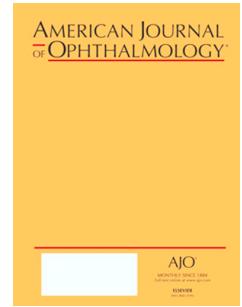


# Accepted Manuscript

Concomitant simple limbal epithelial transplantation after surgical excision of ocular surface squamous neoplasia

Swathi Kaliki, M.D., Faraz Ali Mohammad, M.D., Prerana Tahiliani, M.D., Virender S. Sangwan, M.D.



PII: S0002-9394(16)30534-7

DOI: [10.1016/j.ajo.2016.10.021](https://doi.org/10.1016/j.ajo.2016.10.021)

Reference: AJOPHT 9943

To appear in: *American Journal of Ophthalmology*

Received Date: 1 September 2016

Revised Date: 20 October 2016

Accepted Date: 28 October 2016

Please cite this article as: Kaliki S, Mohammad FA, Tahiliani P, Sangwan VS, Concomitant simple limbal epithelial transplantation after surgical excision of ocular surface squamous neoplasia, *American Journal of Ophthalmology* (2016), doi: 10.1016/j.ajo.2016.10.021.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

**Abstract:**

**Purpose:** To compare the surgical outcomes of ocular surface squamous neoplasia (OSSN) following wide excisional biopsy with and without primary simple limbal epithelial transplantation (p-SLET).

**Design:** Non-randomized clinical study with historical controls

**Methods:** Setting: Single-institutional study

**Patients:** 8 patients who underwent wide excisional biopsy of OSSN without p-SLET (historical controls) and 7 patients with p-SLET (cases)

**Intervention:** Wide excisional biopsy, p-SLET

**Main Outcome Measures:** Limbal stem cell deficiency (LSCD)

**Results:** The tumor features between cases versus historical controls including mean number of limbal clock hours affected by OSSN (6 vs 4;  $p=0.12$ ), mean tumor basal dimension (13 mm vs 8 mm;  $p=0.11$ ), and mean number of clock hours of corneo-scleral limbal dissection due to wide tumor excision (8 vs 7;  $p=0.12$ ) were comparable. The occurrence of partial LSCD in historical controls vs cases was 75% vs 0% ( $p=0.007$ ) at a mean follow-up period of 12 months in both groups. Of these 6 historical controls that developed LSCD, pannus was noted in 1 (13%) and pseudopterygium extending onto the cornea in 5 (63%) patients. The mean number of clock hours of LSCD was 3 (median, 2; range, 2 to 6) in these historical controls. The mean time interval between surgical excision of OSSN and onset of LSCD was 8 weeks (median, 6 weeks; range, 6 to 12 weeks).

**Conclusion:** Corneo-scleral limbal dissection of  $\geq 6$  clock hours during wide excision of OSSN can cause LSCD. Concomitant p-SLET after surgical excision of OSSN prevents LSCD in cases requiring extensive corneo-scleral limbal dissection.

Download English Version:

<https://daneshyari.com/en/article/5703165>

Download Persian Version:

<https://daneshyari.com/article/5703165>

[Daneshyari.com](https://daneshyari.com)