

Accepted Manuscript

Deep Anterior Lamellar Keratoplasty After Descemet Stripping Automated Endothelial Keratoplasty

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PII: S0002-9394(16)30609-2

DOI: [10.1016/j.ajo.2016.12.012](https://doi.org/10.1016/j.ajo.2016.12.012)

Reference: AJOPHT 9982

To appear in: *American Journal of Ophthalmology*

Received Date: 31 August 2016

Revised Date: 6 December 2016

Accepted Date: 14 December 2016

Please cite this article as: Gutfreund S, Leon P, Graffi S, Busin M, Deep Anterior Lamellar Keratoplasty After Descemet Stripping Automated Endothelial Keratoplasty, *American Journal of Ophthalmology* (2017), doi: 10.1016/j.ajo.2016.12.012.

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Purpose: To report the indications and long-term outcomes of deep anterior lamellar keratoplasty (DALK) performed after Descemet stripping automated endothelial keratoplasty (DSAEK) in cases of visually significant stromal opacities.

Design: Retrospective, interventional, consecutive case series.

Method: SETTING: Private hospital. STUDY POPULATION: Thirteen eyes that underwent DALK after DSAEK at our Institution. Indications for DALK after DSAEK included both stromal opacities persisting after DSAEK and stromal opacities occurring secondarily in post-DSAEK corneas. DALK was always performed in a standardized fashion including exchange of a disc of full-thickness recipient cornea (up to the DSAEK stromal surface), 7.0 mm in diameter, with a donor lamella obtained by microkeratome-assisted dissection, punched to 7.0 mm and sutured into place with a double running 10-0 nylon suture. MAIN OUTCOME MEASURES: Best spectacle-corrected visual acuity (BSCVA), manifest refraction and endothelial cell density (ECD).

Results: Mean follow-up was 26 ± 18 months (range=6-60 months). Indications for DSAEK were: full-thickness graft failure (n=8), DSAEK graft failure (n=3) and *pseudophakic bullous keratopathy* (n=2). Indications for subsequent DALK were: persisting stromal opacity (n=9) and stromal opacities newly occurred after DSAEK as a result of HSV keratitis (n=2) or interface infection (n=2). After complete suture removal, mean BSCVA was 20/28 ($0.14 \pm 0.8 \log \text{MAR}$) in eyes without ocular comorbidities affecting visual acuity (n=7), while refractive astigmatism was within 4 Diopter(D) in all but one eye (average= 3.2 ± 1.4 D). No intraoperative complications were recorded.

Conclusions: Performing DALK on DSAEK eliminates the need for open-sky surgery, achieving visual results comparable to those of penetrating keratoplasty, while sparing a healthy endothelial graft.

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