



ABOUT THE DISEASE

The cornea is the clear, transparent tissue on the front of the eye. A **corneal ulcer** is an injury to or an erosion of the surface of the cornea, which may be superficial or deep.

Corneal ulcers are generally uncomfortable or painful, and symptoms may include:

- Squinting of the eyes (blepharospasms)
- Excessive tear production (epiphora)
- Light sensitivity (photophobia)
- Pawing at the face, or rubbing on the floor or furniture

OBTAINING A DIAGNOSIS

The diagnostic of choice is the application of fluorescein stain, which will highlight the damaged corneal tissue.

Other tests may be performed to diagnose other conditions such as decreases in tear production, glaucoma, or eye infection (bacterial, viral, fungal). Please see the [Glaucoma](#) and [Dry Eye](#) documents for additional information.

TREATMENT

Topical ophthalmic antibiotics are required multiple times per day, often for several weeks. In severe cases, patients may also receive frozen serum to be placed onto the eye once thawed.

Anti-inflammatory and pain medications are often used to increase patient comfort during the healing process.

In feline patients, **corneal ulcers** caused by herpesvirus infection, are treated with a topical antiviral medication (typically rather expensive) and oral supplementation with the amino acid lysine. Please see the [Feline Viral Rhinotracheitis](#) document for additional information.

In severe cases, or those unresponsive to therapy, patients may undergo several different surgical procedures.

- Grid Keratotomy – The damaged cornea is etched to aid in healing epithelial cells.
- Nictitating Membrane Flap – The third eye lid is temporarily sutured across the damaged eye.
- Conjunctival Flap – A small section of conjunctiva is elevated, advanced, and then sutured over the ulcer.
- Enucleation – Eye removal, typically reserved for severe or unmanageable cases. Please see the [Enucleation](#) document for additional information.

TIPS FOR SUCCESS

- If at any time an eye injury is suspected, seek immediate evaluation to prevent a worsening of ulceration to occur.
- Do not delay a recheck, especially if the patient does not appear to have improved in the first few days.