

DISEASES OF THE CORNEA

Department of Ophthalmology



Xerophthalmia

- Deficiency of vitamin A(dietary def. or defective absorption)
- Young malnourished children often in the 1st year of life
- Usually bilateral
- **Absence of inflammation**
- Precipitated by acute systemic illness

Xerophthalmia

- XN night blindness
- X1A conj. Xerosis
- X1B Bitots spots
- X2 Corneal xerosis
- X3A Keratomalacia < 1/3
- X3B Keratomalacia > 1/3
- XS Corneal scarring
- XF Xerophthalmia fundus

Bitot's spots (X 1B)



Corneal xerosis(X2)



Keratomalacia (X3B)



Treatment of xerophthalmia/ keratomalacia

- Local ocular therapy
- Vitamin A therapy - XN X3B
 - > 1 year 200,000 IU orally/100,000 IM
on day 0, 1, 2 weeks later
 - 6-12 months or < 8kg half the dose
 - <6 mths 50,000 IU

Treatment of underlying condition

Prophylaxis against xerophthalmia

WHO recommendations

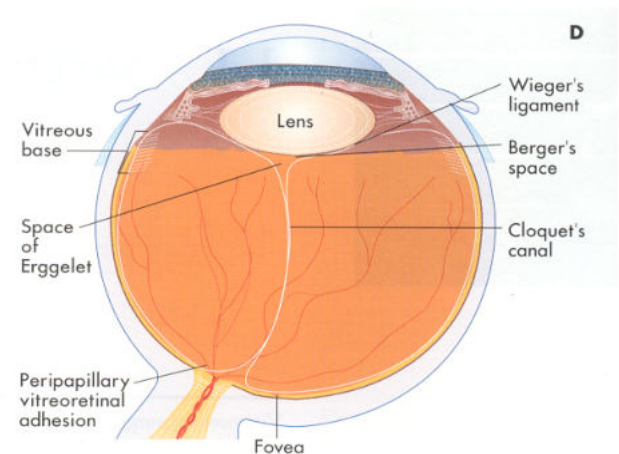
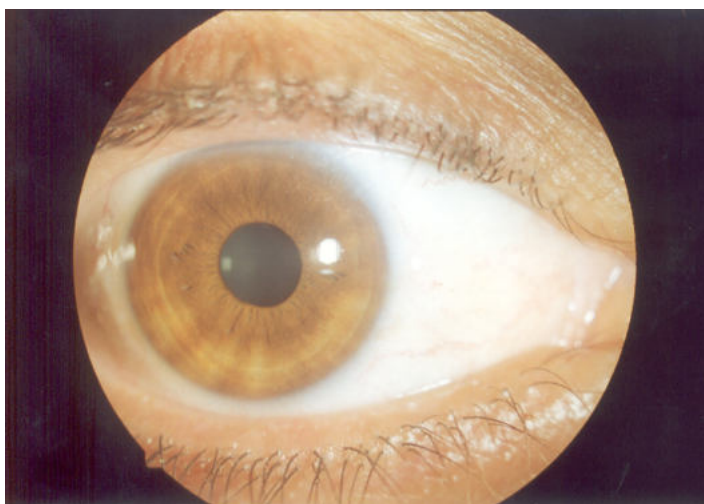
6-12 mths/ < 8kg	100,000 IU orally 3-6 monthly
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>1yr <6yrs	200,000 IU orally 6 monthly
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Lactating mothers	20,000 IU orally at delivery
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WHAT IS AN EYE DONATION

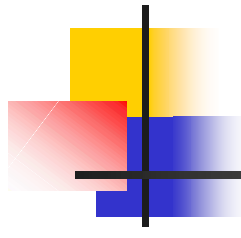
It is donation of transparent glass (Cornea) from donor to recipient having Corneal opacity with normal posterior segment



Magnitude Of The Problem in India

- 20% of blind population of the world
- 15 million total blind in India
- 6-7 million are corneal blind
- 1 million bilateral blind

(90% below age 45 yrs including 60% children below 12 yrs)

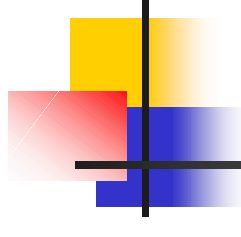


Magnitude of The Problem

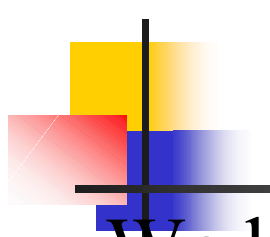
- Required collection – 2,00,000(50% utilization)
- Current Collection 2017– 52960

EBAI- 2017 Stats for INDIA(Unpublished data)

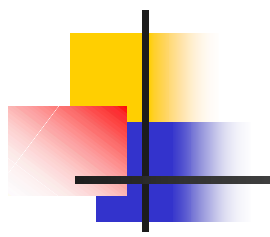
Magnitude of the Problem in India

- 
- Required transplant – 1,00,000 cornea
 - Current transplants (2017) – 25153

EBAI- 2017 Stats for INDIA(Unpublished data)

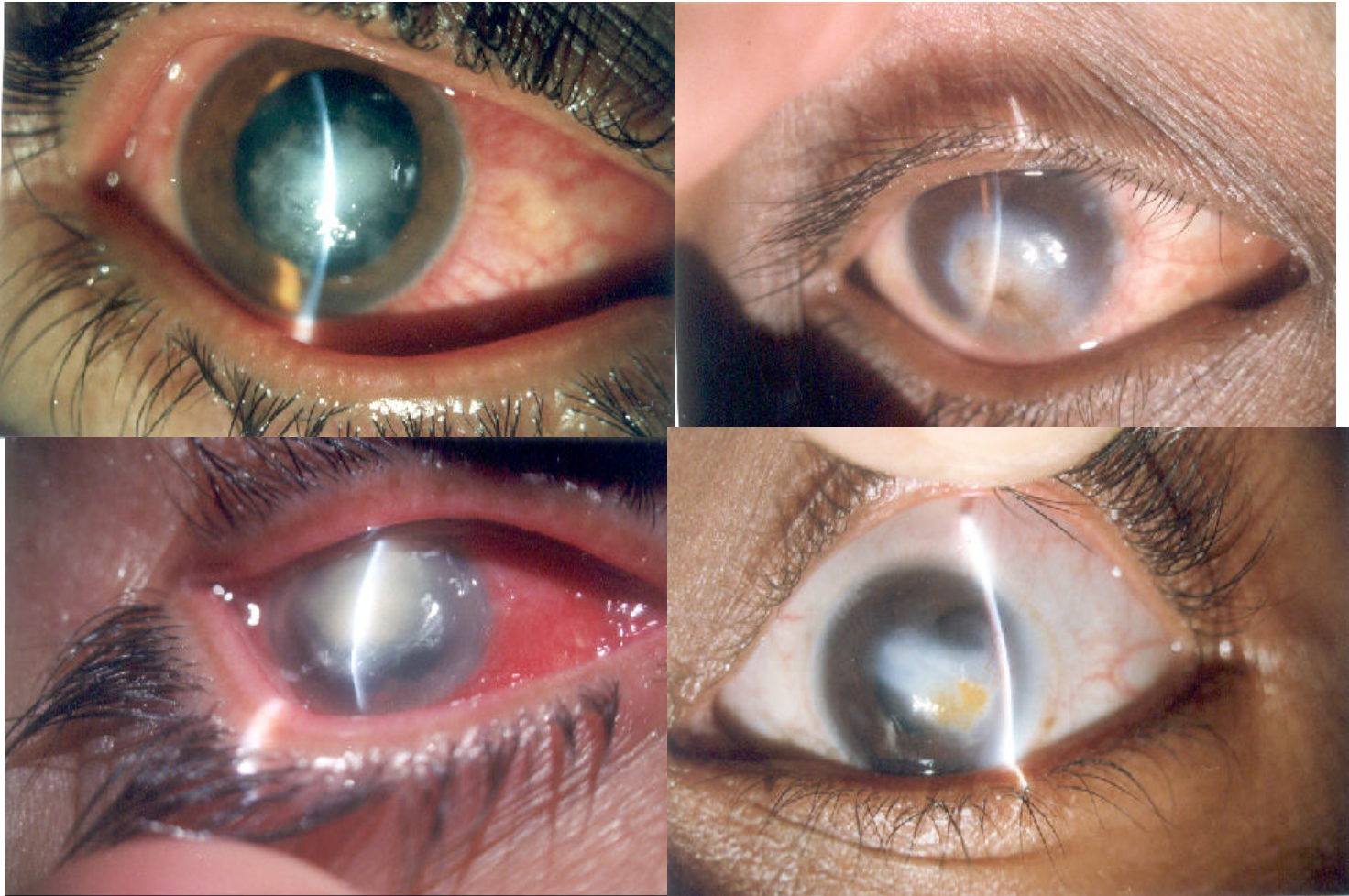
- 
-
- We have **achieved 0.25%** of all deaths
 - 25 donation / 10,000 deaths
 - **Target is 1%** of total deaths
 - 100 donation / 10,000 deaths

With a goal of 100,000 transplants and utilization of 50%

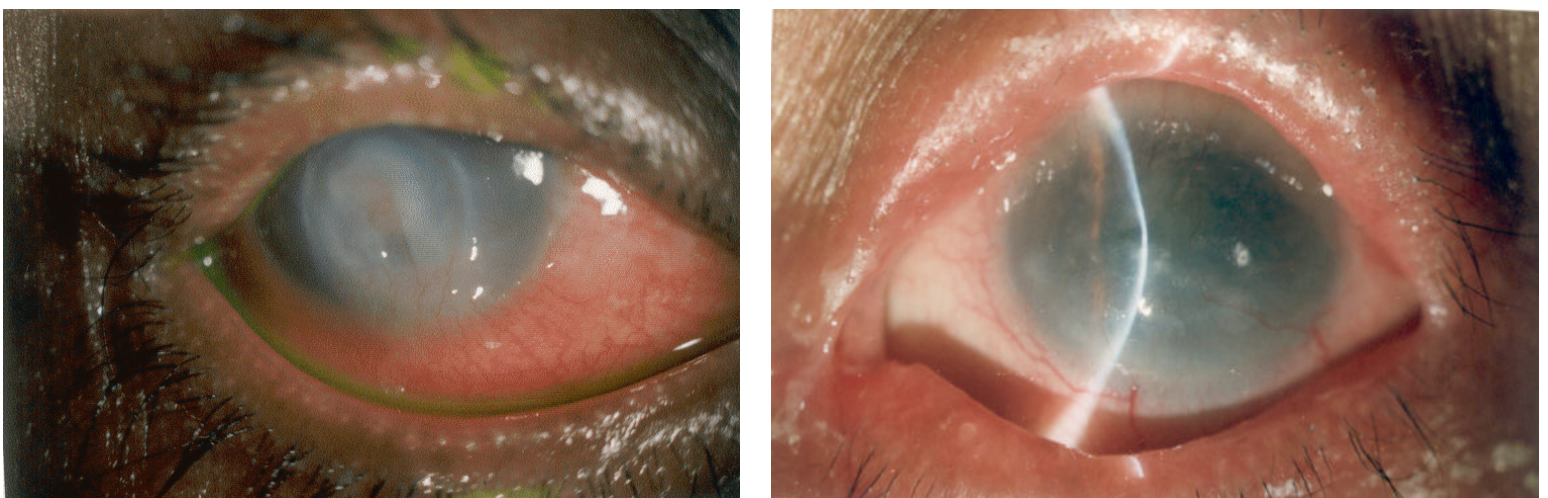


Causes of Corneal Blindness

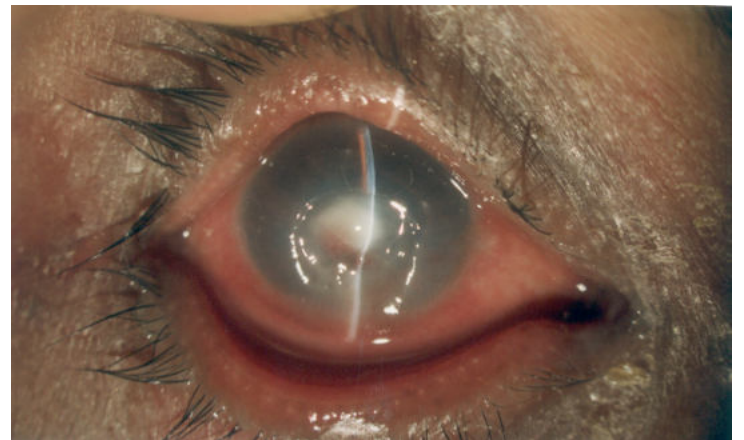
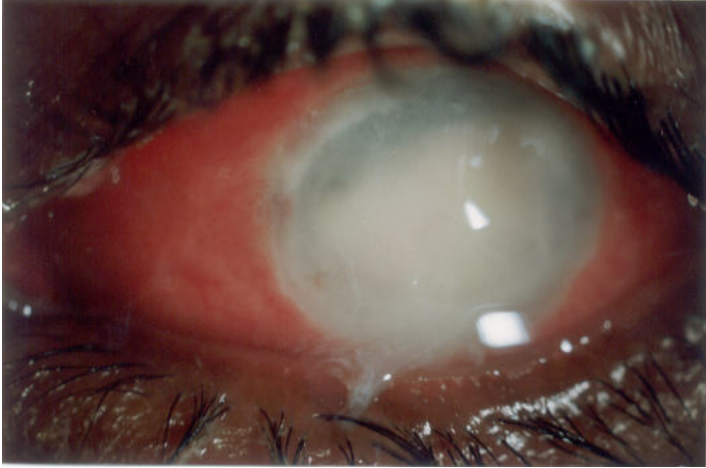
Corneal Infections



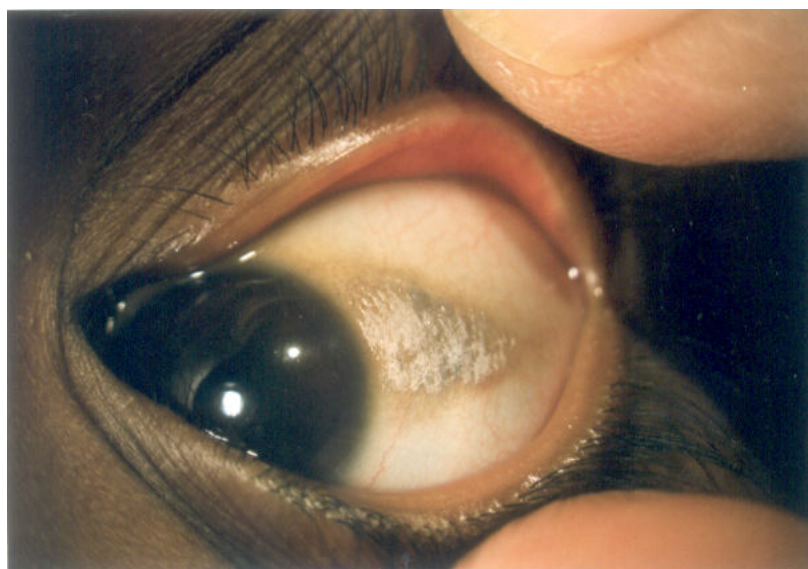
Vasculrized Corneas with thinning



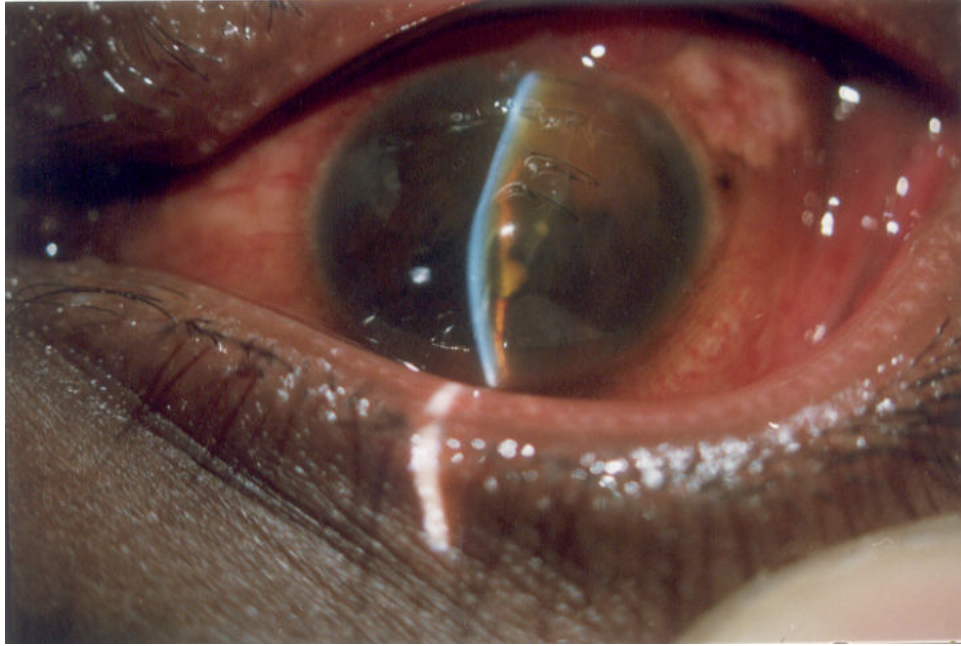
Sloughing Cornea with Perforation



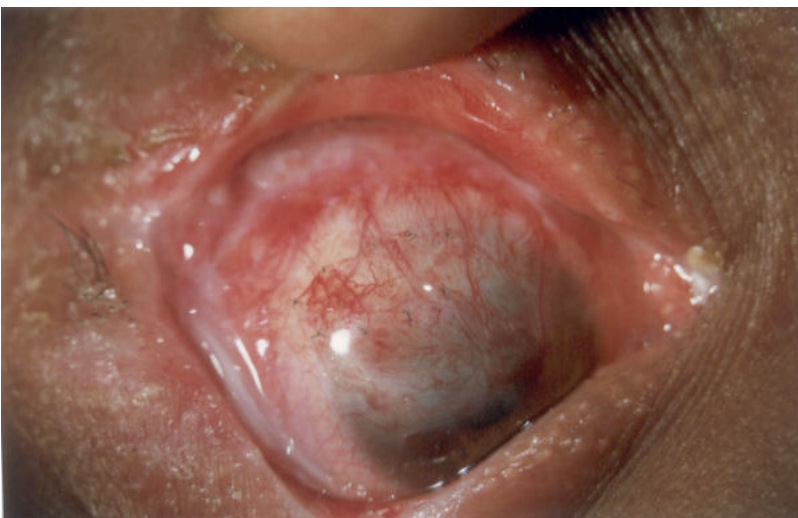
Vitamin A Deficiency



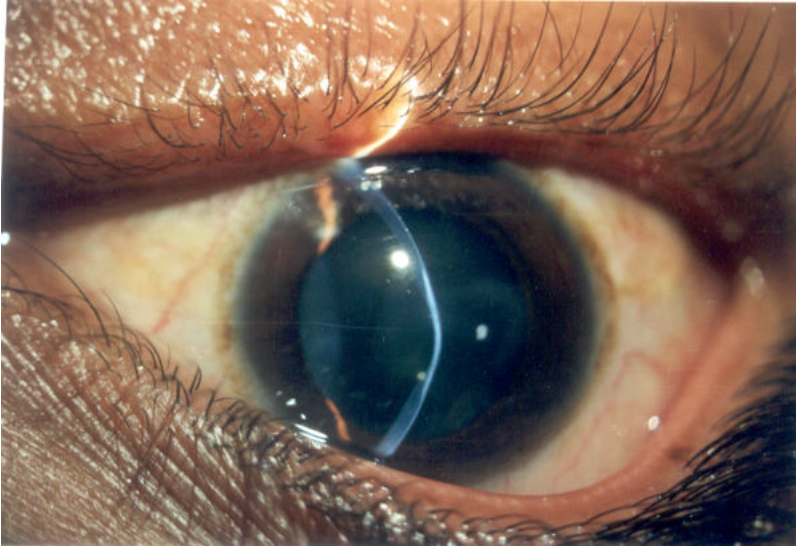
Traumatic Corneal Opacities



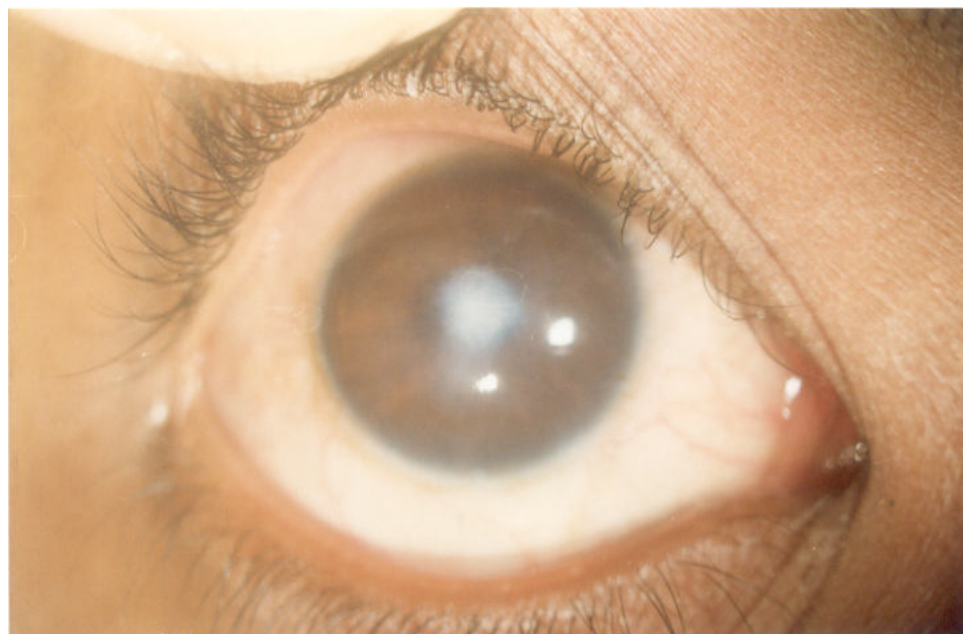
Chemical Burns



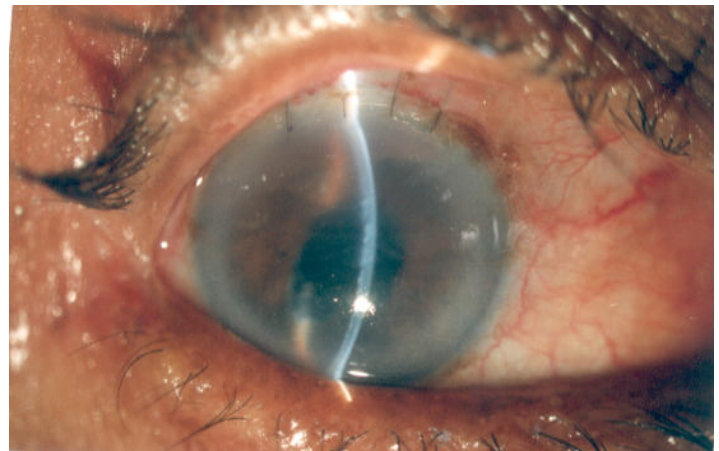
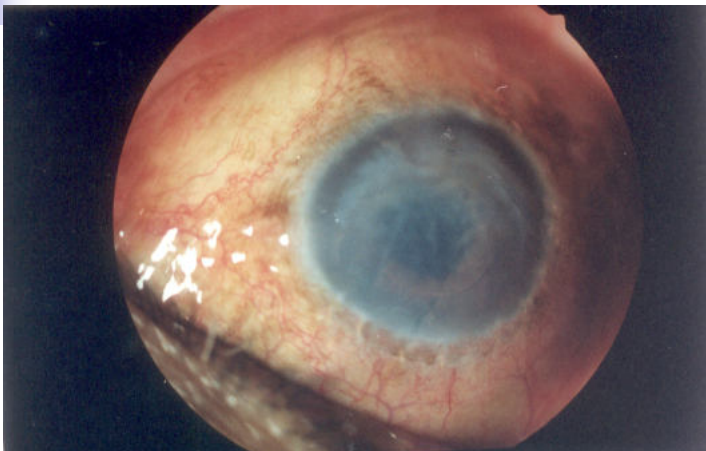
Corneal Dystrophies & Degenerations



Congenital Corneal Opacities

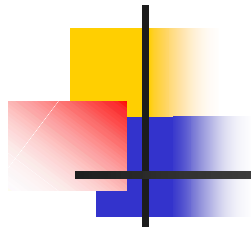


Surgical Trauma



Demand Vs supply of cornea

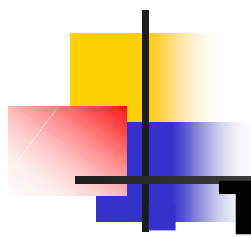
- **1 lakh Cornea needed per year**
- **30-40,000 new Corneal blind are added every year**
- **50,000 eyes collected in India every year**
- **8-9 million death occur every year in India**
- **To clear the backlog we need at least 277,000 corneas**



Eye Bank

- Is an organization which deals with
 - Collection
 - Storage
 - Distribution

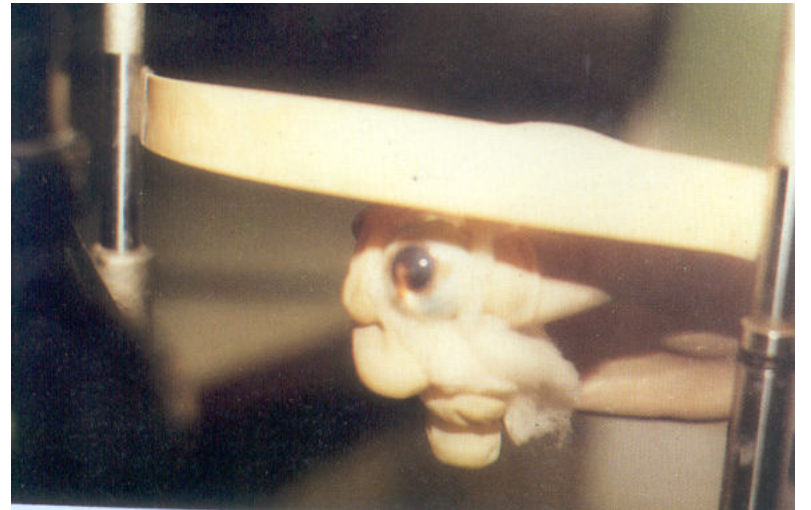
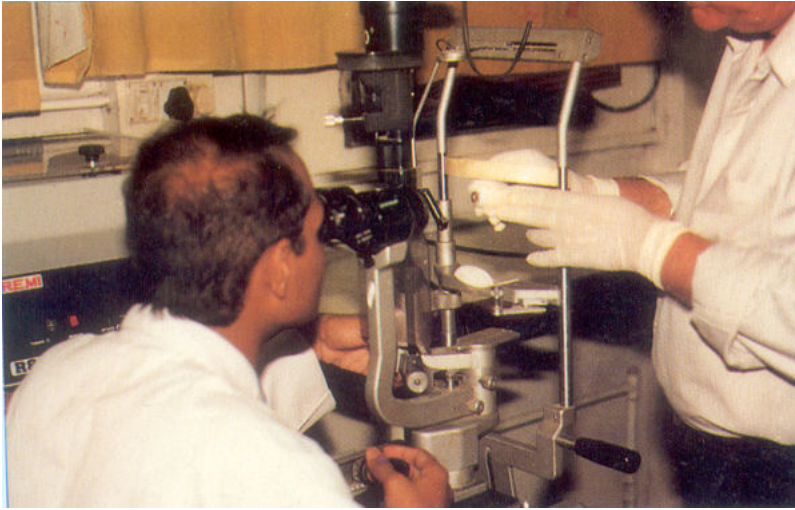
For the purpose of corneal grafting and research



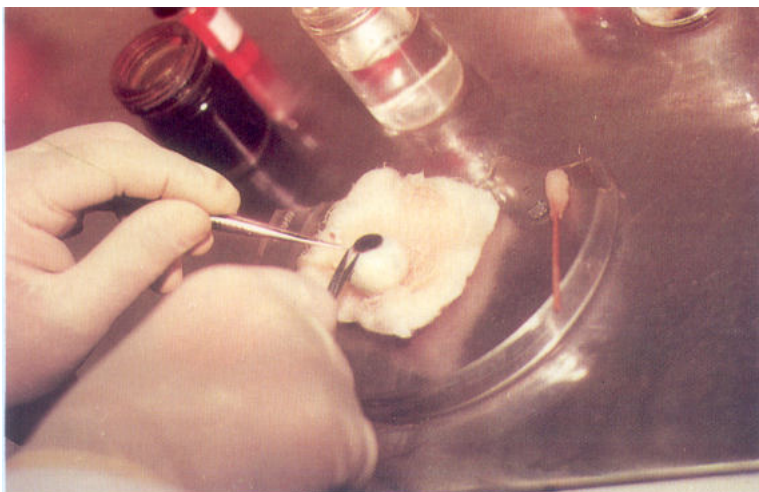
Functions of Eye Bank

- **To promote eye donation**
 - **Registration of pledger for eye donation**
 - **Collection and processing of eyes as per Eye Bank standards**
 - **To evaluate the quality of tissue before use**
 - **Preservation of Tissue**
 - **Distribution of tissue**
- **Research activities**

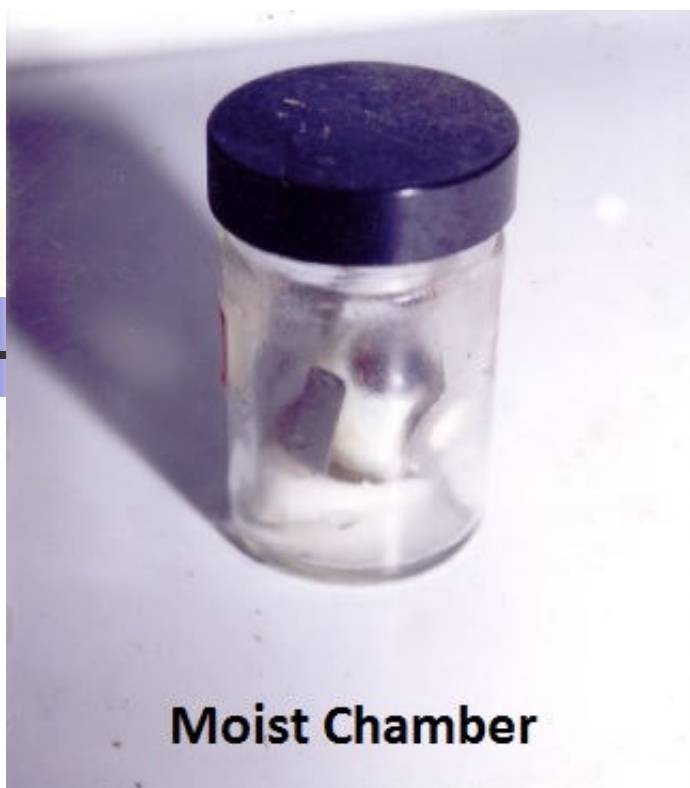
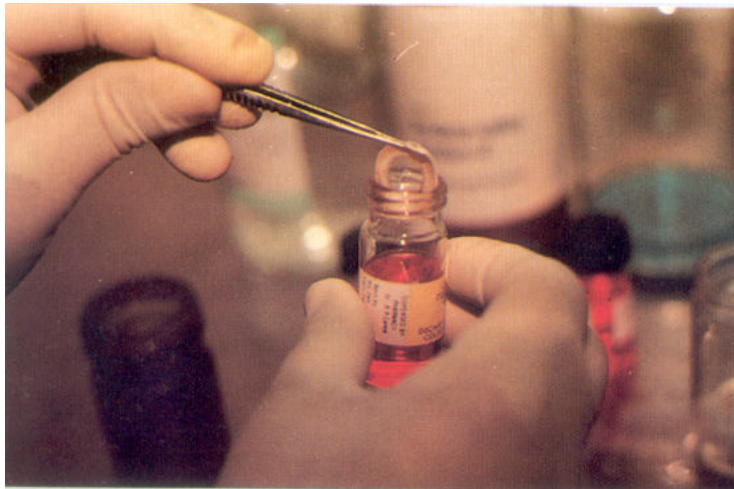
Assessment of Donor Cornea



Preparing a Corneo-Scleral Button



Placing Donor Cornea in MK Medium for Preservation



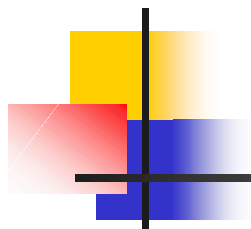
Moist Chamber



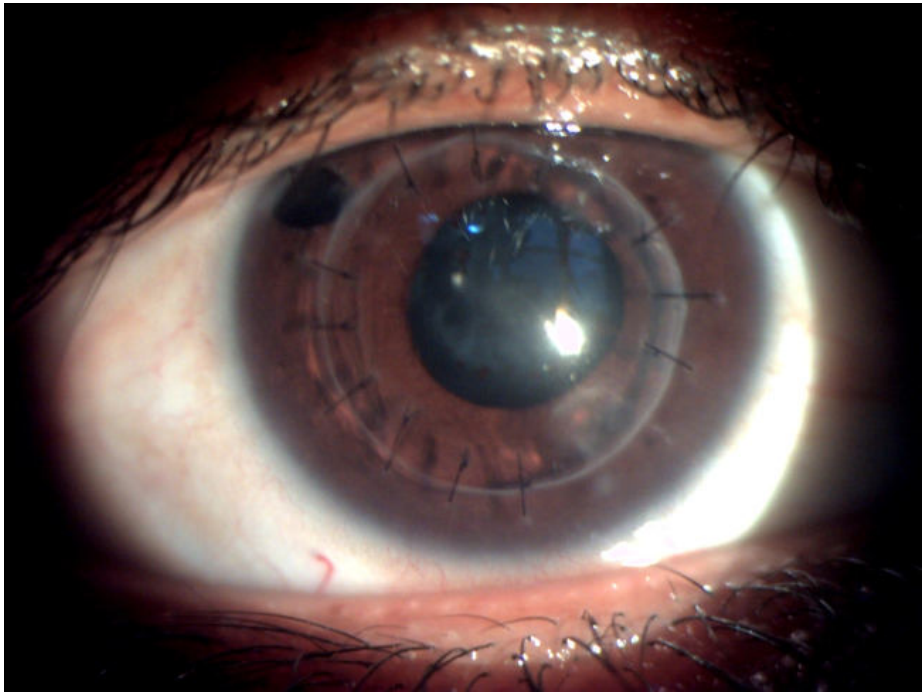
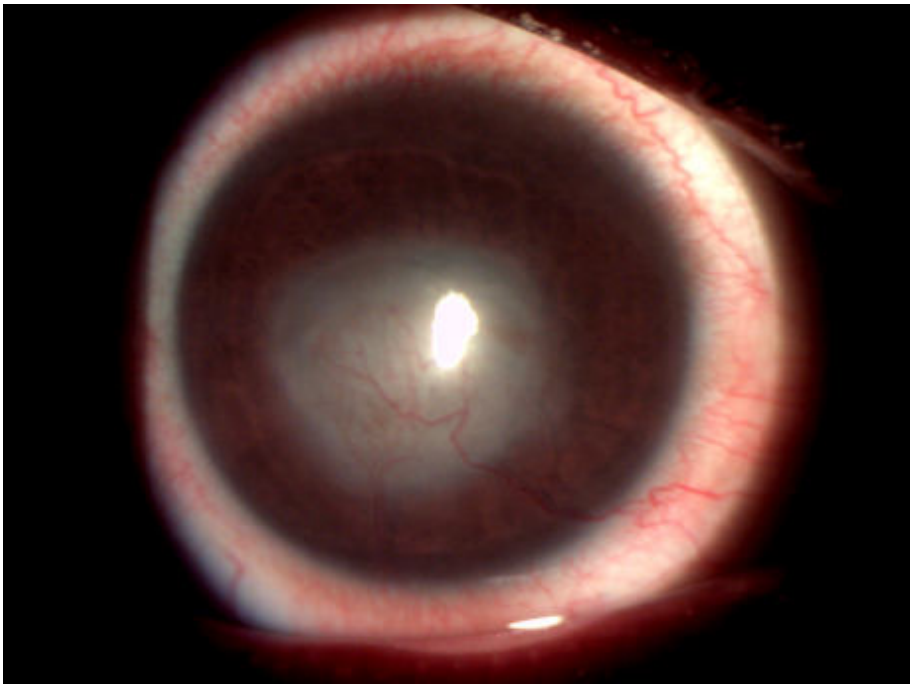
MK Medium

14 days
corneal Storage Media





Keratoplasty



Types of keratoplasty

- Lamellar

SALK

DALK

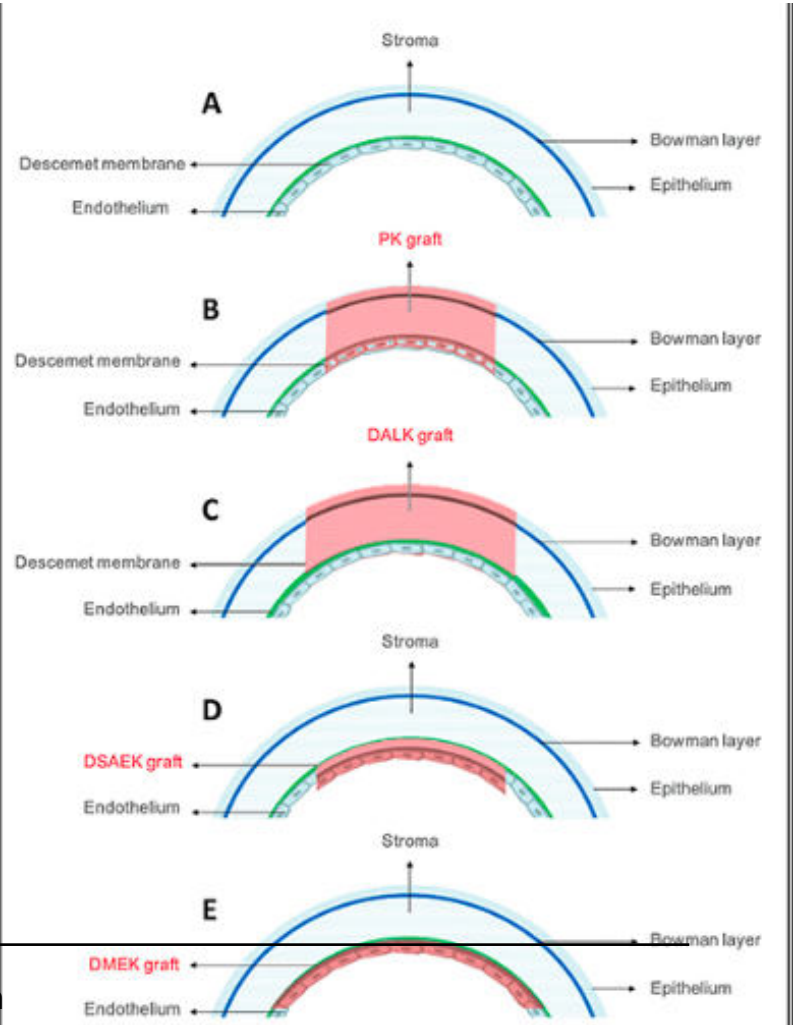
DSEK

DMEK
- Penetrating

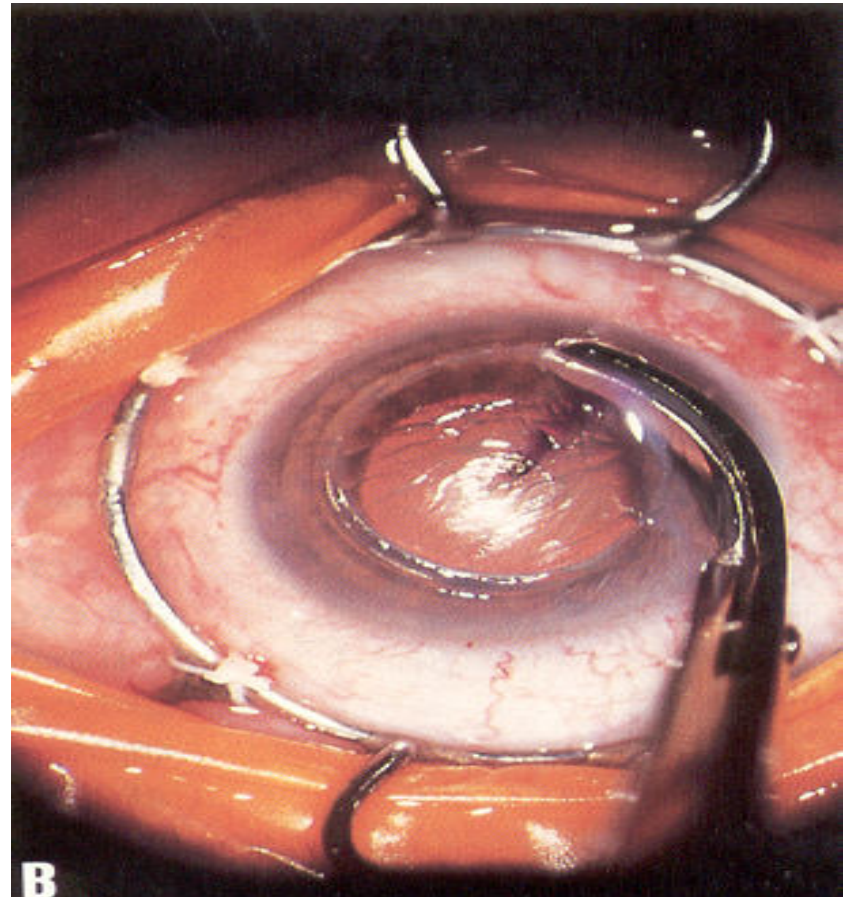
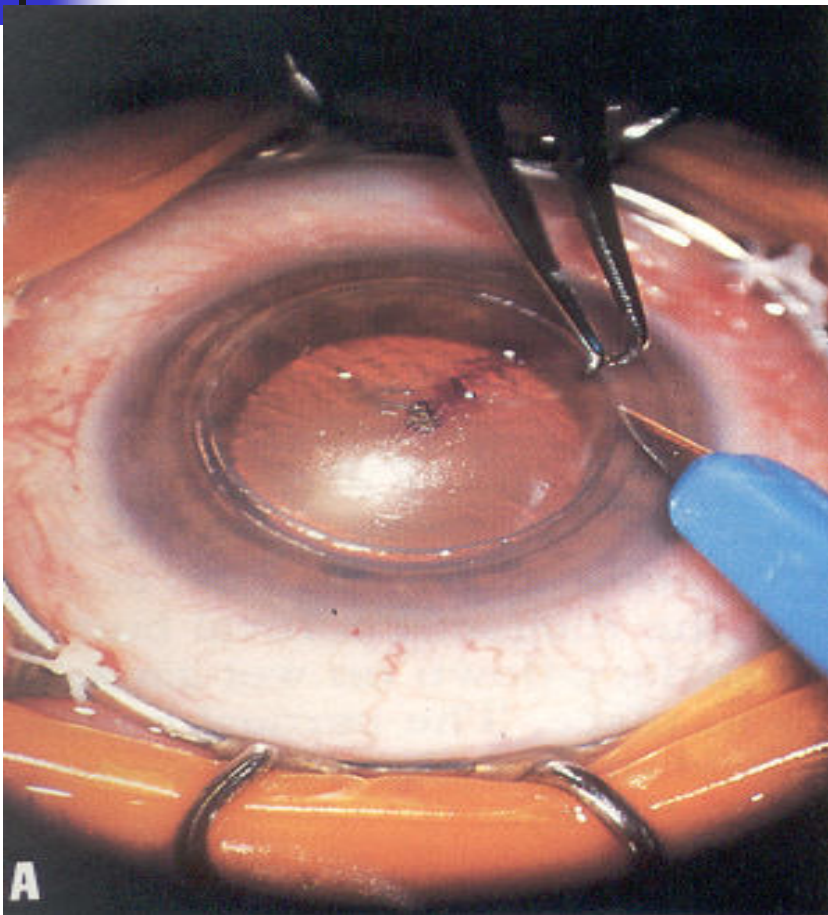
optical

therapeutic

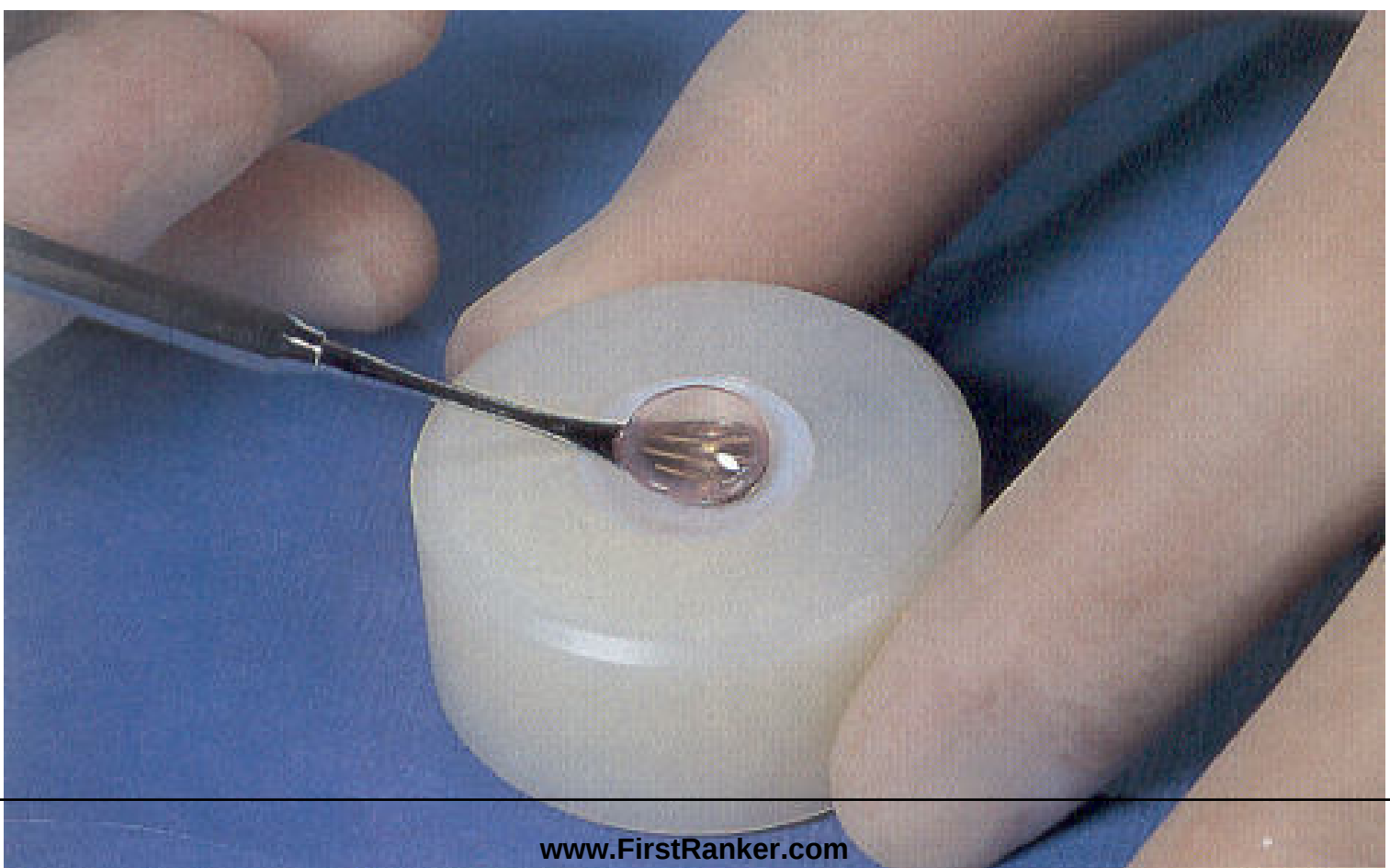
tectonic
- Rotational autografts



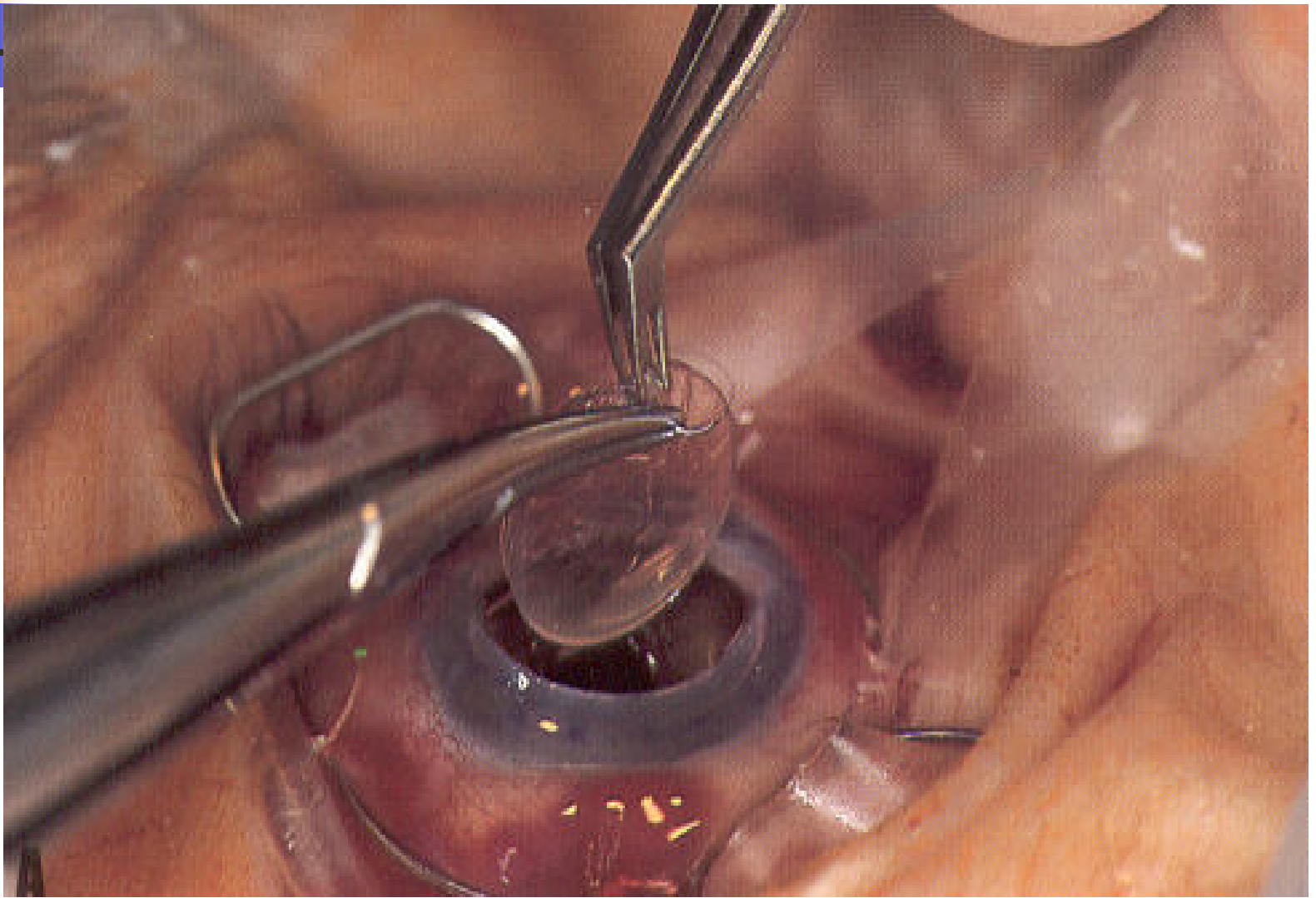
Removing diseased host corneal button



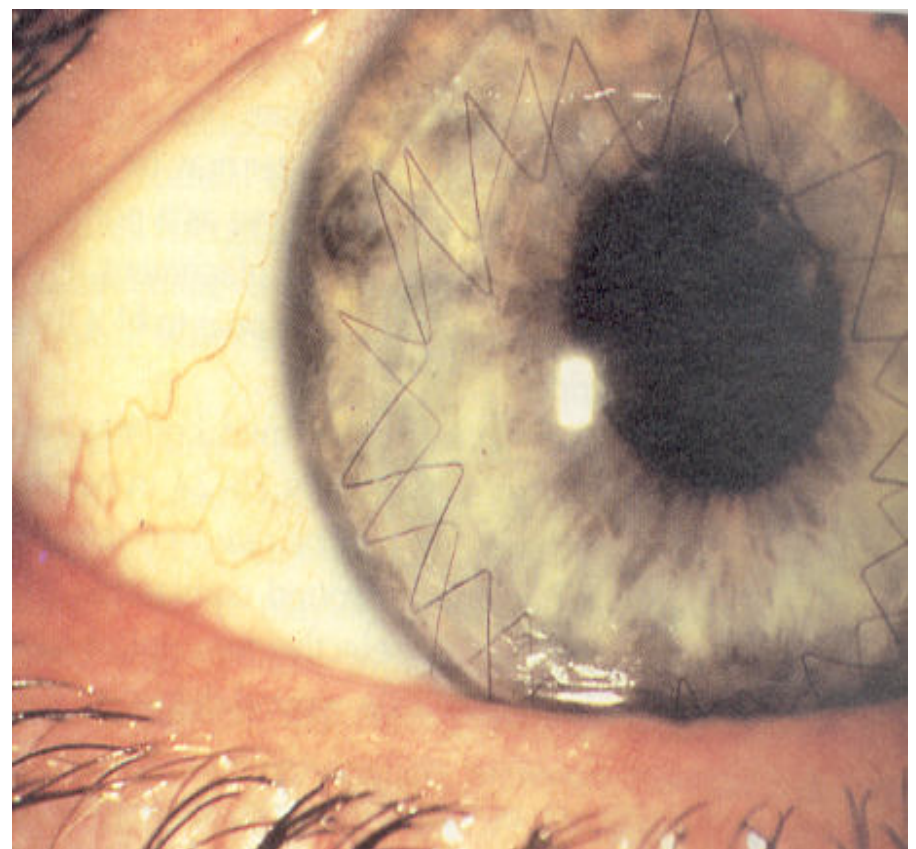
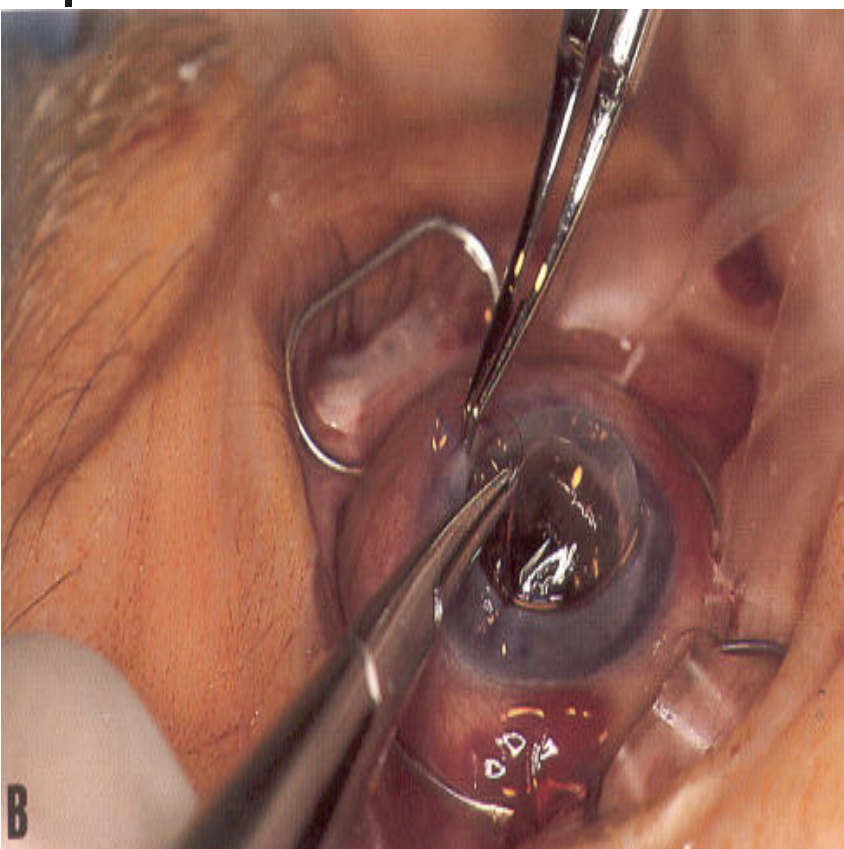
Donor corneal button

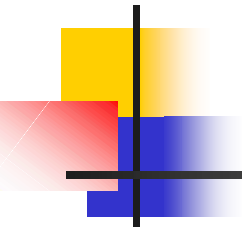


Placement of graft over the recipient eyeball

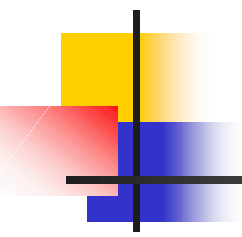


Corneal Graft in place



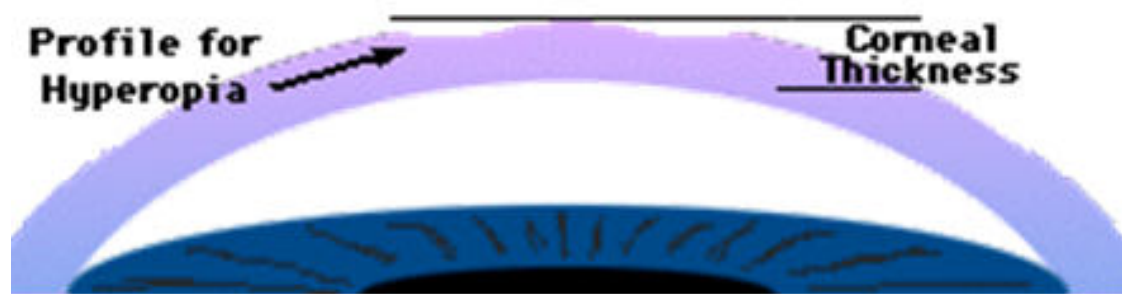
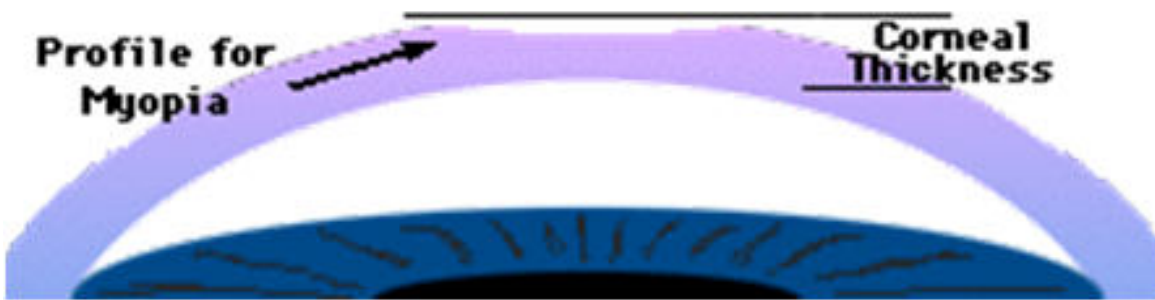


Refractive corneal surgeries

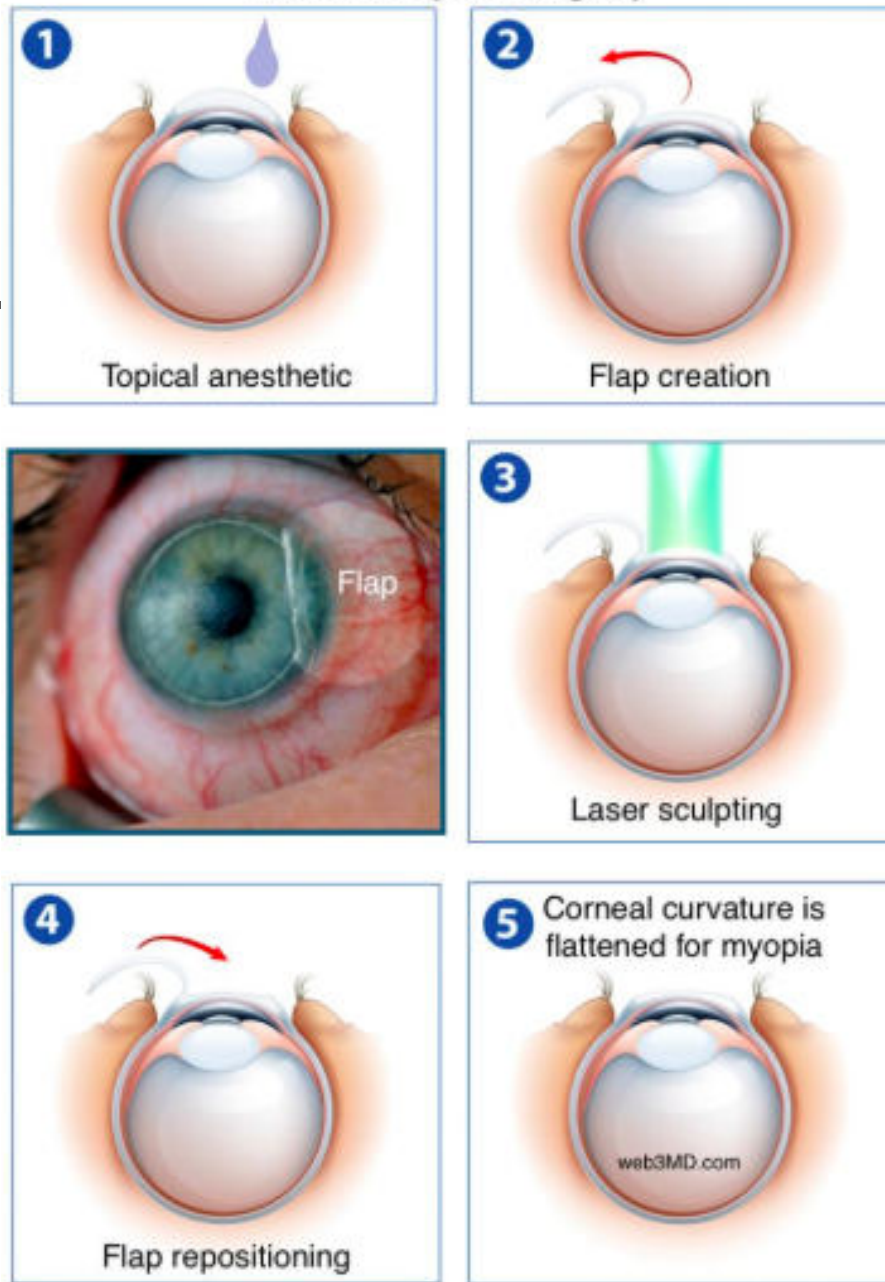


■ Subtraction procedures

- Photorefractive keratectomy (PRK):
excimer laser is used in the center optical zone.



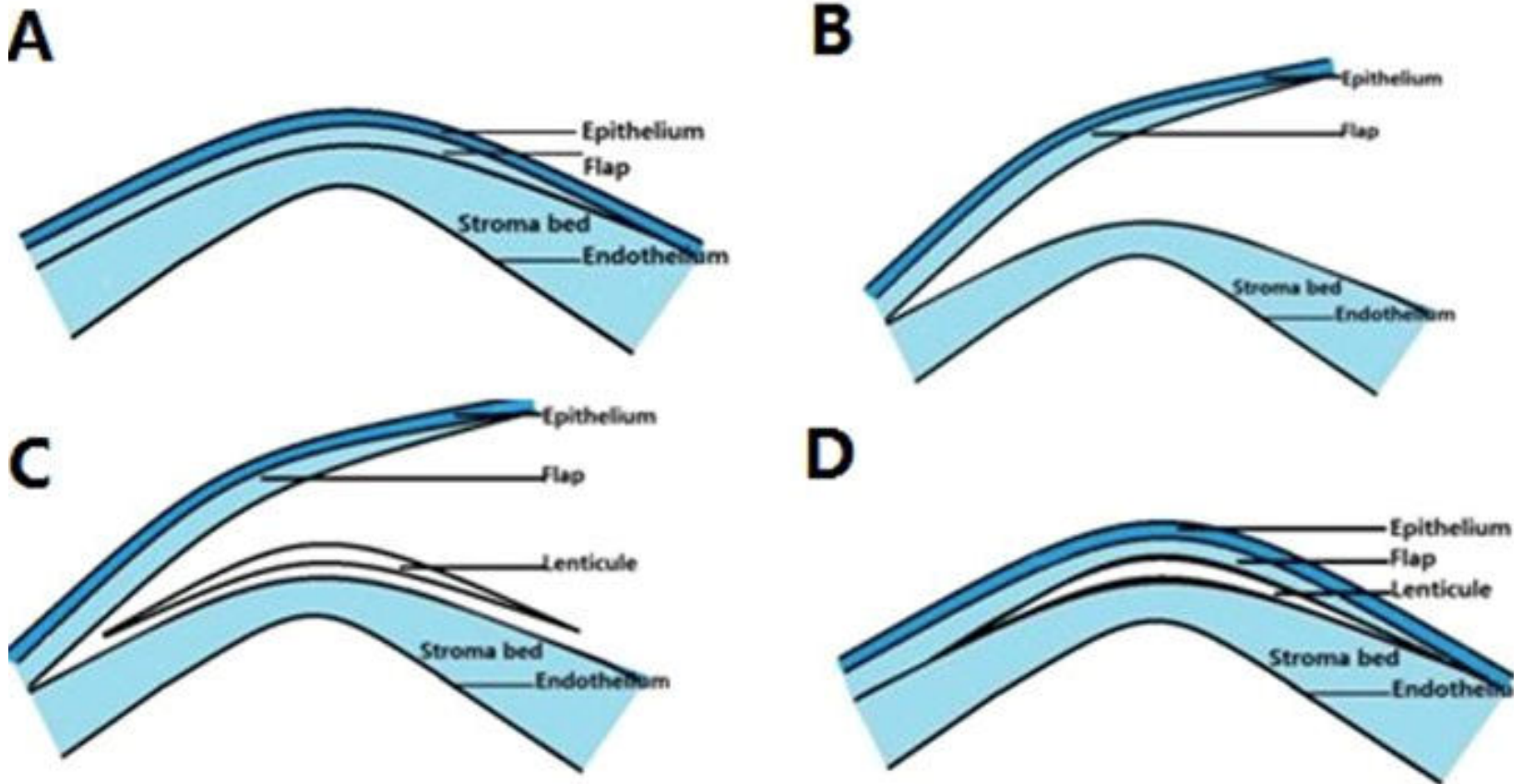
- Laser assisted in situ keratomileusis (LASIK):
 - 130-160micron flap is raised
 - mid stromal tissue is ablated by eximer laser
- Clear lens extraction



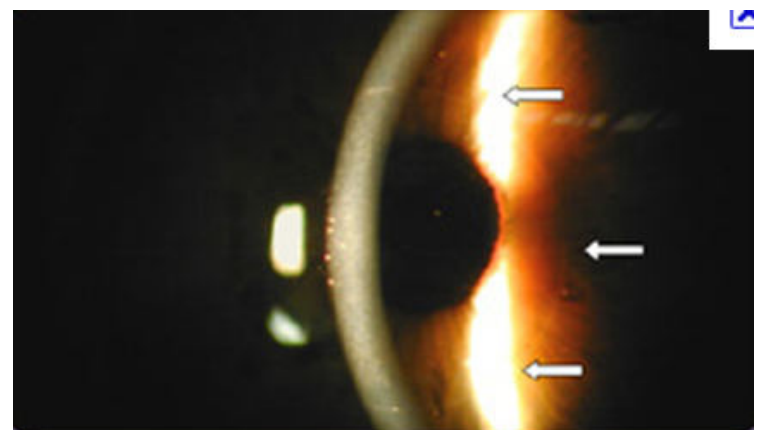
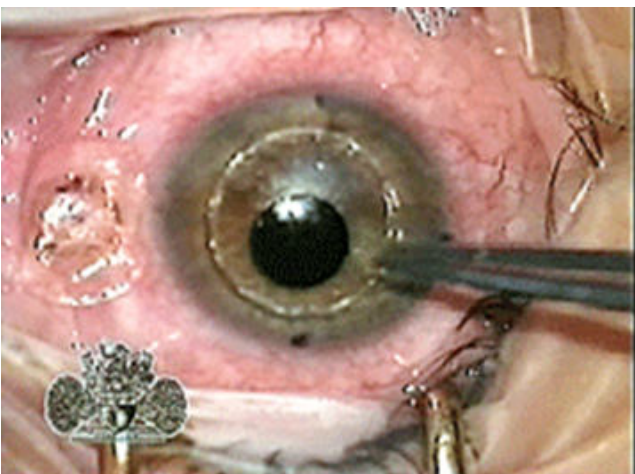
■ Addition procedures

- Epikeratoplasty – corneal surface
- Intracorneal lenses – corneal stroma
- Intracorneal rings – peripheral cornea
- ICL – Implantable collamer lens
- Piggy bag lens

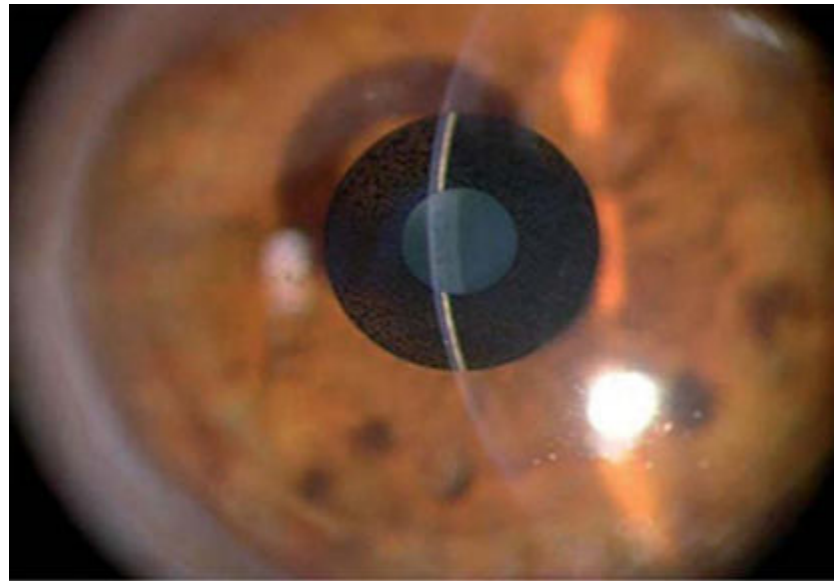
Epikeratoplasty



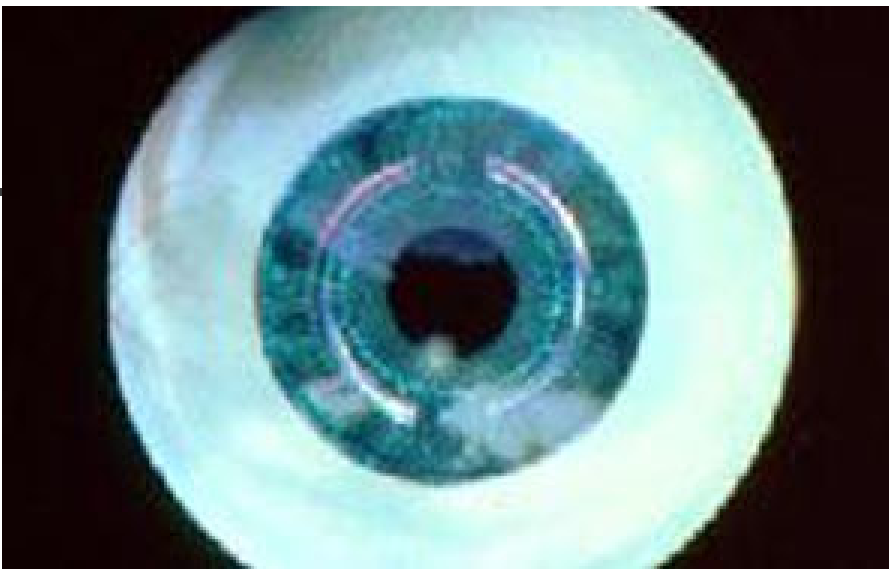
Intra corneal lenses



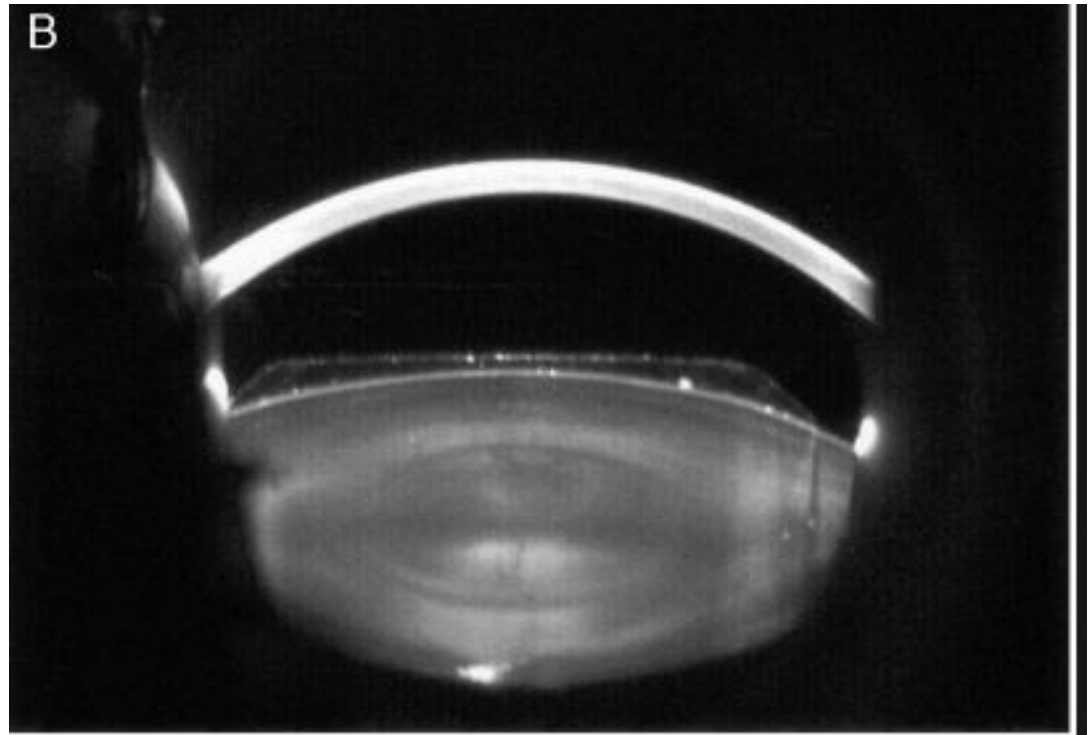
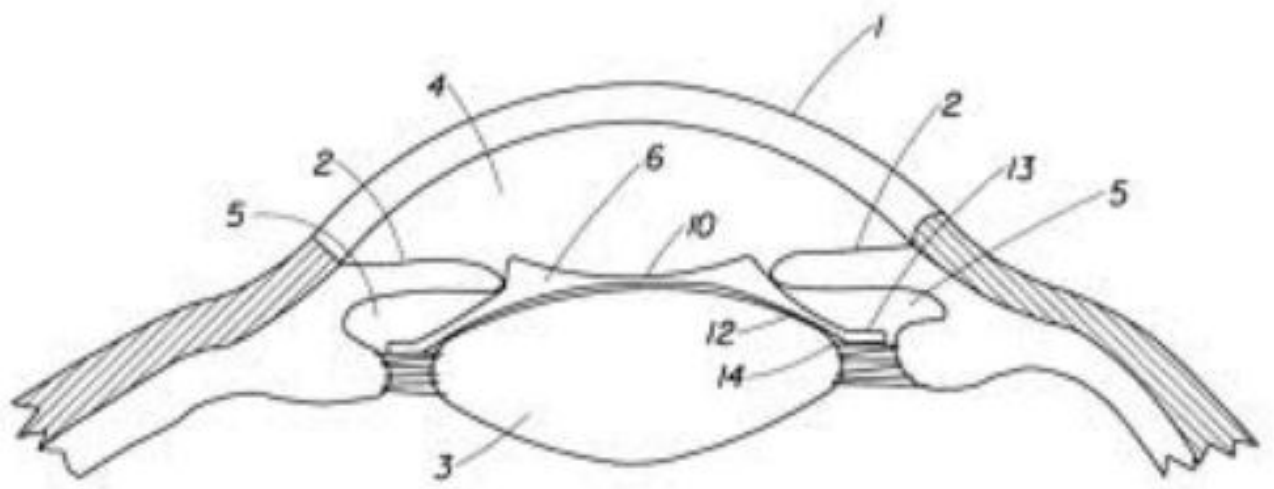
Intracorneal lens for presbyopia



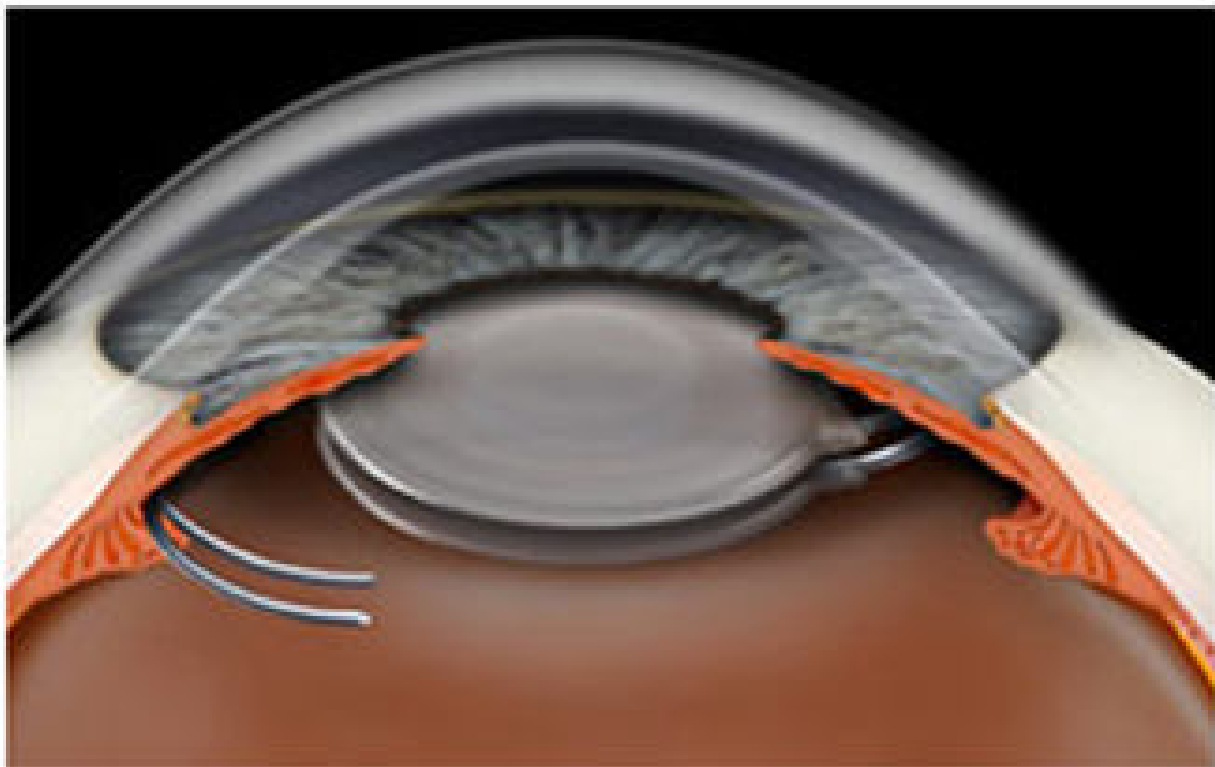
Intracorneal rings



ICL



Piggy bag IOL



■ Relaxation procedures

- Radial Keratotomy - peripheral corneal stroma (6D)
- Astigmatic keratotomy – peripheral corneal stroma

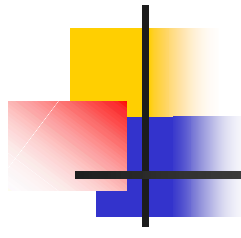
Radial keratotomy



- **Coagulation – compression procedures**
 - Thermokeratoplasty : peripheral cornea (4D of hyperopia)
 - Compression sutures : peripheral cornea

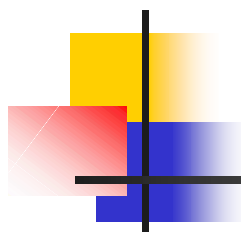
Thermokeratoplasty





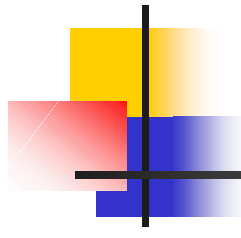
Myopia

- PRK – 6D
- LASEK- Laser epithelial keratomileusis
- LASIK – Laser in situ keratomileusis(8-12 D)
- Clear lens extraction
- Phakic posterior chamber contact lenses- ICL(Implantable Collamer surgery) - -3 to -15D



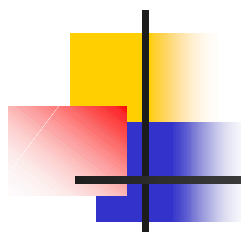
Hypermetropia

- PRK
- LASEK
- LASIK – 4D
- Conductive keratoplasty(CK)
- Intracorneal inlays
- ICL



Astigmatism

- Limbal relaxing incisions
- PRK – 3D
- LASEK- 3D
- LASIK- 5D
- TORIC IOL
- Conductive keratoplasty- 3D



Presbyopia

- IOL- multifocal, bifocal or accomodating
- LASER induced monovision
- LASIK- corneal multifocality
- Intracorneal inlays