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Use of non-pedicled conjunctival flap in corneal perforations

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Objective: Available treatments of corneal perforations can range from temporary or short-term solutions to more complex repair. The cornea surgeon will choose about it depending on the underlying disease and taking in count the size, extent of stromal involvement, location of the perforation and visual potential. When there is a deficit in access to a corneal tissue and you are facing an emergency to solve, but you want to maintain an integrated ocular surface, thinking about the possibility of a new surgical intervention, the use of non-pedicled conjunctival flap could be a good alternative.

Methodology: We described the use of non pedicled conjunctival flap in 8 cases of non-traumatic corneal perforations and impending perforations. This kind of

treatment has not previously been described. All patients had been treated first for microbial keratitis, and nonetheless progressed to corneal ulceration with stromal thinning.

Results: Six (6) patients had a cure or complete remission of their disease within 4 to 8 weeks of their surgery, leaving an ocular surface intact, and ready for a corneal transplant in a future. The other two patients did not have a good evolution and their flaps disintegrated by advancement of the ulcer so they needed a new surgery (a new flap or a scleral patch).

Conclusions: Non pedicled conjunctival flaps are a very good option for the treatment or corneal perforations especially when donor tissue is not timely available..

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