

Images in clinical medicine



Corneal band keratopathy

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Corneal band keratopathy

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Image in medicine

We report a case of a 20-year-old patient with chronic uveitis. The biomicroscopic examination of the left eye, found a calcified lesion. Which was typically present as a deposition of gray to white opacities in the superficial layers of the cornea. These changes were first seen peripherally a year

ago, and then they have coalesced to form a horizontal band across the cornea; away from visual axis (A,B). The retained diagnostic was a corneal band keratopathy. Considering that this corneal lesion did not affect vision of our patient, we decided to survey regularly the patient. The first clinical description of this condition was in 1948 by Dixon, and then in 1949 Bowman reported a second case. Previous studies have reported that corneal band keratopathy corresponds to calcareous deposits in Bowman's layer, then in the anterior stroma. That forms a very fine whitish or grayish plaque perforated with multiple orifices; starting at the periphery of the cornea, typically located in the area of the palpebral cleft; then reaching progressively its center. They have reported also that before the advent of the excimer laser photokeratectomy (PKT), the therapeutic options proposed in the

literature consisted on mechanical peeling with application of a chelator ethylenediamine-

tetraacetic acid (EDTA).



Figure 1: A) slit lamp photograph of the left eye showing a calcific band keratopathy, whitish-grey lesion across the inferior corneal surface with small round holes in this plaque; B) note the lucid interval is seen between the limbus and the peripheral edge of the keratopathy (black arrow)