficult to perform?