

Challenging Keratoplasty

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Corneal Rejection

Varies Between 2.3% to 68% according to presence of risk factors:

Preoperative:

- Corneal neovascularization (number of quadrants, depth of vessel invasion)
- Regrafting (2 or more)
- Glaucoma
- Previous surgery
- Pre-existing ocular surface inflammation or infection)
- Concomitant chronic inflammatory diseases
- Pregnancy
- Blood transfusion

Intraoperative :

- Donor (large size, eccentric graft)
- Young recipient

Summary Case 1

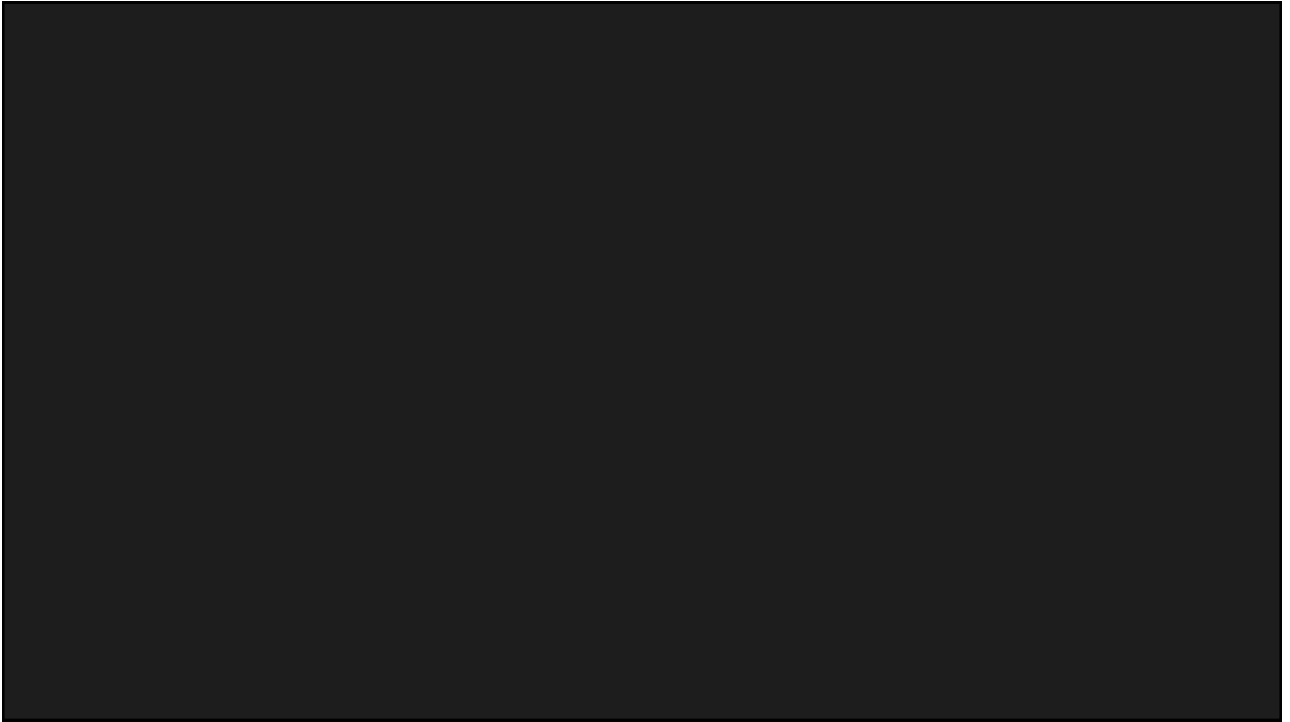
- An infant 7 months year old with bilateral **congenital aniridia**
- Left eye underwent keratoplasty at 7 months of age with normal IOP
- Right eye tension was 35mm Hg
 - Trabeculectomy with mitomycin failed → did another operation trabeculectomy with trabecotomy → **developed corneal opacity with complicated cataract, tension of 30 mmhg**

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Summary Case 1

- **Combined keratoplasty I/A with PMMA IOL and Ahmed valve implantation** for the right eye
- **Post operative :**
 - Cornea is clear
 - IOL in place
 - IOP 10 mm Hg .

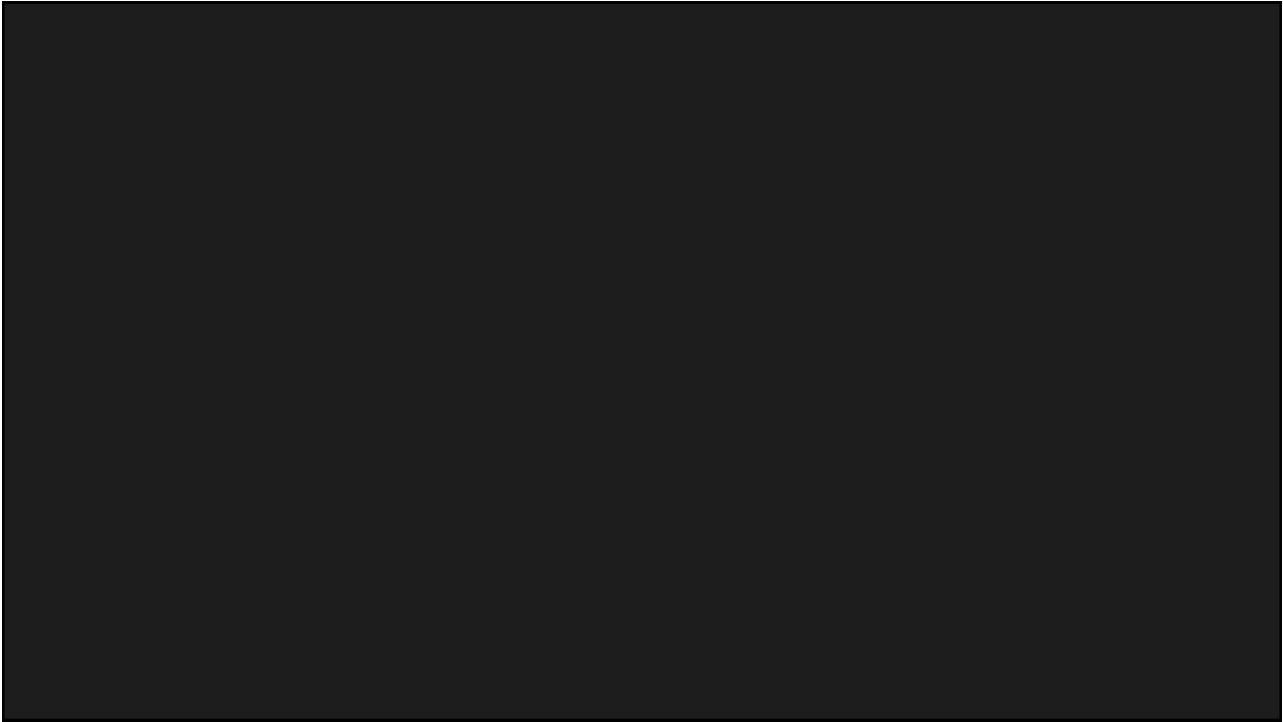
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Summary Case 2

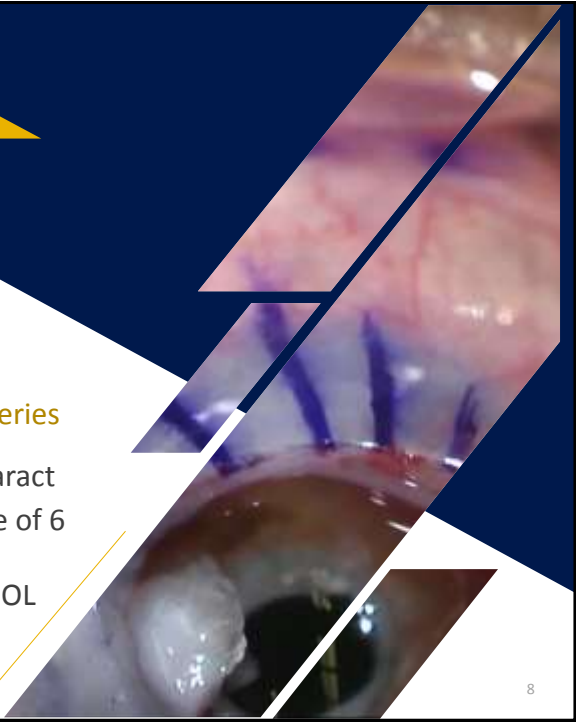
- A female patient 68 years old with complicated Phacoemulsification lead to Corneal decompensation
- Keratoplasty was done → Rejection
- Regrafting after 6 months with IOL (Scleral fixation)
- Cornea has been clear for 2 years since the operation

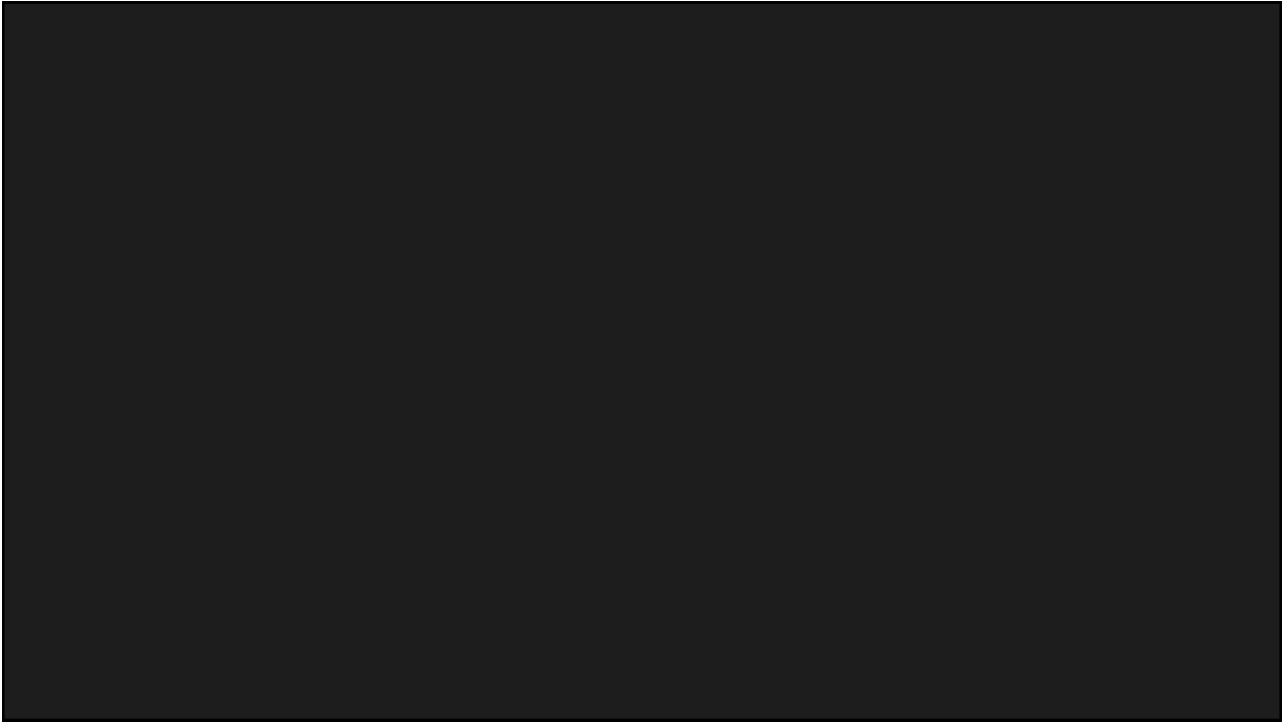
Prof. Han



Summary Case 3

- 16 years old Male with **congenital glaucoma**
- History:
 - Underwent previous **multiple glaucoma surgeries** since he was 40 days old (Trabeculectomy, Cyclophotocoagulation) → Complicated cataract
 - I/A without IOL implantation was done at age of 6 years old → **Corneal decompensation**
- At 16 years old he underwent PKP with PMMA IOL implantation





Management

1) Proper plan for surgery

2) Surgical: → Small graft, Sutures (Nylon),
Centralized graft, Lamellar graft if indicated

3) Post Operative: → Steroids (Topical &
Systemic)

4) Immunosuppressive



