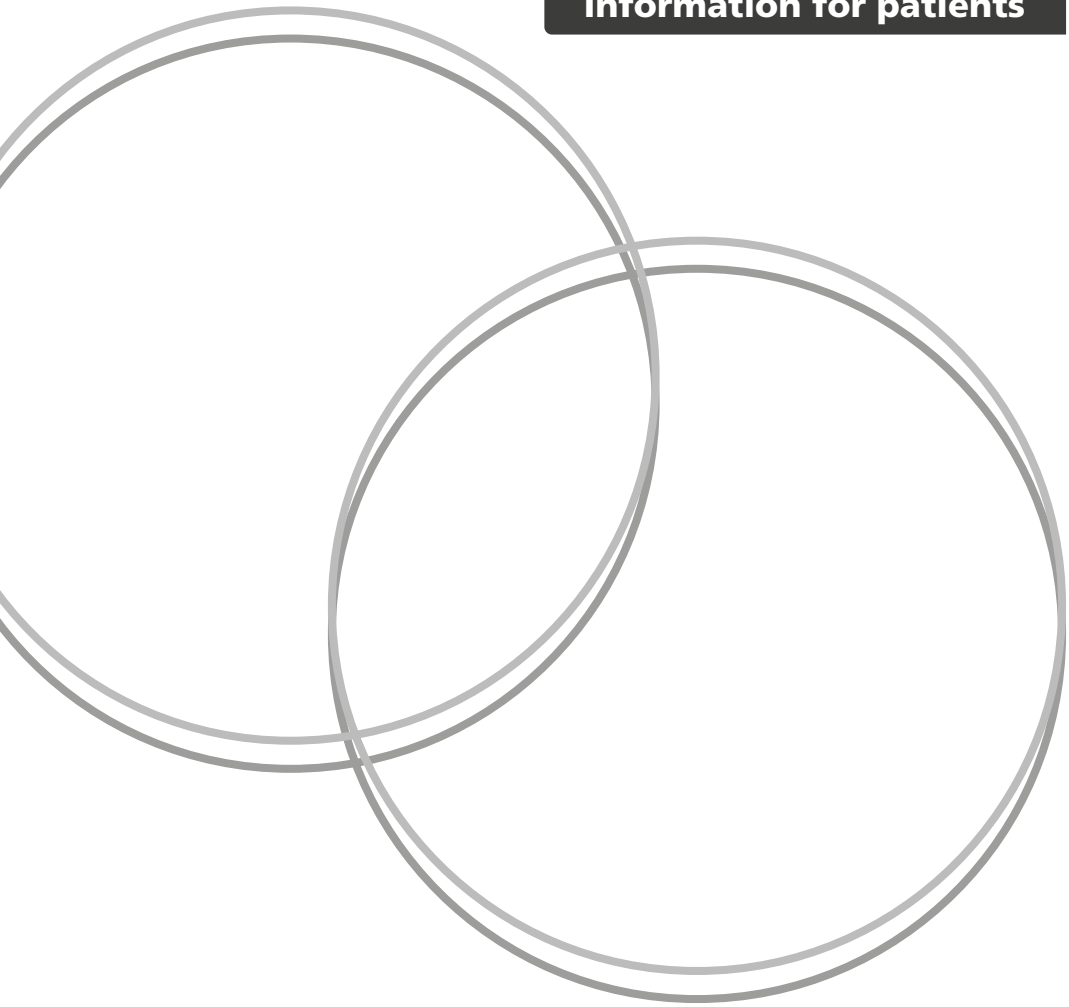
Oxford University Hospitals
NHS Foundation Trust

Epithelial Basement Membrane Dystrophy (EBMD)

Information for patients



This leaflet explains what epithelial basement membrane dystrophy (EBMD) is, how it is treated, and what to expect. If you have any questions, please ask your doctor or nurse.

What is EBMD?

EBMD is a common condition affecting the cornea, the clear window at the front of your eye. It is also sometimes called map-dot-fingerprint dystrophy because of the patterns the doctor can see when examining your eye.

In EBMD, the surface layer of the cornea (the epithelium) does not stick properly to the layer underneath. This can cause the surface to become uneven or to come loose.

What causes EBMD?

EBMD can run in families, but many people have it without any family history. It is not caused by anything you have done. It is one of the most common corneal conditions and often causes no problems at all.

The exact cause is not fully understood, but the basement membrane (the layer that helps the surface cells stick to the cornea) develops abnormally, making the surface less stable.

What are the symptoms?

Many people with EBMD have no symptoms and do not know they have it.

When symptoms do occur, they can include:

- Blurred or fluctuating vision, sometimes worse in the morning
- A feeling of something in the eye
- Mild discomfort or irritation
- Glare or hazy vision

Some people with EBMD develop recurrent corneal erosion, where the surface layer comes loose. This can cause sudden, sharp pain, usually on waking. The eye may water and become red and sensitive to light. This can be very painful but usually settles within a few days.

How is EBMD diagnosed?

The doctor will examine your eye using a special microscope called a slit lamp. EBMD has a characteristic appearance with patterns that may look like maps, dots, or fingerprints on the cornea. Sometimes a dye is used to show the surface of the cornea more clearly.

How is EBMD treated?

Treatment depends on whether you have symptoms.

If you have no symptoms or mild symptoms:

- You may not need any treatment
- Lubricating eye drops or ointment can help keep the surface smooth and comfortable
- Using a thicker lubricant at night may help prevent the surface from sticking to your eyelid

If you have recurrent corneal erosion:

- Lubricating drops during the day and ointment at night
- Sometimes a bandage contact lens is used to protect the surface while it heals
- In some cases, your doctor may recommend a procedure to help the surface stick down better

What procedures are available?

- If erosions keep happening despite using lubricants, your doctor may offer one of the following:
- Epithelial debridement removes the loose surface layer to allow fresh, healthy cells to grow back
- Anterior stromal puncture uses a fine needle to create tiny marks that help the surface stick down (used for erosions outside the central vision)
- Phototherapeutic keratectomy (PTK) uses a laser to smooth the surface and help the new cells attach better
- Your doctor will explain which option is most suitable for you.

What should I expect during recovery?

If you have a procedure, your eye may be sore for a few days. You will usually need to use antibiotic and lubricating drops while the surface heals. Most people recover well, though it can take several weeks for the surface to fully stabilise.

Will it come back?

EBMD is a long-term condition. The cornea may always have some irregularity, but many people have no further problems after treatment. Erosions can come back, especially in the first year after a procedure, but the risk usually decreases over time.

Continuing to use lubricating ointment at night can help reduce the risk of further erosions.

When should I seek help?

You should contact the eye department or seek medical advice if you experience:

- Sudden sharp pain in your eye, especially on waking
- Worsening redness, pain, or sensitivity to light
- A sudden drop in your vision

Does EBMD affect both eyes?

EBMD often affects both eyes, though one eye may be worse than the other. Your doctor will examine both eyes.

Will it affect my vision long-term?

Most people with EBMD keep good vision. If the central cornea is affected, there may be some blur or glare, but this is usually mild. Severe vision loss from EBMD is uncommon.

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist.

Call our specialist telephone triage number if you need URGENT help or advice or if you notice:

- Redness and/or swelling of your eye lids and/or eyeball
- Any loss of sight
- Intense pain

Tel: **01865 234 567**
(select the option for "Eye Emergencies")

Monday to Friday
8:30am – 4:30pm

Saturday and Sunday
8:30am – 3:30pm (including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS111 or your out of hours GP practice.

Further information

NHS Website: www.nhs.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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