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Corneal Ulcers

What is a Corneal Ulcer?

The cornea is the transparent front covering of the eyeball. It is less than 1 millimeter thick and consists of several complex layers. It is the most sensitive part of the body and readily reacts to irritants from both outside and inside the eye. When the outermost layer of the cornea, called epithelium, is disrupted, a corneal ulcer develops. A shallow ulcer is often called an abrasion, and a linear ulcer may be called a scratch. Even a superficial scratch or abrasion can become complicated and invade deeper corneal layers quickly. In severe cases, corneal softening and potentially corneal perforation can be vision impairing complications.

What causes Corneal Ulcers?

Corneal ulcers have numerous causes, including trauma, infection, foreign bodies, inborn weaknesses of the cornea, metabolic abnormalities, conformational problems, abnormal eyelashes, eyelid growths, and exposure due to impaired blinking or decreased tear production.

What are the common clinical signs?

Squinting and tearing are the most common initial clinical signs, and sometimes patients will yelp or cry out when the initial injury occurs. Patients are light sensitive, and the eye becomes cloudy and red, and the pet may paw at the eye.

What is the treatment?

Treatment of corneal ulcers is directed at preventing infection with topical antimicrobials, preventing self-inflicted trauma by the patient, and controlling discomfort. While the medications may help, the eye must heal itself. If underlying complicating factors exist or develop or the cornea becomes thin, one of various procedures or surgery may be needed to prevent progressive vision-impairing consequences. Frequent recheck examinations are required to monitor the healing process.