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Outcome of repeated penetrating keratoplasty: A five year study

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Purpose: To evaluate primary indications for and success of penetrating keratoplasty in patients with multiple corneal transplantations. Design: Retrospective, no comparative case series. Methods: Charts of patients who underwent a second or more corneal transplantation between January 1, 1995 and December 31, 1999, were reviewed. Patients with a follow-up period of less than 6 months were excluded unless a failure or rejection episode was noted. Main outcome measures: Clarity of corneal graft, intraocular pressure and visual acuity. Results: Repeated penetrating keratoplasty represents 6,9% of keratoplasties performed between 1995 and 1999 in our center, 40 patients were included with 4 of them being submitted to more than one regraft during the study. Initial indications for grafting were keratoconus, infectious keratitis and corneal scars secondary to trauma and infections. Indications of regrafting include primary failure in 16 cases (36,4%), followed by immune rejection and secondary failure in 13 cases each one (29,5%). At the end of follow-up period, 54% of transplanted cornea remained clear, but only 6% were with visual acuity better than 20/40. In relation to the number of grafts, 63% of those with a second keratoplasty were clear at first year decreasing to 35% at second and 10% at third. After the third graft 62% of the third graft was clear at one year but none at the second. Those with a fourth transplant only remained clear for near 8 months. Failures were due to immune rejections in 47.6% of cases followed by glaucoma with 28.9%. Conclusions: Success of repeated penetrating keratoplasty decreased with time and number of previous graftings. Immune rejection represents the major cause of failure.