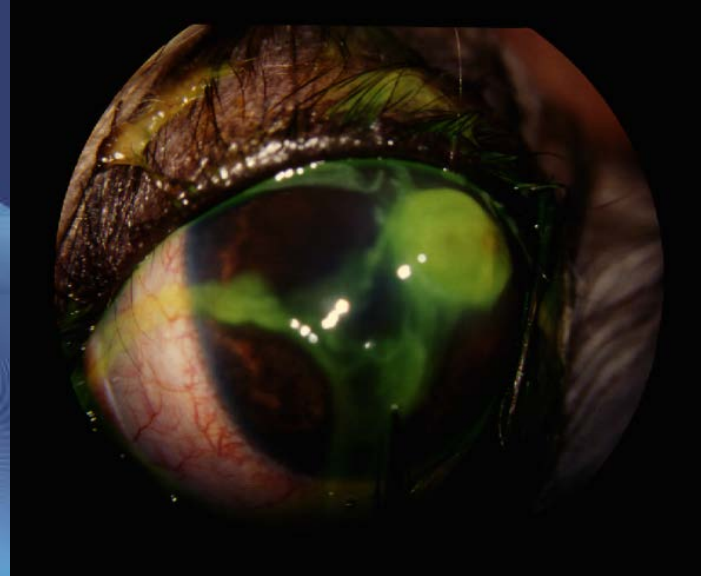


Contralateral KCS Syndrome ("C.K.S.")

Ken Abrams, DVM, DACVO

Veterinary Ophthalmology Services, Inc.

Warwick, Rhode Island



Case Presentation

- 2 year old Pug- N/M
- Initial exam- October 31, 2011
- History: Squinting OS x 5 days; Mucus- OU
- Exam Findings:
 - STT: OD- 7 mm/min; OS- 20 mm/min
 - Cornea: OD- Dry tear film; OS- central melting ulcer with half stromal thickness missing.
- Treatment: Severins and Cyclosporine-1% OS.
- Recheck- November 11, 2011
 - Cornea: Healed ulcer OS with only small focal opacity
 - STT: OD- 16 mm/min; OS- 20 mm/min
 - Finish medications and then no further treatment.

Observations & Questions

- Why is STT lower in contralateral eye at presentation?
 - Physiological/Anatomical Explanation?
- How does STT return to normal when diseased eye is 'fixed' with either medication, surgery, or even enucleation?
 - Physiological? Cyclosporine systemic absorption?
 - If cyclosporine, why doesn't STT decrease after cyclosporine is completed?
- Patients continue to do well with no recurrence of decreased STT on future visits (other cases).

