



## PRP and the Eyes

by Carolyn Brown



### EDITOR'S NOTE

*If my memory serves me right, Caroline Brown was a prolific participant in the PRP (email) Support Group. While she commented on many issues, she developed a reputation as a subject matter expert on eyes. What better way to kick off the PRP SURVIVAL GUIDE section on EYES AND SEEING than to reprise her article which was updated on December 10, 2005 at the age of 70.*

The purpose of this article is to have some information to be shared by PRPers as there is little written in medical literature on this subject and the complications can be disastrous.

All dermatologists are not familiar with PRP and the extremes of PRP eye dryness are beyond that from many other problems. Fewer ophthalmologists are familiar with PRP and it might help to take a copy of this article to appointments.

PRP is a papulosquamous disease of the skin, rare, difficult to diagnose as many dermatologists do not ever see PRP patients, and the diagnosis is basically clinical observation over time coupled with a biopsy which often shows a non-specific dermatitis, and together they become a definitive diagnosis.

PRP affects the whole patient and both the disease and the medication side effects are so similar that it is almost impossible to tell which is causing what, although it is most likely that

the eyes of a PRPer are almost inevitably involved at some time and are very, very dry with a dryness that may far exceed expectations of the "usual" dry eye.

### PRPers Experience

- \* Extremely dry eyes: enough to change the shape of the eyeball, pitting and scarring of the cornea, scratchy, itchy, burning
- \* Lack of tears: very little to none, lack of quality, excessive tearing, excessive mucous, irritating
- \* Ineffective tears: non wetting, may be copious, lack of quality
- \* Corneal shedding: like the skin, with associated pitting, scarring, debris
- \* Corneal thinning: too dry, irritated, too thin, exposure to air
- \* Loss of eyelashes: lost protection from flakes, wind, smoke, and water
- \* Red-rimmed/redness of the eye: irritation, infection, dryness, or PRP
- \* Ectropion: the lower lids hanging down, spilling tears, not properly shielding the corneas, may need to correct or mitigate poor eyelid closure (which reverts on remission)
- \* Eyelids: not fully closed in sleep (ectropion and/or swelling)
- \* Itching: around and in the eye, may be severe

- \* Cracks: in the skin at the outer corners of the eye or on the lids
- \* Varied vision: may vary greatly in focus, often blurred, eyeball
- \* The shape of the eyeball varies with dryness and outside temperature
- \* Cataracts: may result from cortisone (steroids) / by mouth or through the skin over time, may dissipate over a lengthy time period or by age



### **PRP and the Care of the EYE**

Working with an ophthalmologist is very important so that the PRPer maintains the best vision possible. This takes awareness of the patient and the doctor as this disease is unpredictable as are some of the effects of its medications and its symptoms themselves. Corneas need close monitoring as does the vision which can be quite varied.

**Dryness** is the shared problem as whenever a PRPer is told they are not dry I can only assume that this is a rare moment as having PRP says that the eyes will have some dryness. If you have PRP it is safer to use drops whether you need them or not, as when it creeps up and the scratchy, dry feeling is there. It may be late as damage can be QUICK. Ointments/gel are preferred for the night.

### **Help for PRP eyes**

Suggestions gathered from ophthalmologists I have seen and over thirty years of PRP experience.

- ☑ See ophthalmologists regularly
- ☑ Keep eyes moist.....drops or gel 4 times daily or as needed, ointment or gel at night
- ☑ Reassess contact lenses as anything invasive must be carefully considered as PRP healing varies and abrasion and dryness and debris are dangers
- ☑ Use glasses with large lenses (keeps air still around the eyes)
- ☑ Use wrap around suns outside, especially in wind, dust, smoke
- ☑ Surgical correction of ectropion (tiny incision on outer corner of the lid which is stitched to close the eye more), protect corneas, normalizes on remission or periodically
- ☑ Keep tear ducts open as punctal plugs cannot work with non wetting poor quality tears or ectropion and may create a problem for debris, pitting, scarring, and scratching

I have been and am a PRPer with more than thirty years experience with PRP, coupled with the knowledge I gained through study. I have experienced almost all the problems recognized in this article and have not included problems from any other source. I gave time to my ophthalmologist and in return was given knowledge and concerned caring.

— Caroline Brown  
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