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## OCULAR SURFACE RECONSTRUCTION IN SEVERE CASES OF STEVENS JOHNSON SYNDROME

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Amniotic Membrane (AMT) and/or limbal transplantation have been consolidated as therapeutic options in the management of ocular surface disorders. However, in the most severe cases, especially in Stevens-Johnson Syndrome (SJS) and Ocular Cicatricial Pemphigoid (OCP), the long-term results are still undetermined. Purpose: The purpose of this study is to report the outcome of preserved AM and living related corneal limbal/conjunctival transplantation(Ir-CLAL) in SJS with total limbal stem cell and conjunctival deficiency (TLCD). Methods : Ten patients (7males / 3 females; mean age 30.5 years old (range 9-64 yo)) with TLCD secondary to SJS were treated with excision of the cicatricial tissue, followed by AMT associated with Ir-CLAL. Patients who underwent non-HLA matched Ir-CLAL and/or penetrating keratoplasty were systemically immunosuppressed. Results : With a mean follow-up time of 15.5 months (range11-24mo), satisfactory ocular sursface reconstruction was obtained in 2 eyes (20%), with reduced inflammation and vascularization and a mean epithelialization time of 3 weeks(range 2-4 w). Surgical failure was observed in 4 eyes(40%) and complication(post-op infections) in 4 eyes(40%). The Kaplan-Mayer survival curve showed that the reconstruction failed in 5 cases (50%) in the first month and in 3 more cases (30%) 1 year after the surgery. Visual acuity improved in 5 patients(50%), remained stable in 4 patients(40%) and decreased in1 patient (10%). Conclusion :AMT and Ir-CLAL were efficient in only few of severe cases of SJS. A high number of postoperative complications, especially infection, seemed to jeopardize a favorable outcome. New strategies are necessary to further improve ocular surface reconstruction in these patients.