

PS1.115

Management of the most usual problems of contact lenses in primary care

Beatriz Guerrero Barranco(1), D Ámez Rafael(2), L López Puerta(3)

(1) Roquetas Sur Health Center, Distrito Poniente, Almería, Spain

(2) La Gangosa Health Center, Distrito Poniente, Almería, Spain

(3) Roquetas Sur Health Center, Distrito Poniente, Almería, Spain

Corresponding author: Dr Beatriz Guerrero Barranco, Distrito Poniente, Medicina Familiar, Roquetas de Mar, Almeria, Spain. E-mail: beatrizguerrerbarranco@gmail.com

Background & Aim: 31 year old woman, comes to our consultation because of pain in her left eye. She says that she has been of camping and has not taken the contact lenses in 3 days. Due to the comfort that they suppose for the sport, the CL are more employees every time for all the people. Many of these pathologies can be handled from primary care, but for it we must know the most frequent as well as identify when it needs specialized consultation. The most frequent complications related to CL's use that we have: corneous infections, toxic disorders and for hypersensitivity, complications of mechanical nature and complications related to dryness. When we have a patient who consults for ocular trouble related to CL, first we must indicate get rid of the couple that it is using, as well as of the solution of cleanliness.

Method: In our case the treatment was collyrium of tobramycin and cicloplegyc for the pain. Two days later the patient consulted again because persistence of the pain and appearance of great ulceration that was impeding the vision. Given the high suspicion of keratitis for another microorganism stemmed in an urgent way to Consultation of Ophthalmology, where cultivation was realized, where an *Aspergillus ssp* grew. **Results:** Fungal keratitis in LC's carriers.

Conclusions: The bacterial keratitis is the most serious complication in LC's carriers, being 80 times more probable incident in LC's carriers that in not users. The probability of developing bacterial keratitis is 8-15 times major in the night carriers that in the diurnal carriers. They are in general bacterial, though also they give themselves cases due to amoebae, especially *Acanthamoeba*, and with fewer frequency, to fungi. Always it is necessary to suspect when there are a torpid evolution with the antibiotic habitual treatment.