STANDARDIZED DESCEMETIC INTRABUBBLE: USE OF CORNEAL POLARIZER PRELIMINARY RESULTS, CASE REPORT

A. Laborante, C. Longo
OPHTHALMOLOGY, IRCSS- Ospedale Casa Sollievo della Sofferenza, Italy

Purpose: To evaluate the refractive outcomes: the UCVA, BSCVA, sfero equivalent (SE), topo-aberrometric and structural data after 6 months from the execution of standardized laser-assisted lamellar keratoplasty descemetica, mushroom cut and use of corneal polarizer. The suture was performed in detached points.

Materials and Methods: It is considered the patient affected by keratoconus 3° stage, was subjected to a Standardized Descemetic Intrabubble with the aid of Femtolaser and the use of corneal polarizer. For the data refractive is used the ETDRS scale and analysis with topography and aberrometry, structural data with OCT anterior segment. Results: We performed a preoperative assessment after 3 months and 6 months of UCVA average and BSCVA average, the sfero equivalent SE, topographic astigmatism average and structural data OCT.

- DATA to 3 months: Ucva average 4/10, Bscva average 8/10, SE – 2,50±2,70, Topographic Astigmatism average 2,90±1,60);
- DATA to 6 months: Ucva average 4/10, Bscva average 8/10, SE – 1,65±2,25, Topographic Astigmatism average 2,30±1,50.

The results can be attributed to the surgeon’s dexterity with casuistry 42 personnel cases of lamellar keratoplasty performed. The corneal polarizer can be used intraoperative or outpatient. You can use in lasik, penetrating and lamellar keratoplasty and analysis of keratoconus after cross-linking.

Conclusions: The mushroom cut determines a good biomechanical stabilization. The polarizer corneal helps the orientation of the corneal lamellas, respects the corneal anatomy, improves the contrast sensibility and determines a minor astigmatism. You need a more extensive case studies and a longer follow up.