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Short Communication

# Penetrating keratoplasty for the management of a severe idiopathic lipid keratopathy

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An 83-year-old female presented with progressive bilateral lipid keratopathy (LK) during the last 12 years. There was no history of previous ocular disease or trauma. Slit lamp examination of the left eye revealed a diffuse LK obscuring the visual axis and a temporal epithelial papillomatous lesion with superficial neovascularization (Figure A), while Best Corrected Visual Acuity (BCVA) was 20/200 with eccentric fixation. An uneventful Penetrating Keratoplasty (PKP) combined with excision of the temporal lesion was performed. Pathologic examination was indicative of LK, revealing chronic stromal inflammation including lymphocytes and histiocytes, partially xanthomized and the presence of cholesterol crystals. Two years post-operatively, the corneal graft was clear and BCVA was 20/20 following cataract surgery (Figure B). LK is either idiopathic, typically bilateral, or unilateral secondary to corneal neovascularization due to ocular disease or trauma [1]. Our case illustrates a severe form of idiopathic LK, treated successfully with PKP.

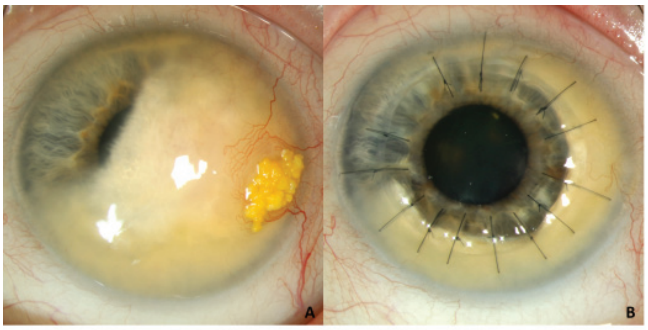


**Figure 1:** A: Slit lamp examination of the left eye revealed a diffuse LK obscuring the visual axis and a temporal epithelial papillomatous lesion with superficial neovascularization. B. Two years post-operatively, the corneal graft was clear and BCVA was 20/20 following cataract surgery..

## References

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