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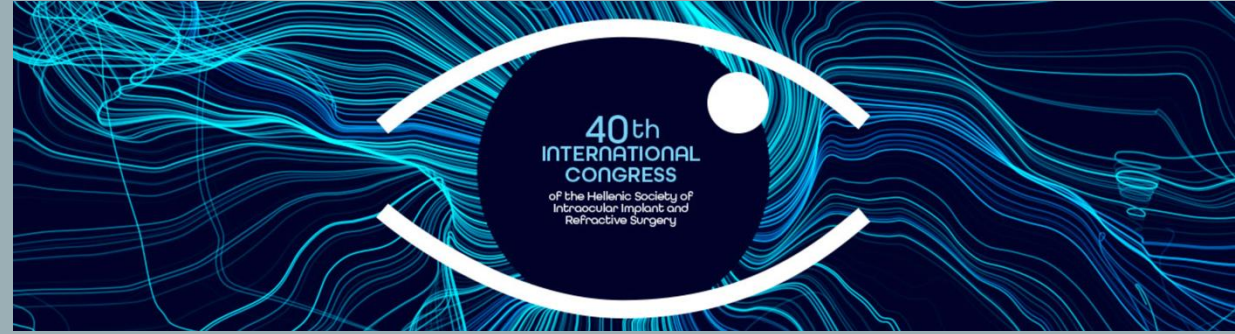
FROM PLACIDO TO PENTACAM

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Purpose:

To describe a case of early bilateral keratoconus in a young adult with 10/10 best-corrected visual acuity (BCVA), where subtle Placido topography changes led to Pentacam confirmation of ectasia and influenced management.

Methods:

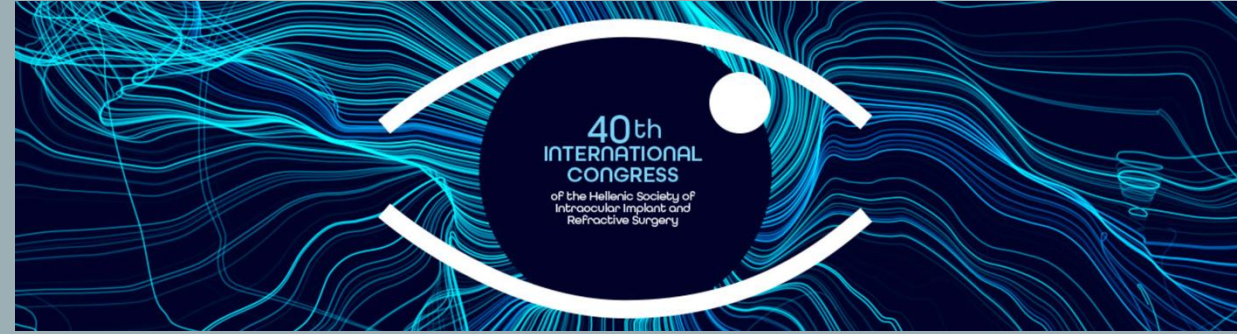
A 32-year-old female attended for routine refractive assessment. BCVA was 10/10 in both eyes with mild myopic astigmatism and unremarkable slit-lamp and fundus examination. Screening Placido topography showed asymmetric bow-tie pattern with inferior steepening. Scheimpflug tomography (Pentacam) was performed to evaluate possible ectasia.

Results:

In the right eye, axial curvature showed asymmetric inferior steepening with K readings around 42–48 D and regular but non-orthogonal astigmatism. Thinnest pachymetry was approximately 470 μm with abnormal Belin/Ambrósio indices and altered CTSP/PTI profiles, consistent with early keratoconus. The left eye showed a similar, slightly less pronounced pattern with thinnest pachymetry just under 500 μm and elevated ectasia indices, confirming bilateral involvement. Despite preserved BCVA and minimal subjective symptoms, the tomography clearly differentiated true ectasia from simple with-the-rule astigmatism.



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Conclusions:

This case illustrates that minor irregularities on Placido topography in an asymptomatic patient with excellent BCVA may be the first sign of clinically significant ectasia. A stepwise approach “from Placido to Pentacam” allowed early diagnosis of bilateral keratoconus before visual loss. Structured follow-up with predefined progression criteria was chosen over immediate cross-linking, emphasizing the importance of combining screening topography with tomography-based risk assessment in everyday anterior segment practice.

