

Superficial punctate
keratitis of Thygeson (SPKT)
in a male 44 years old
patient.
Case report.

D. Miltsakakis¹, M. Philip²

- 1) Ophthalmological Institute of
'OMMA'.
- 2) Private office

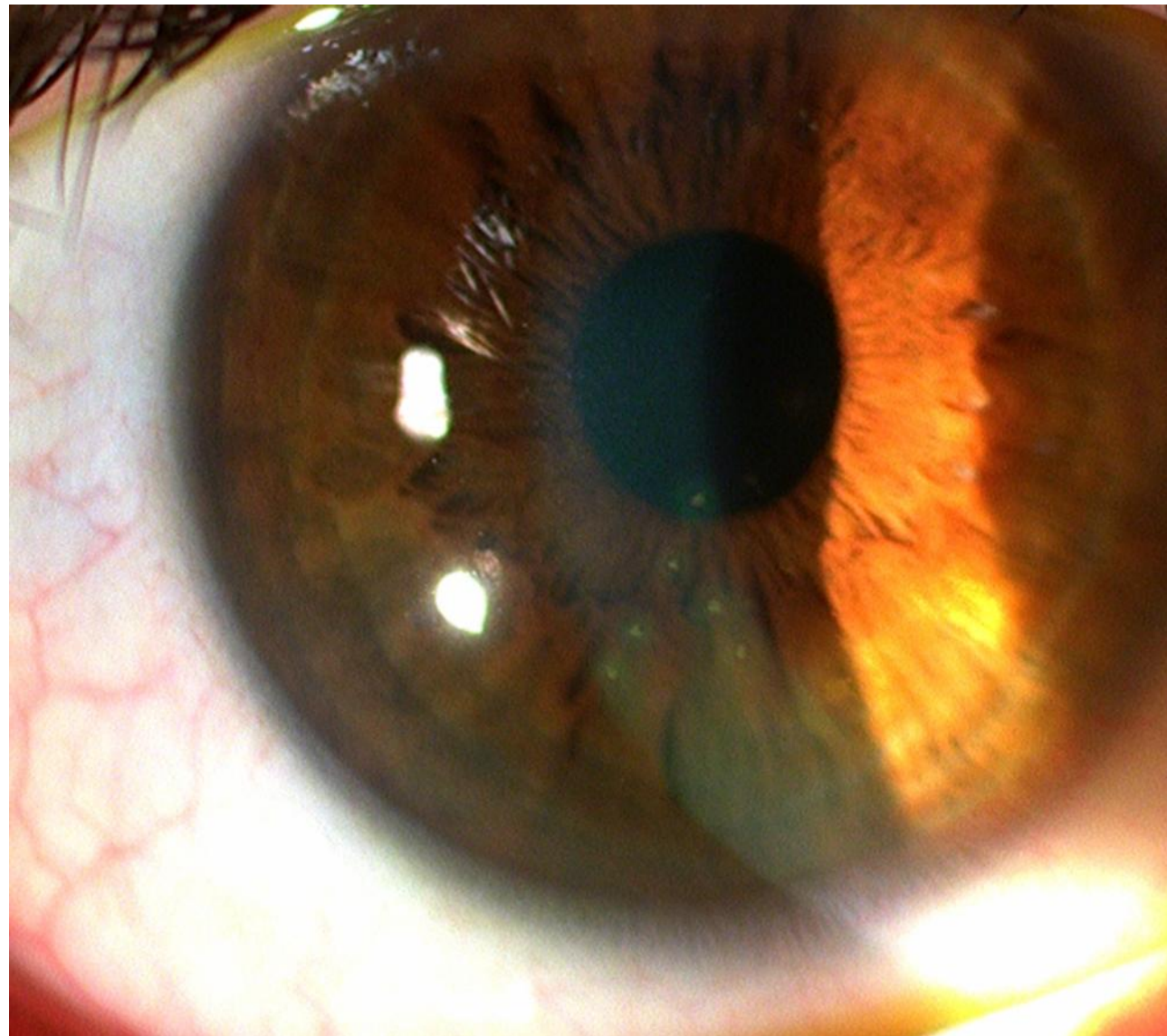




- THERE IS NOT CONFLICT OF INTEREST

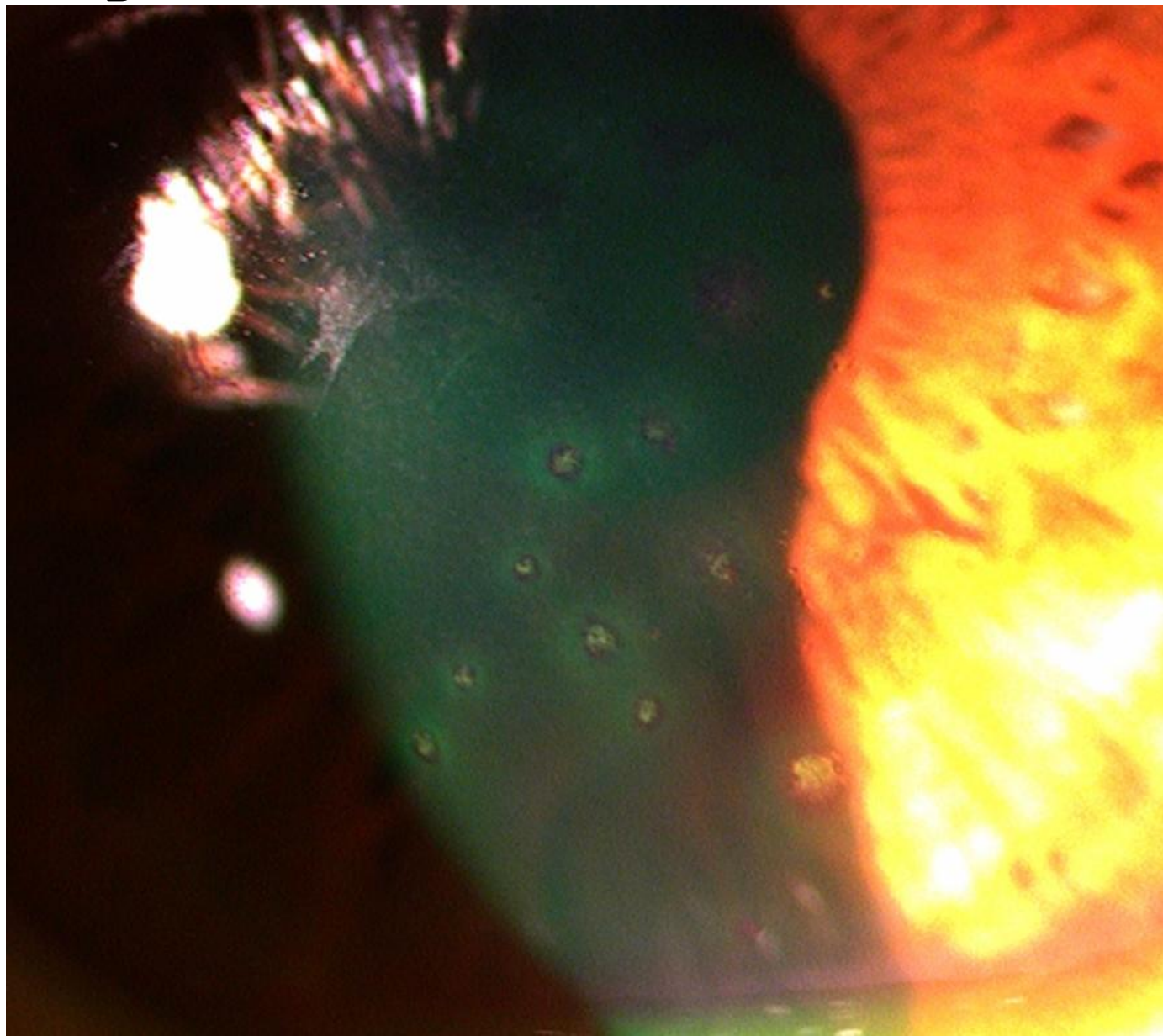
Symptoms and Signs

- A male patient 44 y.o is complaining of foreign body sensation, mild photophobia and decreased vision of the right eye.
- He reports a past history of remissions and exacerbations on both eyes, during the last 6 months.
- He was under treatment with topical corticosteroid, antibiotic and virgan,

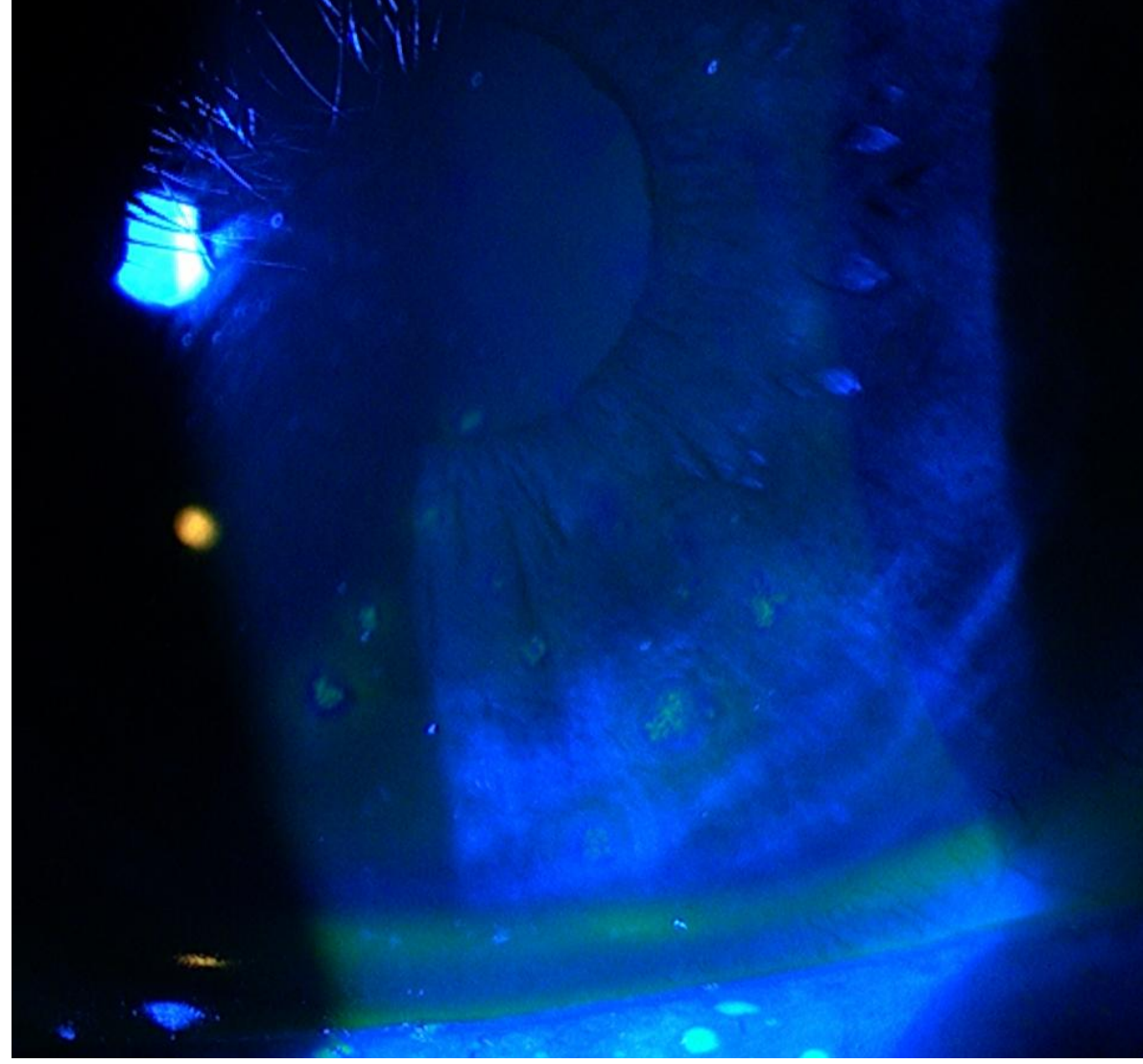
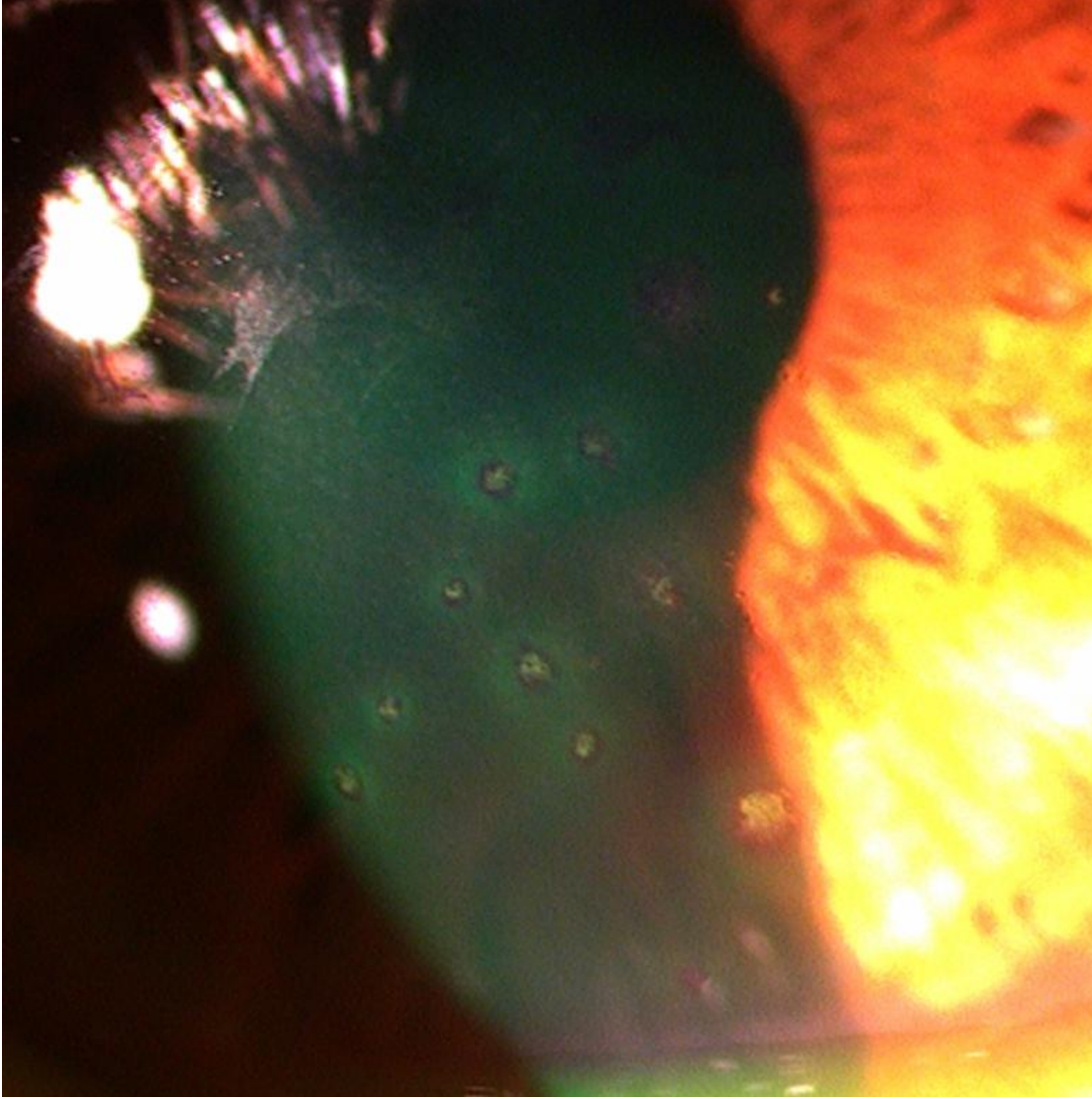


Symptoms and Signs

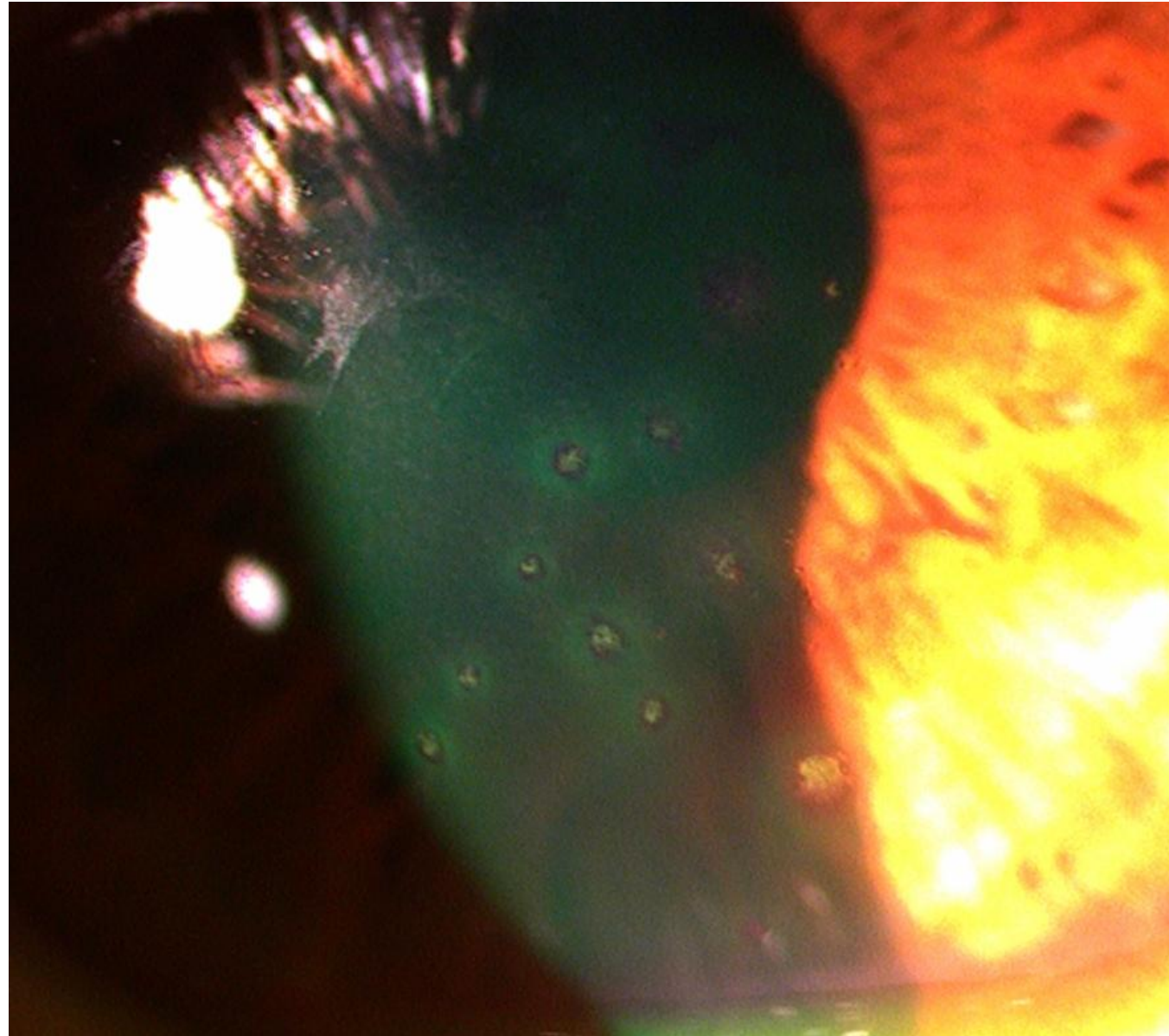
- At the slit lamp examination, there are coarse discrete stellate epithelial opacities. These focal opacities are elevated above the superficial epithelium and stain with fluorescein.
- There is also mild conjunctival hyperemia



Signs



- **These signs and symptoms** are characteristic of superficial punctate keratitis of Thygeson (SPKT), that can affect both eyes with a long clinical course with remissions and exacerbations.
- **For treatment,** a mild corticosteroid (fluorometholone) 3 times a day was prescribed, that was slowly tapered, along with cyclosporine 0.5% 2 times a day.



Pathogenesis and Treatment of SPKT Literature

- **Pathogenesis** of SPKT is not yet understood. Corneal scrapings show slightly abnormal epithelial cells with vacuolated cytoplasm, occasional neutrophils, mononuclear cells, degenerating epithelial cells and mucus.
- Electron Microscopy did not reveal virus particles and showed cell destruction confined to a single, discrete area, in contrast to the cell-to-cell spread of destruction observed in herpes simplex keratitis.



Conclusion

- This case is presented because SPKT is an uncommon epithelial keratopathy of unknown cause, it can affect both eyes, it has no known association with other ocular or systemic diseases and is often misdiagnosed.
- A faint opacification of the superficial stroma may be underlying the epithelial opacity.
- Differential diagnosis will be from epithelial herpetic keratitis, medicamentosa keratitis, staphylococcal blepharitis, keratoconjunctivitis sicca, exposure keratopathy, vernal keratitis, adenoviral keratitis.
- *It is most important to rule out herpes simplex keratitis*



www.Miltsakakis.gr
miltsakakis.dim@gmail.com
Tel: 6972214355