Roženica, Saturday, May 17 2025, 14:45-16:00
Location: dvorana Grandis
Session: **Roženica / Cornea**
Chairs: Vladimir Pfeifer and Petra Schollmayer

OR-086
Occurrence, treatment and follow up of cystoid macular oedema after DMEK
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Purpose: Occurrence and management of cystoid macular oedema (CME) after Descemet membrane endothelial keratoplasty (DMEK).

Methods: Retrospective study at the University Eye Hospital UKC Ljubljana of DMEK procedures performed by a single surgeon (SSP) for the two most frequent diagnoses in 9 years period according to occurrence of postoperative CME.

Results: 195 consecutive DMEK procedures in patients with Fuchs' dystrophy or bullous keratopathy, with postoperative follow up of at least 8 months, and without macular pathology were included in the study. CME occurred in 24 eyes (12.3%) of 22 patients after a mean of 4 moths. The exam confirmed deterioration of visual acuity without any corneal changes or other opacification in the visual axis, and OCT of macula reviled CME. Mean overall age was 70.3, SD9.7, while in the CME group it was 74.04, SD7.7 years, correlation of age to CME occurrence was weak and nonsignificant. Higher preoperative cornea thickness correlated significantly to CME: 701μm, SD121μm in nonCME group, 778 μm, SD 110μm in CME group, p=0.002, while diabetes, concurrent cataract surgery, or postoperative rebubble did not correlate. Initially CME treatment included topical corticosteroids 4-6x and topical NSAIDs 2-3x a day. Follow up was scheduled every two weeks and included OCT of macula. If the CME was declining, topical treatment was continued, in the opposite case steroids were applied intravitreally. All patients achieved good anatomical result, as well as improvement of the visual acuity, which was 0.8 Snellen in 50%.

Conclusions: The incidence of CME after DMEK is higher and it can occur in a longer postoperative period compared to CME after cataract surgery. In patients with visual acuity decrease without opacification in the visual axis, an OCT of the macula is recommended. The treatment is similar to the treatment of CME after cataract surgery and was proved to be successful. Since higher preoperative corneal thickness turned out to be an important risk risk factor for postoperative CME, early DMEK should be considered in the course of corneal decompensation.

Pojavljanje, zdravljenje in spremljanje cistoidnega makularnega edema po DMEK
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Namen: Pojavljanje in obravnava cistoidnega makularnega edema (CME) po endotelni keratoplastiki z Descemetovo membrano (DMEK).

Metode: Retrospektivna raziskava na Očesni kliniki UKC Ljubljana, pregled DMEK posegov s strani SSP pri dveh najbolj pogostih diagnozah v 9-ih letih glede na pojav pooperativnega CME.

Rezultati: Vključenih je bilo 195 zaporednjih DMEK posegov pri distrofiji Fuchs ali bulozni keratopatiji, s vsaj 8-mesečnim sledenjem, pri bolnikih brez patologije makule. CME se je pojavil pri 24 očeh (12.3%) 22 pacientov, povprečno 4 mesece po posegu. Pegled je potrdil padec vidne ostrine brez sprememb ročenice ali druge opacifikacije v vidni osi, OCT makule je prikazal CME. Srednja starost vseh je bila 70.3, SD9.7; pri skupini s CME 74.04, SD 7.7 let. Korelacija starosti s pojavom CME je bila blaga in nesignifikantna. Signifikantno je bila s pojavom CME povezana večja predoperativna debelina roženice, in sicer 701 μm, SD 121 μm v skupini brez CME, napram 778 μm, SD 110 μm v skupini s CME, p=0.002. Prisotnost sladkorne bolezni, sočasna operacija katarakte, pooperativno dodajanje plina niso korelirali s pojavom CME. Zdravljenje CME je primarno vključevalo topične kortikostreoide 4-6x in topične NSAID 2-3x dnevno. Kontrolni pregledi na 2 tedna so vključevali OCT makule. V primeru zmanjševanja CME je terapija ostala topična; v nasprotnem primeru je bil apliciran kortikosterod intravitrealno. Anatomski rezultat je bil pri vseh ugoden, vidna ostrina se je pri vseh izboljšala, pri 50% je bila 0.8.

Zaključki: CME po DMEK ima višjo incidenco kot po operaciji katarakte. Lahko so pojavi v daljšem pooperativnem obdobju. Pri vseh bolnikih s simptomatskim in dokazanim padcem vidne ostrine ob normalnem stanju prozornosti vidne osi je priporočljiv OCT makul. Zdravljenje je enako kot pri CME po operaciji katarakte in je bilo uspešno. Ker je večja predoperativna debelina roženice pomemben dejavnik tveganja, je smiselno k DMEK prisotopiti že v zgodejših stadijih dekompenzacije endotela roženice.