Medical therapy for exposure keratopathy and episcleritis was already on anti-leprosy medications (Multi drug regimen).

Investigations:

f) Dilated ophthalmoscopy (Direct and Indirect) – no abnormality

Sclera:

- Diffuse and nodular episcleritis
- Posterior sub capsular cataract
- Pannus, corneas diffusely taking stain with fluorescein strip
- Iris pearls, iris atrophy and corectopia
- Lens: secondary cataract
- Lids: madarosis, blepharochalosis, ectropion, entropion, trichiasis
- Sclera: episcleritis, scleritis, staphyloma
- Iris: acral, iris pearls, corectopia, polycoria
- Cataract: nuclear, cortical, posterior sub capsular cataract
- Cornea: Hypopyon, corneal ulcerations, corneal edema
- Lids: madarosis, blepharochalosis, ectropion, entropion, trichiasis
- Conjunctiva: normal
- Diffuse and nodular episcleritis
- Pannus, corneas diffusely taking stain with fluorescein strip
- Iris and pupil: iris pearls, iris atrophy and corectopia
- Lens: posterior sub capsular cataract

Investigations:

Skin and ocular specimens were negative as patient treated but remained with sequelae have two to three times higher prevalence of blindness than general population. Hence timely management is required as they are already at a high risk of disability due to the disease itself.

In the given case, the patient developed vision threatening complications due to leprosy. But prompt diagnosis and treatment with adequate follow-ups will help prevent irreversible blindness in future and improve his quality of life.

Reference:

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<th>Sihota, Tandon, Diseases of the Uveal Tract, Parson’s Diseases of the Eye, 22nd edition, Elsevier, a division of Reed Elsevier India Private Limited, 2015; p.245</th>
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