# **Steroids for Corneal Ulcers Trial** (SCUT) - 2012



## **Objective**

To determine whether there is a benefit in clinical outcomes with the use of topical corticosteroids as adjunctive therapy in the treatment of bacterial corneal ulcers.

### **Methods**

**Design:** Double-blinded RCT

#### Sample Size: 500

### **Treatment Groups:**

- 250 to placebo
- 250 to 1% prednisolone

All patients received Vigamox 48 hrs before randomization

#### **Outcome Measures:**

- Best spectacle-corrected visual • acuity (BSCVA)
- Scar size, time to • epithelialization, adverse events

### Results

Point 1: Corticosteroids offered no significant improvement compared with placebo

- At 3 weeks, corticosteroid-treated patients had 0.024 better logMAR acuity (approximately one-fourth of a line) \*Not statistically significant (P = 0.49)
- No significant difference in average time to re-epithelialization, but more patients in the corticosteroid arm had an epithelial defect at 21 days or later compared with placebo (44 [17.6%] vs 27 [10.8%]; *P* = .04)
- No significant difference was observed in the number of corneal perforations between treatment arms (P > 0.99)

Point 2: Corticosteroids led to better visual outcomes in patients with worse corneal ulcers

- For baseline BSCVA of counting fingers or worse, corticosteroid-treated patients had 0.17 better logMAR acuity (approximately 1.7 lines) P = .03
- For ulcers covering the central 4-mm pupil, corticosteroid-treated patients had • 0.20 better logMAR acuity (approximately 2 lines) P = .02

TLDR: Use of corticosteroids was neither beneficial nor dangerous for patients as a whole. However, for patients with CF or worse on presentation, topical prednisolone led to better visual outcomes.

Srinivasan et al. Steroids for Corneal Ulcers Trial Group. Corticosteroids for bacterial keratitis: the Steroids for Corneal Ulcers Trial (SCUT). Arch Ophthalmol. 2012 Feb;130(2):143-50