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INDOLENT ULCERS: What NOT to do

John S. Sapienza, DVM
Diplomate, ACVO

Indolent ulcers, a.k.a. Boxer ulcers or superficial chronic corneal epithelial defects (SCCED's) are due to a defect in the basement membrane, the corneal "glue" if you will, which allows the epithelium to adhere to the underlying corneal stroma. The diagnosis of indolent ulcers is rather straightforward. With the use of fluorescein stain, one can observe the stain to seemingly migrate under the edge of the epithelium (the so-called epithelial "lipping") due to a detachment of the overlying epithelium to the underlying stroma. Therapeutic options focus on the re-enforcement or re-creation of this basement membrane and to promote the adhesion of the epithelium to the underlying corneal stroma. Both medical and surgical options are available. Several topical ophthalmic treatments have been published for these cases of indolent ulcers and include: topical fibronectin, epithelial growth factor, serum, oxytetracycline, polysulfated glycoaminoglycans, aprotinin and hyperosmotic agents.

Certain ophthalmologists perform a complete superficial lamellar keratectomy as part of their initial therapy. Other ophthalmologists use topical ophthalmic grade cyanoacrylate over the debrided corneal bed to provoke the migration of healing corneal vessels. I prefer to perform, under topical anesthesia, either a corneal algerbrush burr debridement or manual epithelial debridement with a #64 blade and multiple superficial keratotomies as the initial treatment. After topical debridement and keratotomies, I often place a bandage soft contact lens on the patient's eye, and administer topical triple antibiotic solution and atropine or



cyclopentolate solution. An Elizabethan collar is always advised to minimize self-trauma to the eye. Ointments are not recommended, as they may inhibit corneal healing.

I have observed a variety of ophthalmic medications being prescribed during the post-debridement regime; many unnecessary for corneal healing. Due to the indolent nature of these ulcers during the healing process, several rounds of rotating antibiotics are often chosen from gentamicin to tetracycline to ofloxacin. Topical aminoglycosides (namely, gentamicin) are not advised due to their epitheliotoxicity, additionally; many practitioners use topical serum or plasma and often prescribe Remend® corneal repair gel (Bayer Company). Serum can provide necessary healing factors (fibronectin etc.), but usually is reserved for melting ulcers (keratomalacia). If not properly prepared, serum can actually act a vehicle to bring bacteria to a non-infected ulcer. Great care must be consigned to the preparation of the serum as well as appropri-

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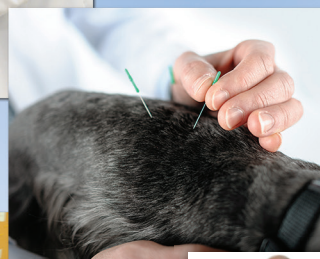
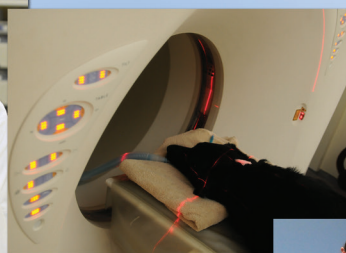
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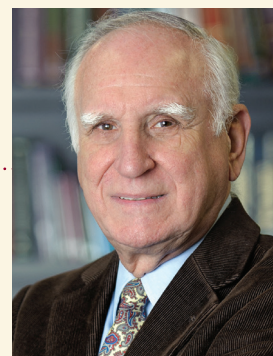
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A Note from the Editor



Our Long Island weather has been free of damaging storms so far this winter and before the Holiday season is over, the political events regarding our president will also hopefully be in the past. Natural disasters like the California fires burning down entire towns and hundreds of thousands of acres of land seem to be a yearly phenomenon. Displaced animals and people are being helped by volunteers and government agencies. Adoptions of pets whose owners are untraceable is ongoing.

Preparations for the holiday season, so much anticipated by many businesses which cannot survive without the sales activity of Thanksgiving to New Year's Day are occupying our newspapers, TV screens and internet sites. New phones, electric cars, watches, fryers and other gadgetry are displayed to tempt buyers into their "stores", both brick and mortar, and online to exchange items for dollars.

The increased presence of treats during this season ought to remind us that much of it is toxic to our pets and so vigilance is necessary during these festive occasions.

Soon, snow tires will be needed for our cars, SUV's and trucks and our pets will feel the freezing ground on their paws. Owners need be aware that pavement deicers contain chemicals that need to be washed off on returning home after an outside adventure. Those kept outside should have a heated dog house with a mattress to lie on and a bucket of water that is kept warmed to a few degrees above freezing

A few visitors returned this year, when I noticed grasshopper like critters near the door in my house in the last few weeks as the temperature dropped. They are Camel crickets, omnivores who will eat fungus, plant matter, insects, and even fabric or cloth. They love dampness and moisture, so a few were near the garage doors too. They're harmless to humans and rarely bite.

During the last month, we were pleased to have Dr. Luisito Pablo, Professor of Anesthesiology in the school of veterinary medicine at the University of Florida visit LIVS. During his stay, he delivered a series of lectures on advances in anesthesia and pain management to our staff. In addition he reviewed our existing protocols and practices to ensure that the highest standards were in place. We expect to continue inviting experts in various disciplines to LIVS and will be extending invitations to our veterinary community to participate in these rewarding lectures.

The AVMA views declawing as "an option of last resort." This means if the only other alternative is euthanasia. In Los Angeles, San Francisco and Denver, declawing is banned and Gov. Cuomo, in July signed a bill that bans declawing unless a veterinarian finds it necessary to save a cat's life due to a medical condition, not because the cat would otherwise be put

down. The NY State Veterinary Medical Society opposed the ban, the NY City Bar Association supported it, noting "relinquishments did not increase after Los Angeles implemented the ban.

A recent event in the Middle East involving a K-9, "Conan" was played out in the news regarding the elimination of ISIS leader Abu Bakr al-Baghdadi.

This photo was released hours after Army Gen. Mark A. Milley, chairman of the Joint Chiefs of Staff, told reporters during a briefing that the dog "performed a tremen-



dous service" and was "slightly wounded" but is now "fully recovering."

As we remember and honor the sacrifices of our brave men and women in uniform - I also want to take a moment to salute our military service dogs! Conan is a Belgian Malinois.

We are pleased to continue the extended hours for consultation in all our departments to serve our clients more efficiently. Appointments can be made through our telephone receptionists at 516-501-1700

We hope a peaceful holiday season will allow us to share with our loved ones the joys of life and a brighter 2020.

Again, we welcome your observations e-mailed to lmarino@livs.org We welcome your feed-back, e-mailed to lmarino@livs.org.

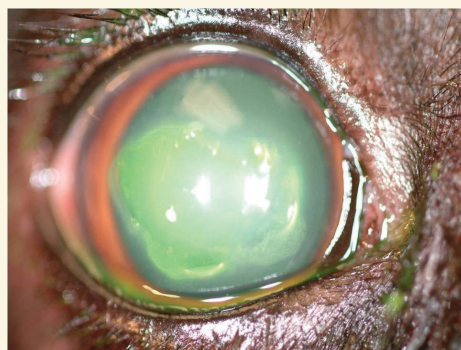
Leonard J. Marino, MD, FAAP, LVT

INDOLENT ULCERS: What NOT to do

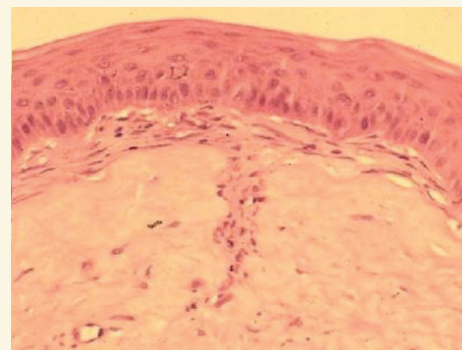
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KEYS AND HINTS:

- Rule out the presence of any underlying causes: trichiasis, foreign body, entropion, lagophthalmos, KCS, etc.
- Avoid topical gentamicin in these indolent ulcers cases.
- I usually avoid topical ointments in these indolent ulcers.
- Never perform a superficial keratotomy in cats!
- Beware of the Corgi breed. These cases heal with much difficulty without a superficial lamellar keratectomy.
- Let clients know that the average healing time is between 2-4 weeks. Most heal within 2 weeks, in our experience.
- Do not schedule recheck visits too soon. Too frequent recheck visits cause increased frustration on your part as well as that of the owner. I usually see the case back in 2 weeks after the first visit.
- An Elizabethan collar is advised in all cases.
- Topical Nalbuphine or oral Tramadol or gabapentin are often prescribed for post-keratotomy pain control in addition to topical atropine or cyclopentolate therapy.



ate storage after dispensing the serum. The Bayer website states that Remend corneal repair gel "uses cross-linked, modified hyaluronic acid (HA) to help support the natural healing process of superficial corneal ulcers on dogs and cats and that this product can be beneficial to veterinary practices when a high concentration of HA is needed or desired for treatment of superficial corneal ulcers on dogs and cats." This product is not advertised as the magical corneal repair gel. We often see indolent ulcers where the client has been using Remend eye gel for many weeks without any healing occurring. There is no overwhelming evidence that this hyaluronic acid wetting gel assists in a more rapid healing process of an



indolent ulcer.

Indolent ulcers are best treated with diamond burr debridement or superficial punctate or grid keratotomies. These chronic ulcers take usually 2-4 weeks to heal. I prefer to treat these ulcers post-debridement with a topical solution of neopolygramcidin and topical atropine or cyclopentolate. When the ulcer is healed, as evidenced by no fluorescein retention, a topical lubricant ointment is applied to improve the regularity and smoothness of the cornea. Topical corticosteroids are never prescribed by me to improve vascularization. I prefer to allow time to allow the cornea to heal, rather than risk another episode of corneal ulceration. □

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Dr. Michel Selmer is an Integrative Veterinarian and one of only a handful of Traditional Chinese Veterinary Medicine Practitioners that holds a Master's Degree in the United States.

Dr. Selmer is a certified TCVM practitioner and provides the following Integrative Medical Therapies:

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