

# Management of persistent epithelial defect

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## **ABSTRACT**

Persistent epithelial defects (PED) are considered one of the most common early postoperative complications after penetrating keratoplasty (PK). They are defined as, epithelial defects that do not heal within the first 10 to 14 days with conventional treatment. Healthy corneal epithelium provides an optical interface and protects the eye against infection and structural damage to deeper tissues. Any compromise in the integrity of the corneal epithelium after PK acts as a precursor of infection and escalates the damage to the graft. Managing PED in a post graft can be challenging to any corneal surgeon. Various causes of PED will be elaborated in this lecture. Medical and surgical modalities will also be discussed here. Aggressive treatment of PED is mandatory to avoid complications which is critical for survival of the graft.

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# Management of epithelial down growth

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## **ABSTRACT**

Epithelial downgrowth (EDG) is an uncommon and serious complication of intraocular surgery and trauma. Treatment of EDG is controversial. Irradiation was first used to treat EDG in the early part of 20th century but it had a poor success rate. More recent treatment options include surgical scraping, peeling, alcohol treatment, cryotherapy and wide excision of epithelial proliferation. However these treatment modalities have been invasive and damaging to the anatomy of the eye. More recently, treatment of EDG with endoscopic cyclophotocoagulation (ECP) and the use of intracameral 5-FU has been discussed and provides advantages over traditional treatment options. For more invasive lesions, excision of the limbal fistula with cornea lamellar patch graft or penetrating keratoplasty may be a more definitive solution. Decision on best treatment for the patient largely depends on the cause and severity of the lesion. This presentation will highlight two cases which were successfully treated.