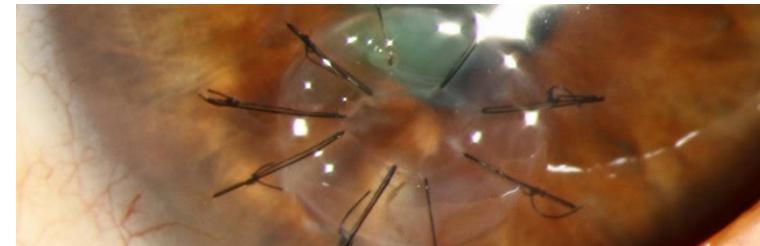


# QUERATOPLASTIA:



INDICACIONES Y TÉCNICAS QUIRÚRGICAS EN EL CHUAC  
DE 2011 A 2018

Viña, S  
Rodriguez, C  
Álvarez, M  
Simón, P  
De Rojas, V

# MATERIAL Y MÉTODOS



DISEÑO	Serie de casos retrospectiva, no comparativa
UBICACIÓN	Área sanitaria de A Coruña Complejo Hospitalario Universitario de A Coruña
CRITERIOS DE INCLUSIÓN	Queratoplastias 2011-2018
MEDIDAS PRINCIPALES DEL ESTUDIO	<b>Indicación</b> <b>Tipo de trasplante</b>
MEDIDAS SECUNDARIAS DEL ESTUDIO	Cirugía asociada Retrasplante

# RESULTADOS

Nº trasplantes	<b>413</b>
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Edad (media±SD)	<b>64,13±17,79</b>
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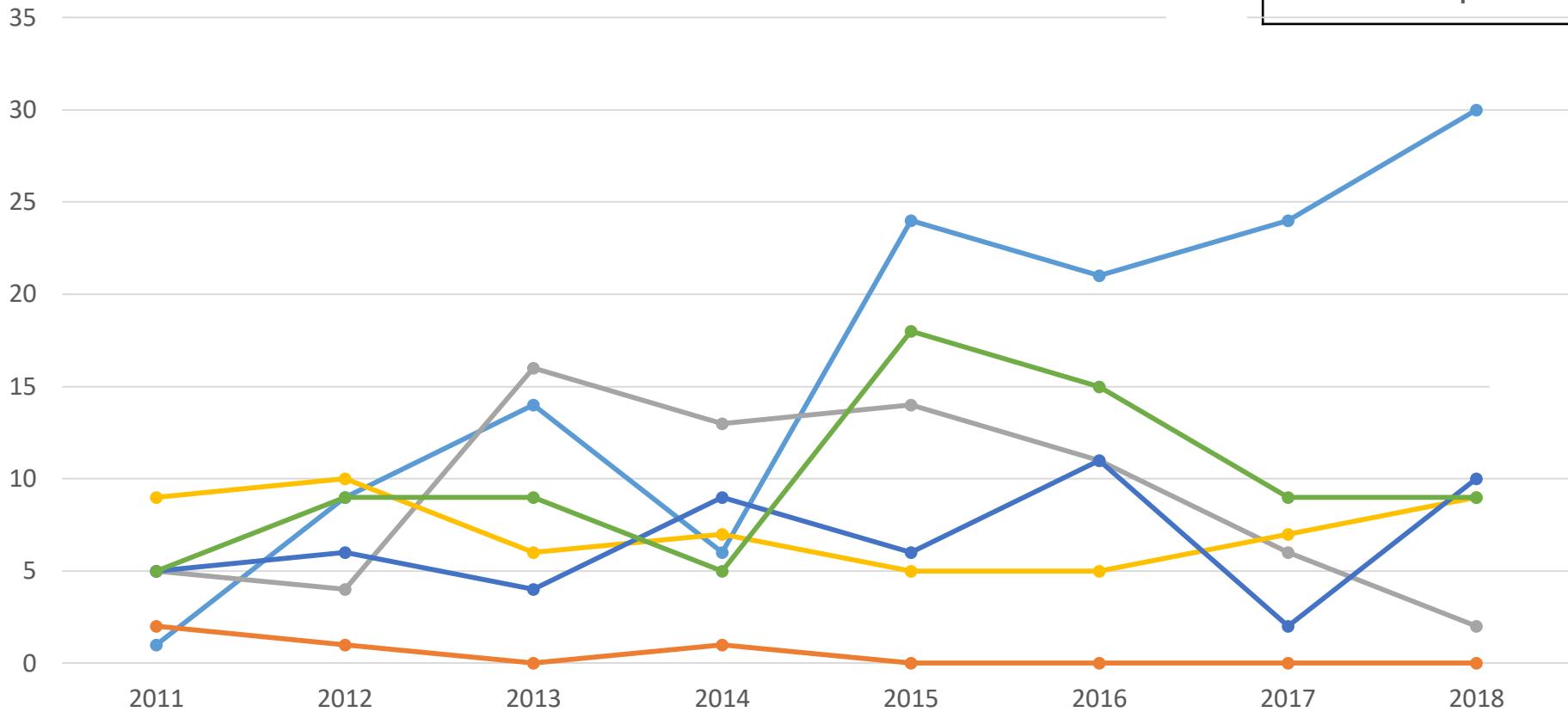
Sexo n (%)	
- Hombres	<b>192 (46,5%)</b>
- Mujeres	<b>221 (53,5%)</b>

Lateralidad n (%)	
- Derecho	<b>215 (52,1%)</b>
- Izquierdo	<b>198 (47,9%)</b>



# RESULTADOS

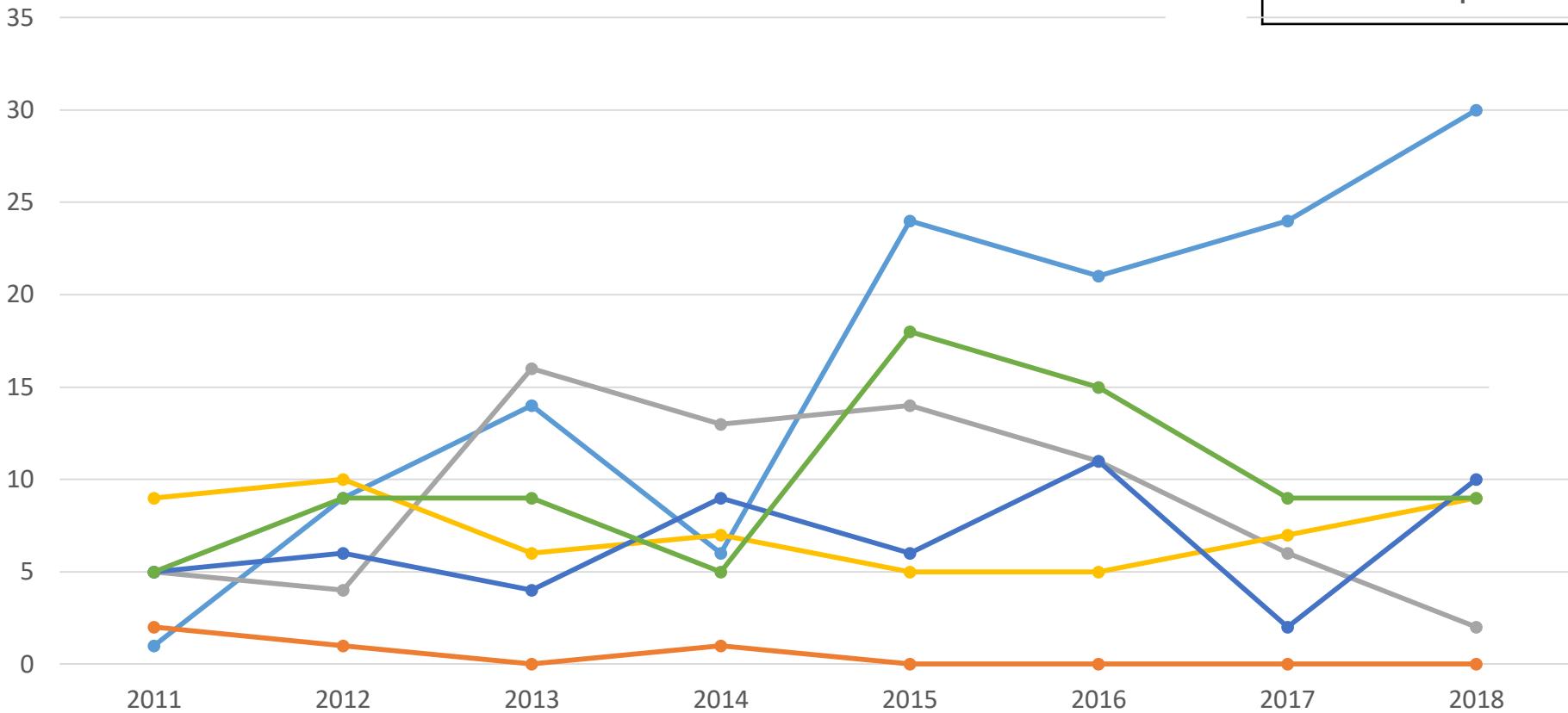
## INDICACIÓN DE TRASPLANTE



Total (%)	
Descompensación endotelial	<b>146 (35,4%)</b>
Infección	5 (1,2%)
Ectasia corneal	72 (17,4%)
Perforación	58 (14,1%)
Leucomas	53 (12,7%)
retrasplante	79 (19,2%)

# RESULTADOS

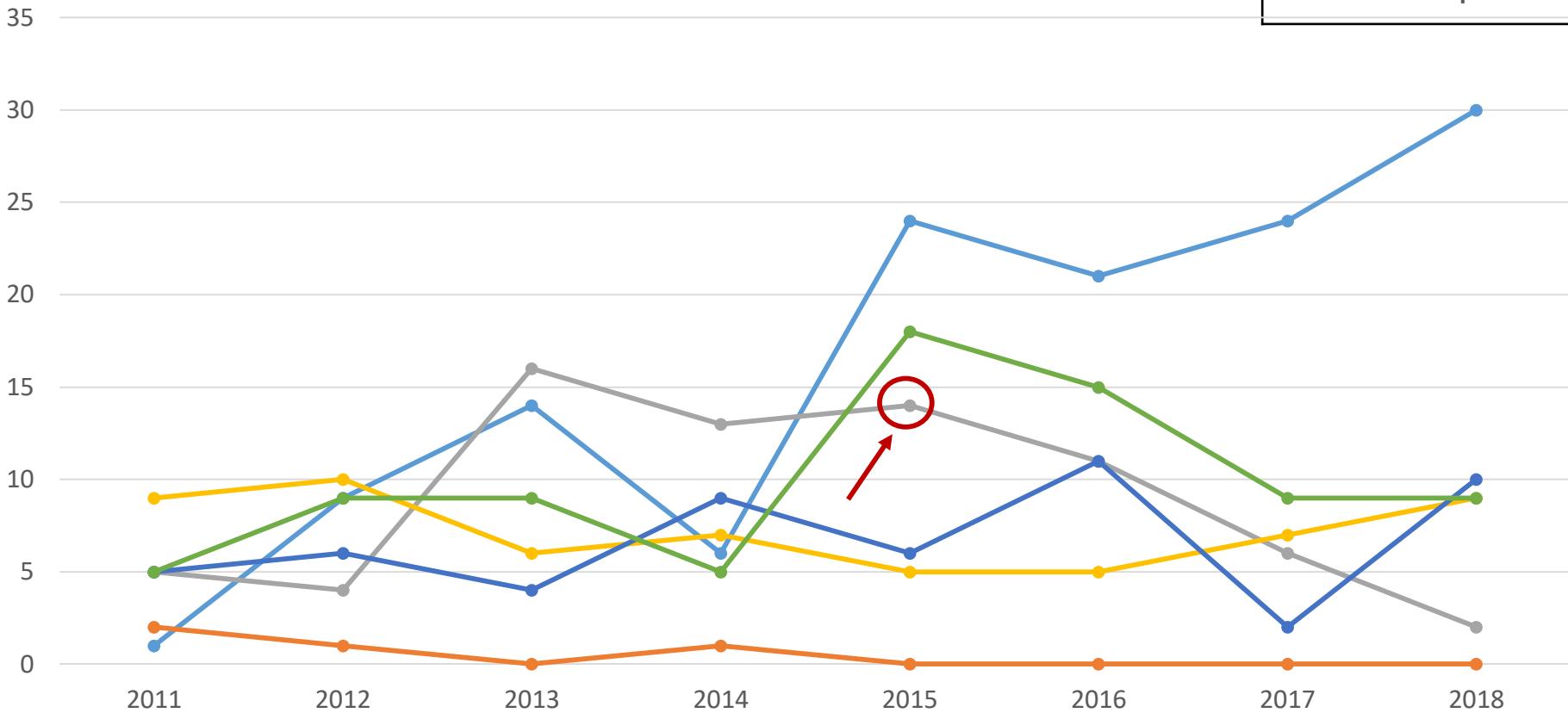
## INDICACIÓN DE TRASPLANTE



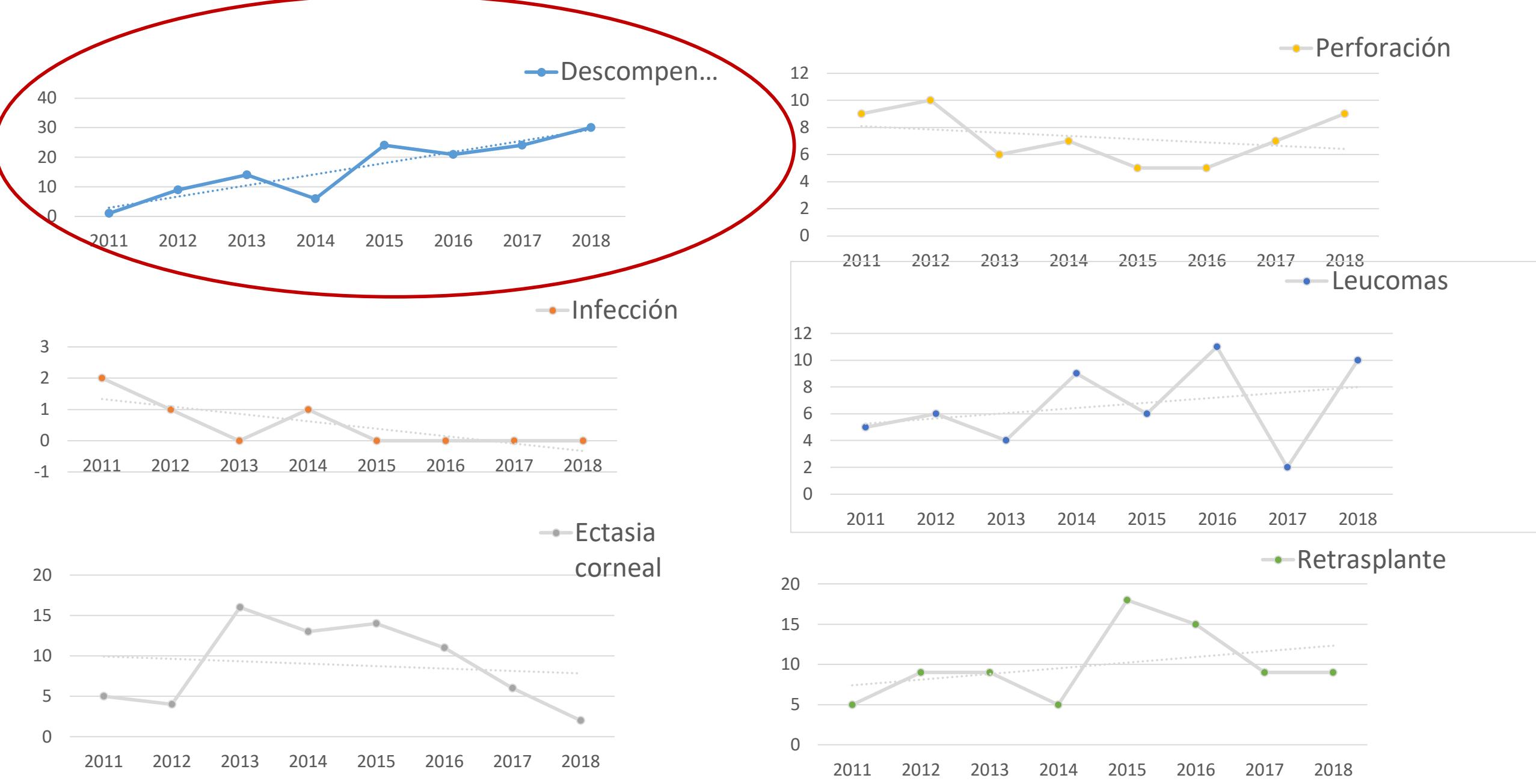
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# RESULTADOS

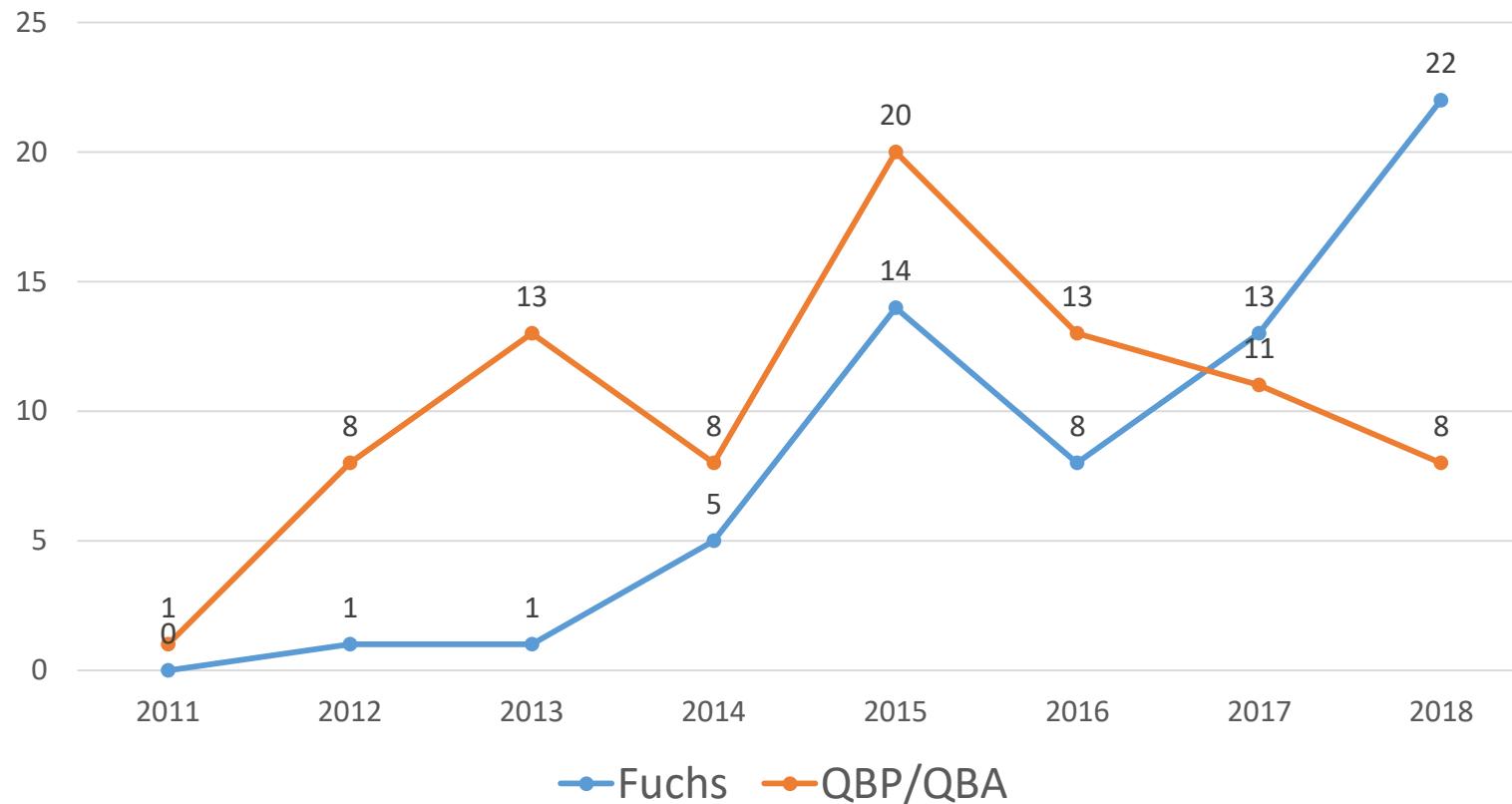
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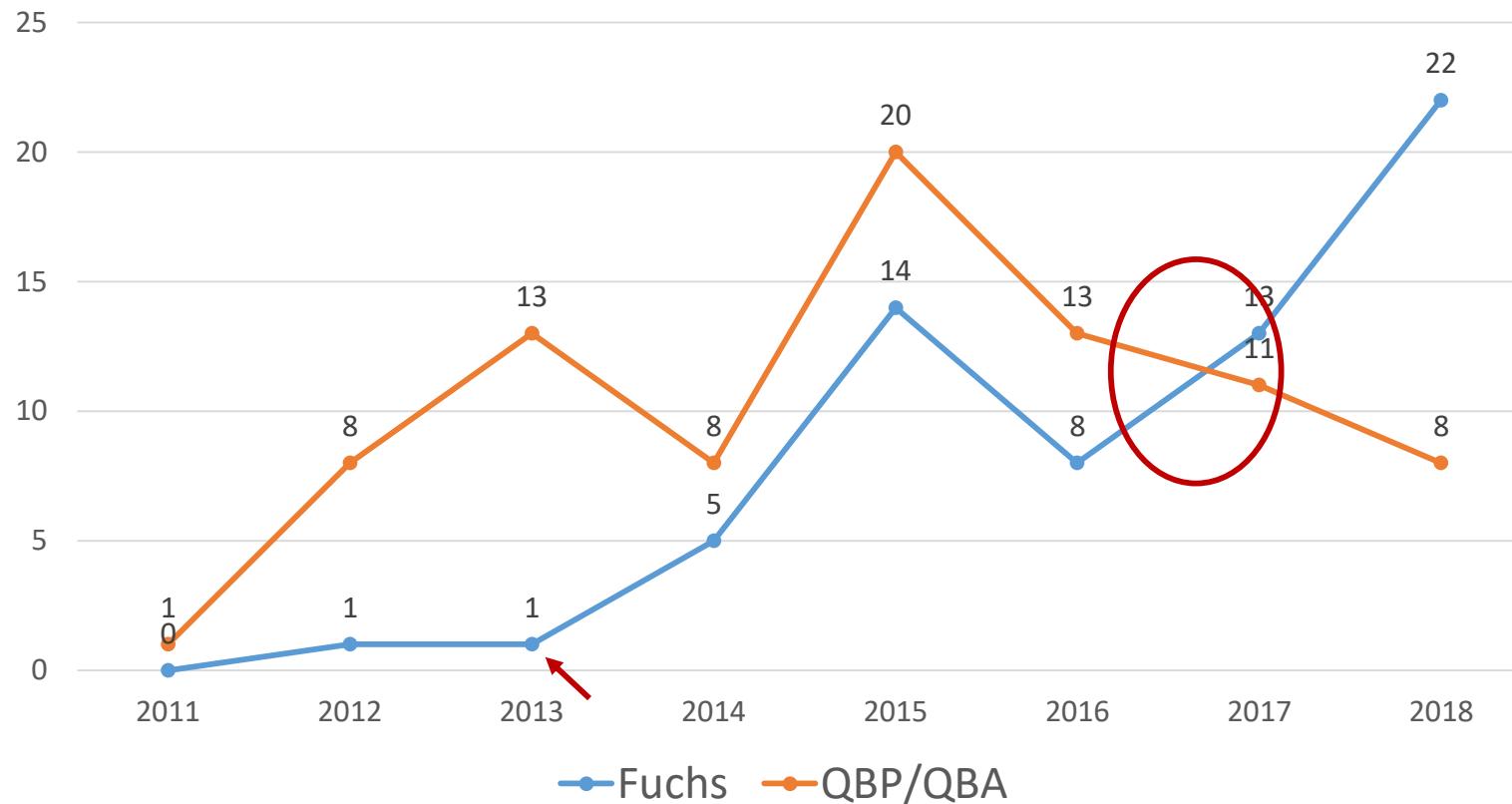


## DESCOMPENSACIÓN ENDOTELIAL



QBP: Queratopatía bullosa  
pseudofáquica  
QBA: queratopatía bullosa  
afáquica

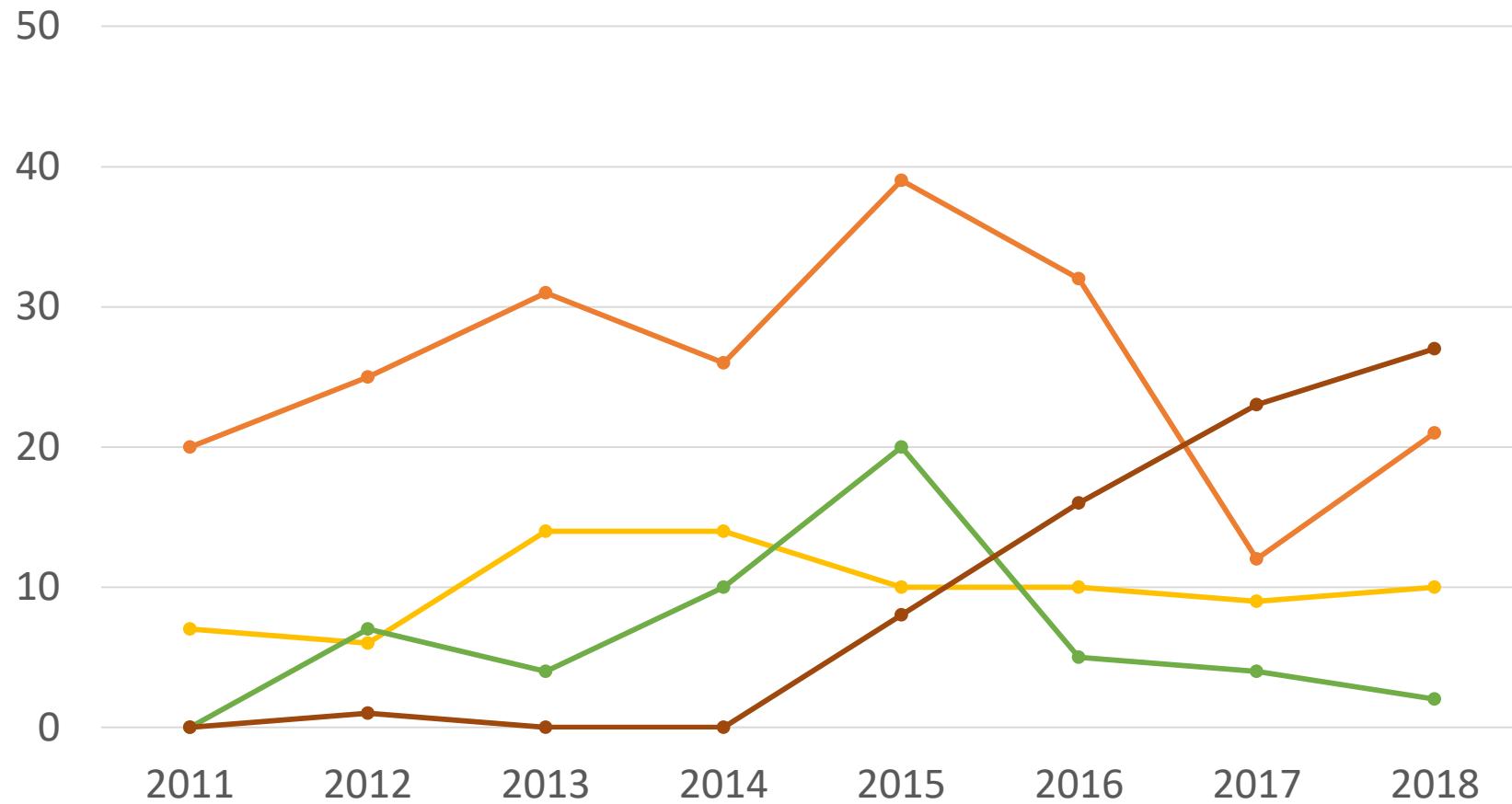
## DESCOMPENSACIÓN ENDOTELIAL



QBP: Queratopatía bullosa pseudofáquica  
QBA: queratopatía bullosa afáquica

# RESULTADOS

TIPO DE TRASPLANTE

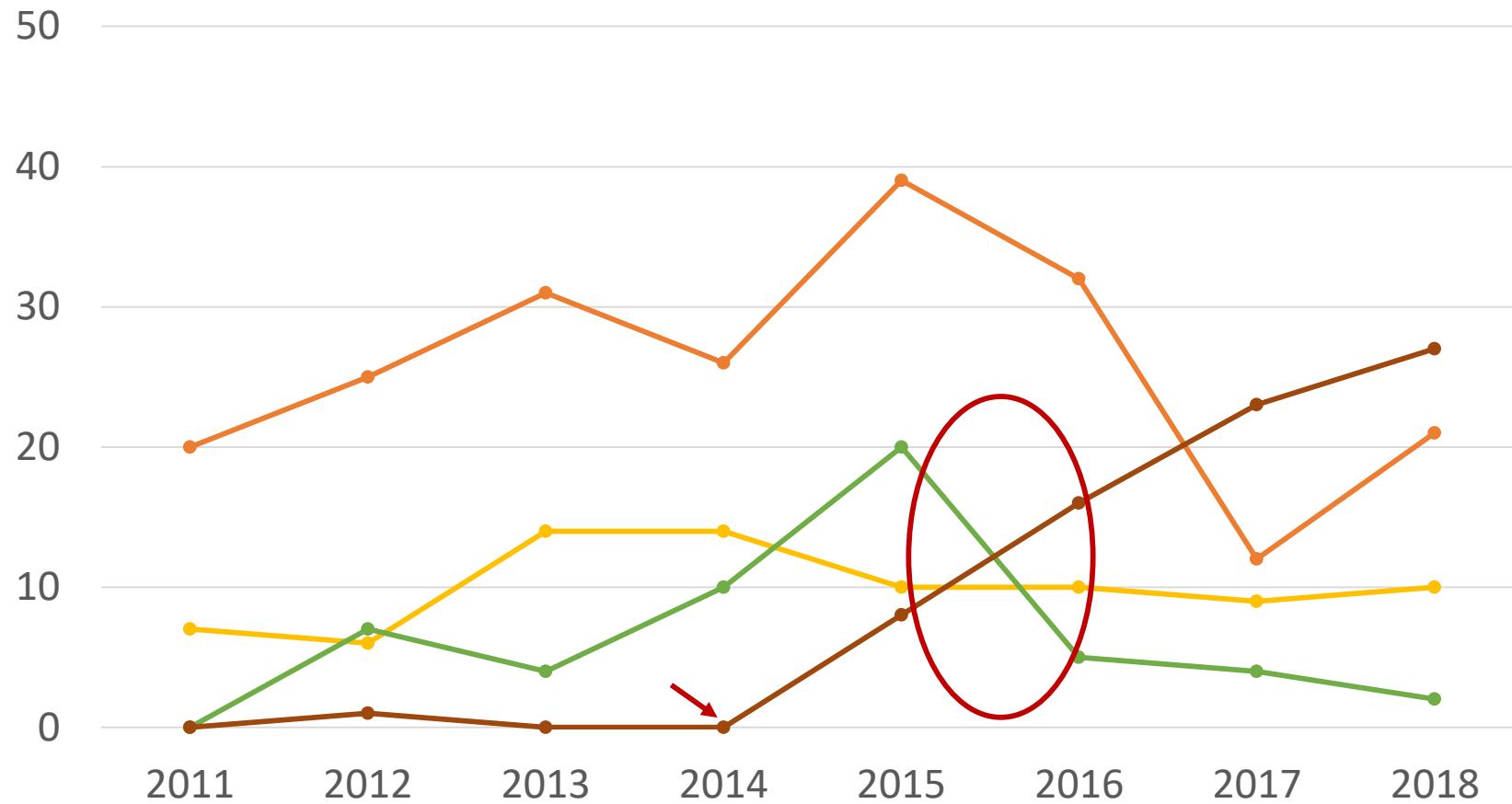


Total (%)

	Total (%)
QP	206 (49,9%)
DALK	80 (19,4%)
DSAEK	52 (12,6%)
DMEK	75 (18,1%)

# RESULTADOS

TIPO DE TRASPLANTE

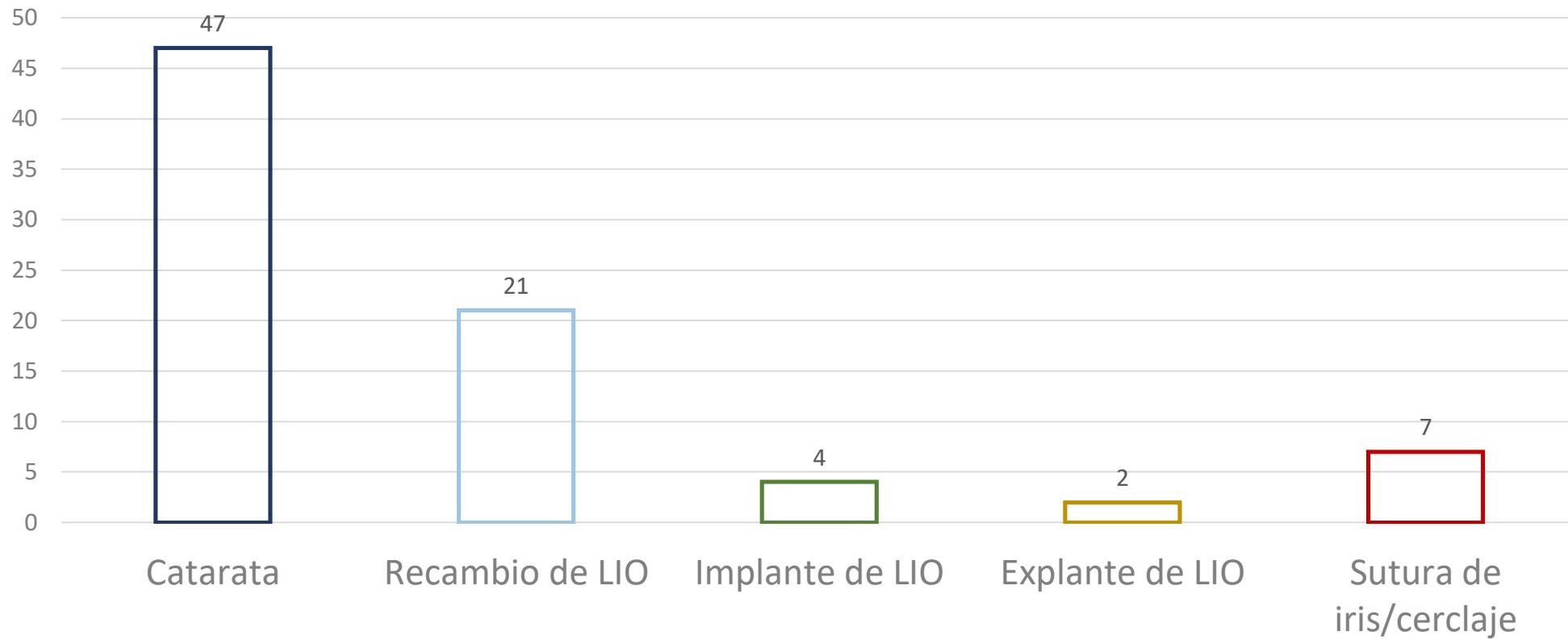


Total (%)

	Total (%)
QP	206 (49,9%)
DALK	80 (19,4%)
DSAEK	52 (12,6%)
DMEK	75 (18,1%)

# CIRUGÍA ASOCIADA

81 casos: 19,6%



# RETRASPLANTE

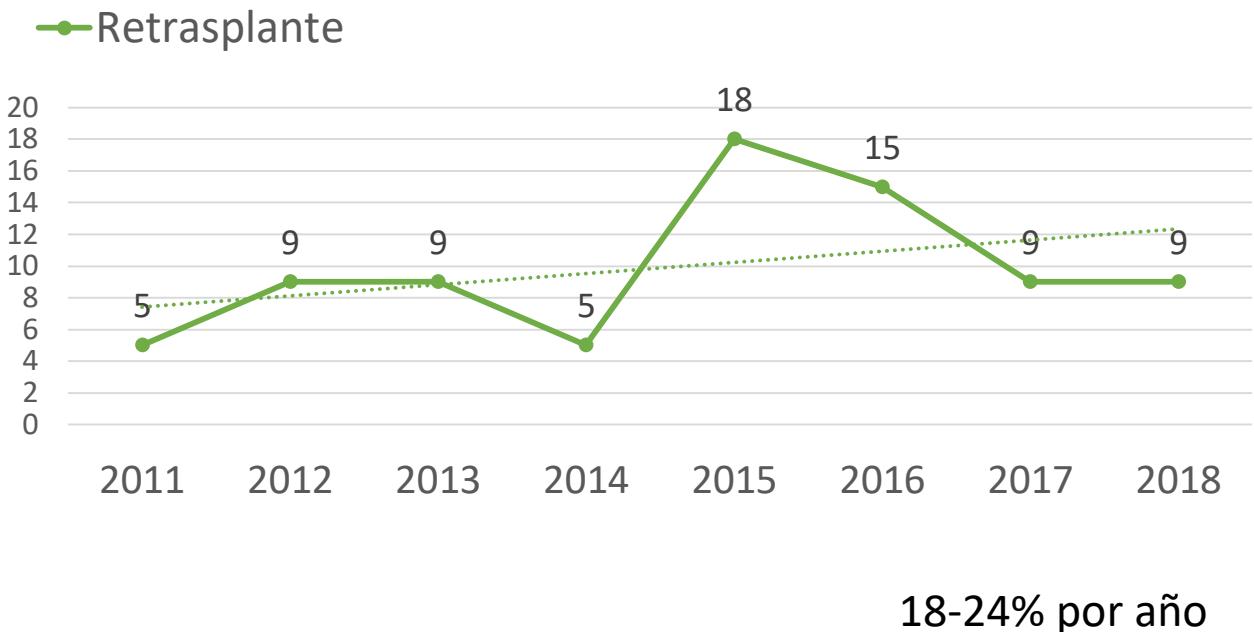
Nº pacientes	Nº retrasplantes
66	79

- 
- 55 pacientes: 1 retrasplante
  - 9 pacientes: 2 retrasplantes
  - 2 pacientes: 3 retrasplantes

# RETRASPLANTE

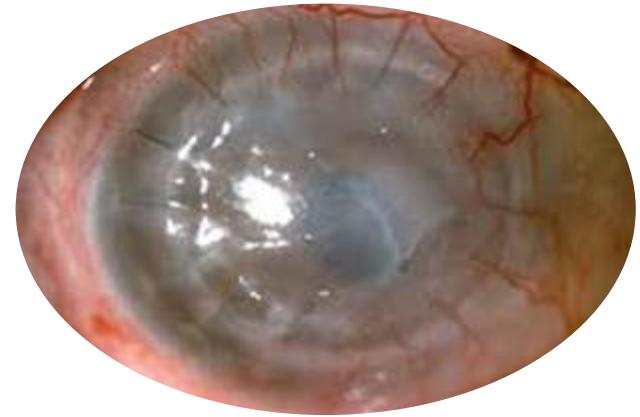
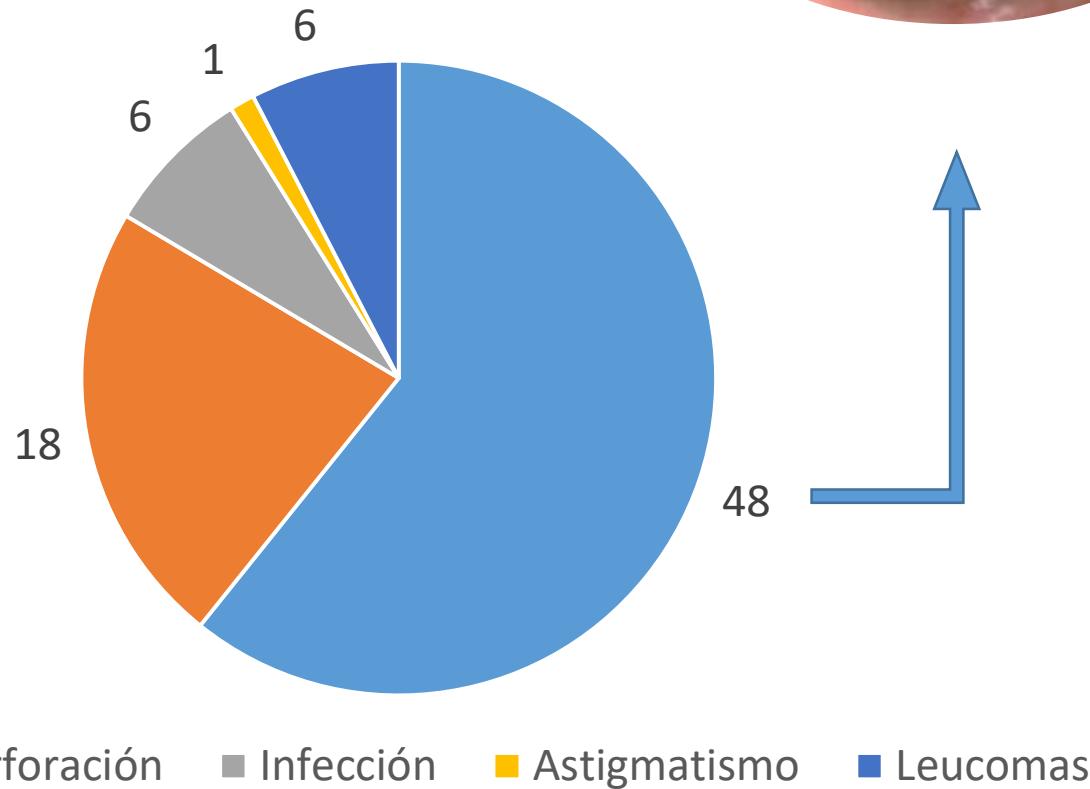
Nº pacientes	Nº retrasplantes
66	79

- 55 pacientes: 1 retrasplante  
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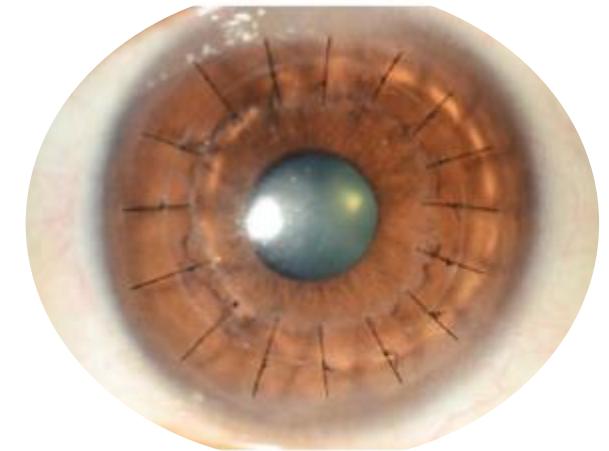
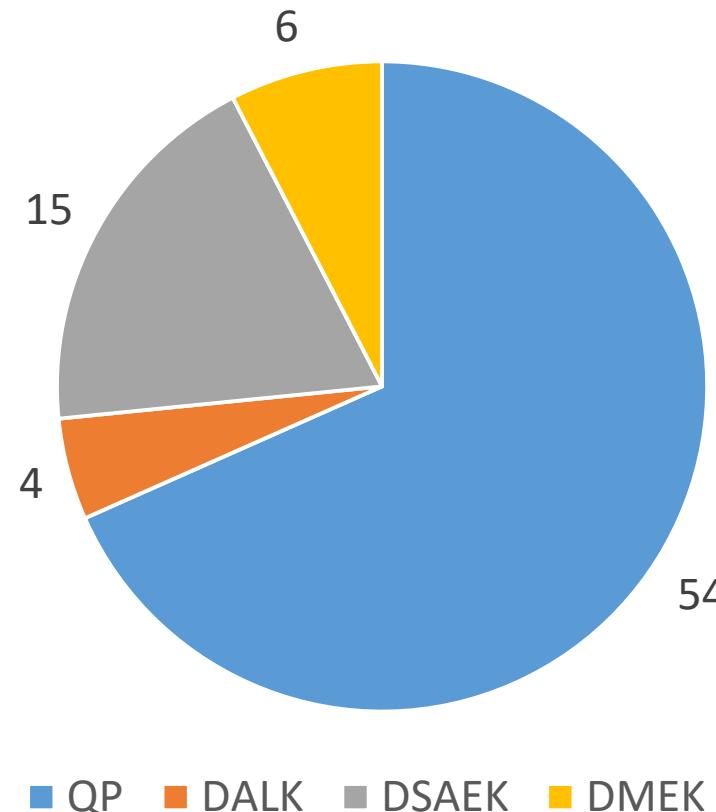
# RETRASPLANTE: INDICACIÓN

Nº pacientes	Nº retrasplantes
66	79



# RETRASPLANTE: TIPO

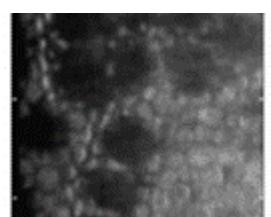
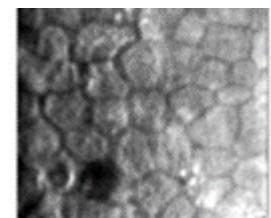
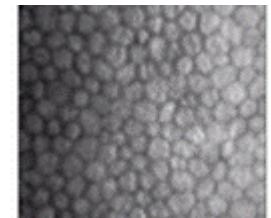
Nº pacientes	Nº retrasplantes
66	79



# CONCLUSIONES

2011 → 2018

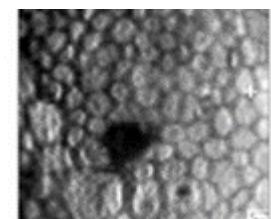
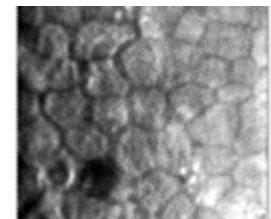
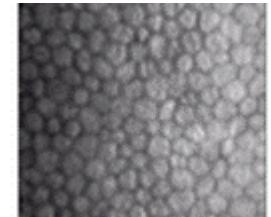
- Cambio de indicación:
  - 2011: Perforación corneal  
Ectasia corneal
- Cambio de tipo de trasplante:
  - 2011: Queratoplastia penetrante



# CONCLUSIONES

2011 → 2018

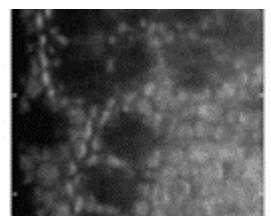
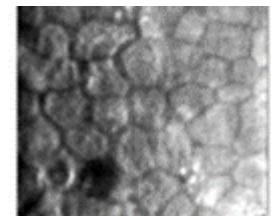
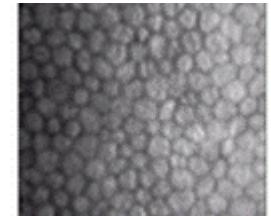
- Cambio de indicación:
  - 2011: Perforación corneal  
Ectasia corneal
  - 2018: **Descompensación endotelial**
- Cambio de tipo de trasplante:
  - 2011: Queratoplastia penetrante
  - 2018: **DMEK**



# CONCLUSIONES

2011 → 2018

- Cambio de indicación:
  - 2011: Perforación corneal  
Ectasia corneal
  - 2018: Descompensación endotelial
- Cambio de tipo de trasplante:
  - 2011: Queratoplastia penetrante
  - 2018: DMEK



**Cirugía asociada:** Catarata

**Retrasplante:**

- 1<sup>a</sup> causa: fracaso del injerto
- Tipo: queratoplastia penetrante

# CONCLUSIONES

2011 → 2018

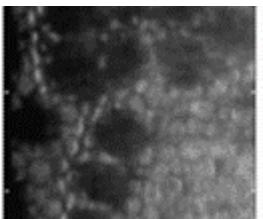
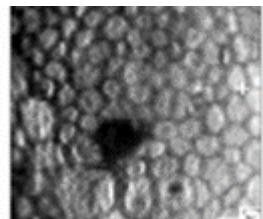
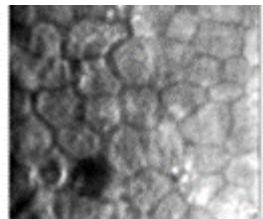
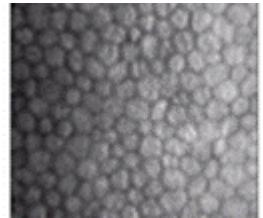
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  - 2018: Descompensación endotelial
- Cambio de tipo de trasplante:
  - 2011: Queratoplastia penetrante
  - 2018: DMEK

**Cirugía asociada:** Catarata

**Retrasplante:**

- 1<sup>a</sup> causa: fracaso del injerto
- Tipo: queratoplastia penetrante

**Estos resultados  
reflejan las tendencias  
presentes en la  
literatura en este  
periodo**



# BIBLIOGRAFÍA

- Trends in corneal transplantation: indications and Techniques; Patricia A. Ple-Plakon and Roni M. Shtein. Rv: *Curr Opin Ophthalmol* 2014, 25:300–305
- Analysis of the Changes in Keratoplasty Indications and Preferred Techniques; Stefan J. Lang<sup>1\*</sup>, Mona Bischoff, Daniel Bohringer<sup>1</sup>, Berthold Seitz, Thomas Reinhard. Eye Center, Albert-Ludwigs-University of Freiburg, Freiburg, Germany, 2 Department of Ophthalmology, Saarland University Medical Center, Homburg/Saar, Germany 2014 *PloS ONE* 9(11)
- Corneal Transplantation at an Ophthalmological Referral Center in Colombia: Indications and Techniques (2004–2011) Virgilio Galvis, Alejandro Tello, Augusto José Gomez, Carlos Mario Rangel, Angélica María Prada and Paul Anthony Camacho *The Open Ophthalmology Journal*, 2017, Volume 7; 30-33
- Evolving Indications for and Trends in Keratoplasty in British Columbia, Canada, From 2002 to 2011: A 10-Year Review Johnson C. H. Tan, Simon P. Holland, Paul J. Dubord, MD, FRCSC,\* Gregory Moloney, Martin McCarthy, and Sonia N. Yeung, *Cornea* Volume 33, Number 3, March 2014
- Corneal Transplantation for Keratoconus: A Registry Study; Thu-Lan Kelly, PhD; Keryn A. Williams, PhD; Douglas J. Coster; for the Australian Corneal Graft Registry. *Arch Ophthalmol.* 2011;129(6):691-697.
- Trends in the Indications for Corneal Graft Surgery in the United Kingdom 1999 Through 2009; Tiarnan D. L. Keenan, MRCOphth; Mark N. A. Jones, MSc; Sally Rushton, BSc; Fiona M. Carley, for the National Health Service Blood and Transplant Ocular Tissue Advisory Group and Contributing Ophthalmologists. *Arch Ophthalmol.* 2012;130(5):621-628
- Keratoplasty in the United States: A 10-Year Review from 2005 through 2014; *Ophthalmology* 2015;122:2432-2442
- Evolution of Corneal Transplantation in the Province of Quebec From 2000 to 2011; Marie-Claude Robert, Marie-Eve Choronzey, BSc, Julie Lapointe, Louis-Pierre Gauvin Meunier, Mona Harissi-Dagher, Marc Germain, MD,§ Michèle Mabon, and Isabelle Brunette, *Cornea* 2015;34:880–887
- Evolving surgical techniques of and indications for corneal transplantation in Ontario:2000-2012; Angela QiaoZhang, Darya Rubenstein, Aryeh JoshuaPrice, Elie Cote, Max Levitt, J Linda Sharpen, Allan Slomovic. *Can J Ophthalmol* 2013;48:153–159
- Trends in the distribution of donor corneal tissue and indications for corneal transplantation: the New Zealand National Eye Bank Study 2000–2009; William J Cunningham MBChB, Nigel H Brookes MSc, Helen C Twohill BA, S Louise Moffatt, David GC Pendergrast, Joanna M Stewart MSc and Charles NJ McGhee PhD FRANZCO New Zealand National Eye Bank, and Department of Ophthalmology, New Zealand National Eye Centre, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand. *Clinical and Experimental Ophthalmology* 2012; 40: 141–147
- Changing trends in keratoplasty in the West of Scotland: a 10-year review; Darren S J Ting, C Y Sau, S Srinivasan, K Ramaesh, S Mantry, F Roberts. *Br J Ophthalmol* 2012;96:405e408.
- Eye Bank Association of America's (EBAA) statistical report for 2012.
- Corneal Transplantation Activity Over 7 Years: Changing Trends for Indications, Patient Demographics and Surgical Techniques From the Corneal Transplant Epidemiological Study (CORTES); A.C. Frigoa, A. Fasolob,\* C. Capuzzoc, M. Forneaa, R. Belluccid, M. Busine, G. Marchinif, E. Pedrottif, and D. Ponzinb, the CORTES Study Group. *Transplantation Proceedings*, 47, 528e535 (2015)
- Does Corneal Collagen Cross-linking Reduce the Need for Keratoplasties in Patients With Keratoconus?; Gunhild Falleth Sandvik, Andreas Thorsrud, Marianne Råen, Atle E. Østern, Marit Sæthre, and Liv Drolsum, *Cornea* 2015;34:991–995
- Keratoplasties in Patients With Keratoconus? Gunhild Falleth Sandvik, Andreas Thorsrud, Marianne Råen, Atle E. Østern, Marit Sæthre, and Liv Drolsum. *Cornea* 2015;34:991–995
- Changing Trends in Keratoplasty David B. Glasser. *American Journal Of Ophthalmology* March 2011, Vol. 151, No. 3, 394-396



GRACIAS