

RISK FACTORS FOR GRAFT FAILURE FOLLOWING DESCOMET'S STRIPPING AUTOMATED ENDOTHELIAL KERATOPLASTY

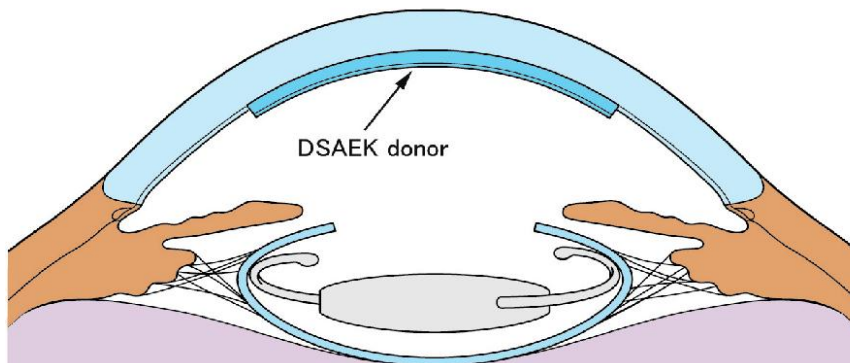
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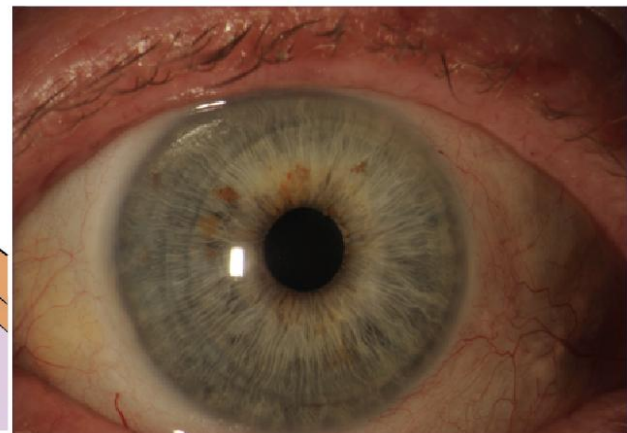
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Corneal Transplant

- Descemet stripping automated endothelial keratoplasty (DSAEK) is quickly emerging as the treatment of choice for corneal endothelial dysfunction. However, few studies have examined risk factors associated with graft failure.
- As we have observed several patients with post operative IOP rise, the purpose of this study was to determine if a rise in IOP was associated with an increased risk for graft failure.



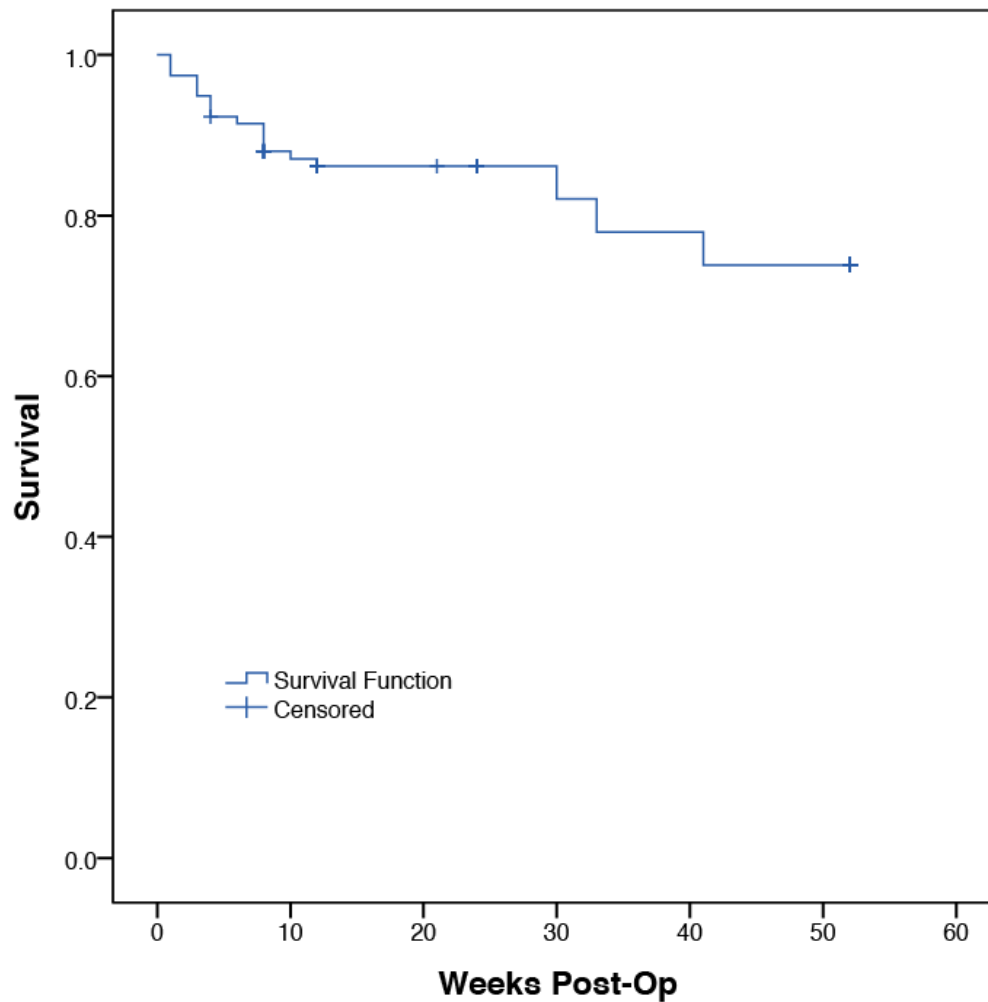
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Methods

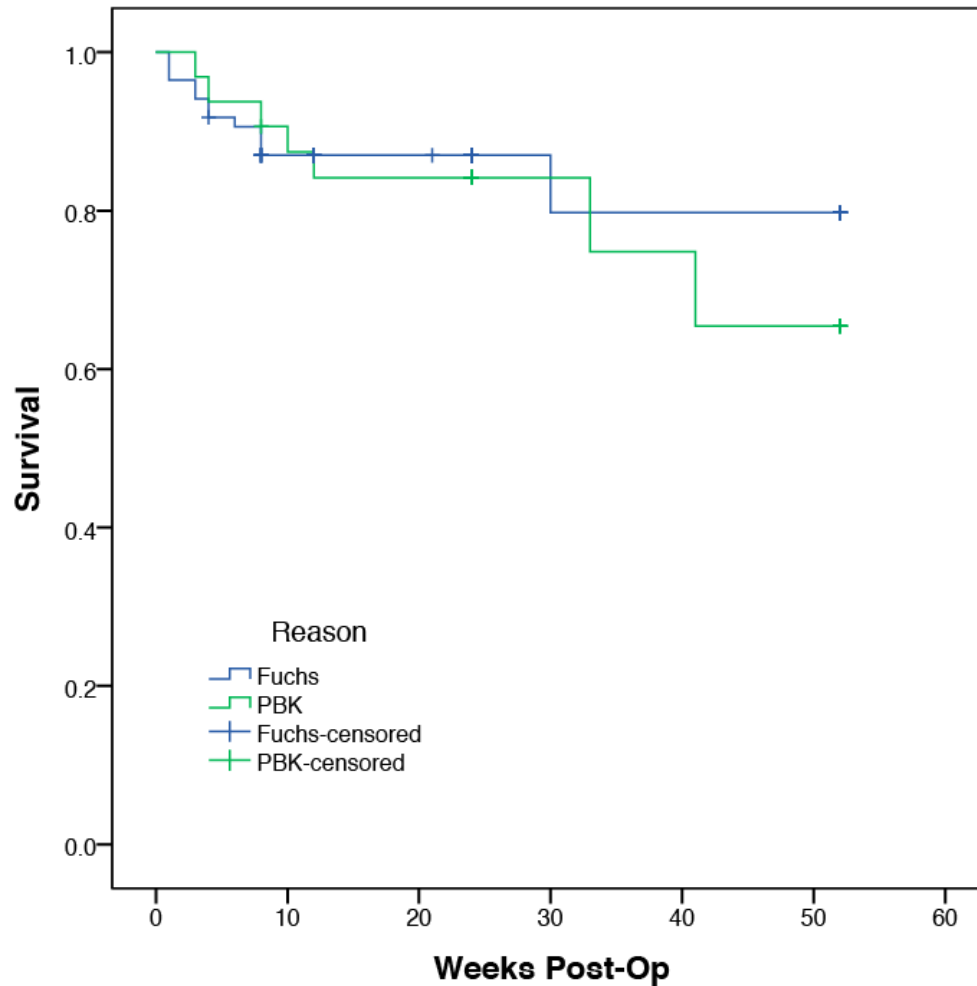
- A retrospective chart review was done on 117 DSAEK cases performed at the Ivey Eye Institute.
- Only the first graft received by each patient was analyzed. Corneal graft failure was defined as an irreversible loss of optical clarity.
- Graft survival was calculated using Kaplan–Meier survival analysis. Post operative rise in IOP (>21 mmHg) and the indication for DSAEK were analyzed as potential risk factors for graft failure by Cox proportional hazards analysis.

Results



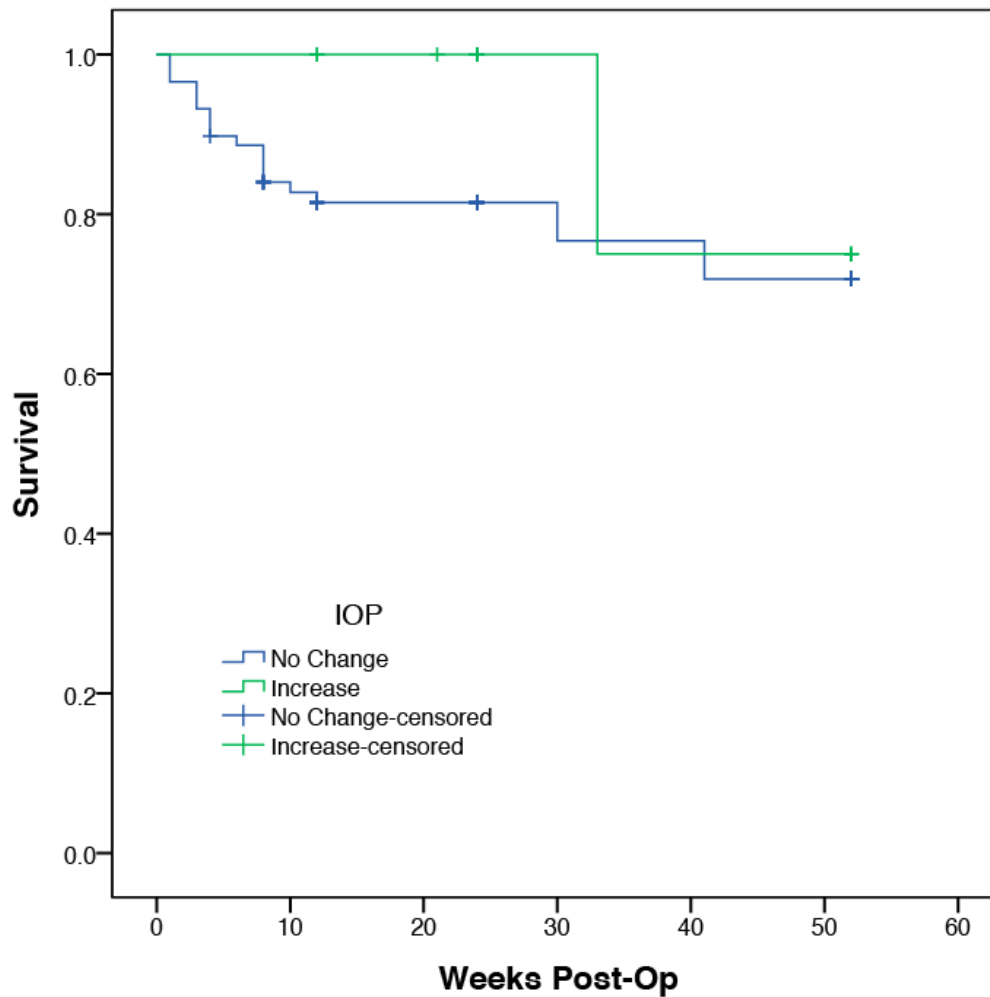
Overall graft survival was 84% with all graft failures occurring within the first year.

Results



No significant difference was seen in failure rates between grafts for Fuchs' endothelial dystrophy and pseudophakic bullous keratopathy ($P>0.05$).

Results



No significant difference in graft failure rates for eyes with post operative rise in IOP ($P>0.05$).

Results

	No. Failed/No. Grafts	Failure(%)	Hazard Ratio	95% Confidence Interval	P Value
Postoperative pressure spike					
No	18/88	20.4	Reference		
Yes	1/29	3.4	0.166	.022 - 1.244	0.081
Indication for graft					
Fuchs	12/85	14.1	Reference		
PBK	7/32	21.9	1.229	.481 - 3.139	0.667

PBK = pseudophakic bullous keratopathy

Conclusions

- In this study, IOP rise following DSAEK surgery that were managed medically were not at significantly higher risk for graft failure.
- Although this research did not show a significant difference in graft failure rates, prior research has indicated an increase in graft failure associated with PBK.
- At present there is a paucity of data on long term graft survival for DSAEK owing to DSAEKs relatively recent adoption. Further investigation is needed to identify risk factors associated with graft failure.

References

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