

Unanswered questions during live broadcast

SESSION I.

Dr. Parul Deshpande: Dr. Chandra, how do you manage uncontrolled IOP in these patients? Do you continue therapy or resort to surgery?

Answer by Dr. Chandra Bala: The uncontrolled IOP in the initial period requires wash out under high IOP with without pulling on the clot too much. If this has been successful, then medical therapy is warranted. Surgery is possible but there is a risk of rebleed. An interesting feature in this case is that blood is thought to be pro-fibrosis but in this and another case the trabeculectomy worked perfectly despite repeated washout and that much blood.

Anonymous: Can these drops be used for persistent hyphaema? can it hasten the process of absorption?

Answer by Dr. Chandra Bala: A blood clot is made up of platelets, rbc and fibrin. Deferriprone is an iron chelator and not a thrombolytic. I have not tried it but would not expect it to work.

SESSION III.

Anonymous: Nomograms for CAIRS?

Answer by Dr. Soosan Jacob: Will be happy to help with planning for anyone interested in starting off. Please feel free to contact me on: dr_soosan@hotmail.com.

Arjun: What about rejection rates in CAIRS and topical steroid duration?

Answer by Dr. Soosan Jacob: Rejection rate very low due to reasons mentioned in the talk; Topical steroids for 1.5 months.

Arjun: Any specific donor age for CAIRS?

Answer by Dr. Soosan Jacob: No, it is endothelium independent, so donor age is not important.

Gillian, HK: Dr. Soosan Jacob, what is the name of the instrument that is used for trephining CAIRS?

Answer by Dr. Soosan Jacob: The JACOB trephine. Please feel free to contact me on: dr_soosan@hotmail.com.

Ivonne San Luis Potosí, México: to Susan Jacob: are there different thickness in natural implants? How do they handle them? And where do you get double bits? Very interesting!!!

Answer by Dr. Soosan Jacob: With the special trephines.

Dini Dharmawidiarini: Dr. Soosan, how thick the donor?

Answer by Dr. Soosan Jacob: Different thicknesses depending on trephine used.

Pedro-Ivan Navarro MD, MSc: Dr Jacob, how you can customised each case according to donor, do you use always full thickness donor implant in all cases?

Answer by Dr. Soosan Jacob: Customized according to severity, type of cone, location of cone, refractive error, pattern of astigmatism etc. The implant does not contain epithelium or endothelium.

Arjun: Can the stromal dissection in BL transplant be made with femto second laser?

Answer by Dr. Lydia van der Star (NIIOS): Yes, stromal dissection is possible by the femtosecond laser, but in case of very thin and steep cornea's its is a less favorable option.

Dr. Bharti: Have you considered doing cross linking along with Bowman membrane transplantation?

Answer by Dr. Lydia van der Star (NIIOS): Yes, we have done also UV-CXL first and placed an BL onlay graft on top.

Arjun: What is the right orientation of BM layer?

Answer by Dr. Lydia van der Star (NIIOS): Orientation of the BL onlay graft is with the epithelial side upwards, and BL side onto recipient cornea.

Hosik: Dear Isabel Dapena, what is possible mechanism of Bowman layer Transplantation onlay?

Answer by Dr. Lydia van der Star (NIIOS): I'm not sure I understand the question correctly, but the BL onlay transplantation is designed to reinforce and flatten the cornea and to reduce progression of KC. By using the BL onlay there are no intracorneal manipulations needed since it is completely extra ocular. Therefore we can perform it also in very thin corneas.

SESSION IV.

Anonymous: to Dr. Ula, we have in Saudi Arabia a lot more exposure to UV light than temperate countries, yet we have very few Fuchs. what can you comment on this?

Answer by Dr. Ula Jurkunas: The development of Fuchs involves the interaction between genetic and environmental components. It is likely that your population does not have a genetic component for Fuchs.

Hendrik: Dr. Jurkunas, can UV-light mimic an in vitro Fuchs phenotype applied on a random corneal endothelial cell line? What is your opinion?

Answer by Dr. Ula Jurkunas: Irradiation of normal endothelial cells in vitro will cause the intracellular stress, increase in ROS levels, and DNA damage seen in Fuchs and those changes will be certainly mimicking the phenotypic changes seen in Fuchs.

Diana: Dr. Marianne Price, do you remove the DM from the PK or you put the DMEK on it?

Answer by Dr. Marianne Price: We always remove the DM from the prior PK when doing a DMEK rescue of failed PK. When doing a DSEK rescue, it is not necessary to remove DM unless there are guttae or other irregularities present.

Sarah Verbeek: Dr. Price, any higher propensity of severe secondary glaucoma in failed PK DMEK rescue patients? Or not higher than usual?

Answer by Dr. Marianne Price: We have not seen a higher propensity of severe secondary glaucoma with DMEK rescue of failed PK as compared with DSEK rescue or PK regrant.

Vincent: Often I have to correct endothelial cell counts manually, which is bummer. Can AI determine ECD reliably in suboptimal photos? (would totally buy the software).

Answer by Naomi Joseph: We believe AI can determine ECD reliably from suboptimal images because the network was trained on such challenging images. Furthermore, our method includes a manual editing software follow-up which could correct small errors in the especially challenging and hard to distinguish areas of a particular image.

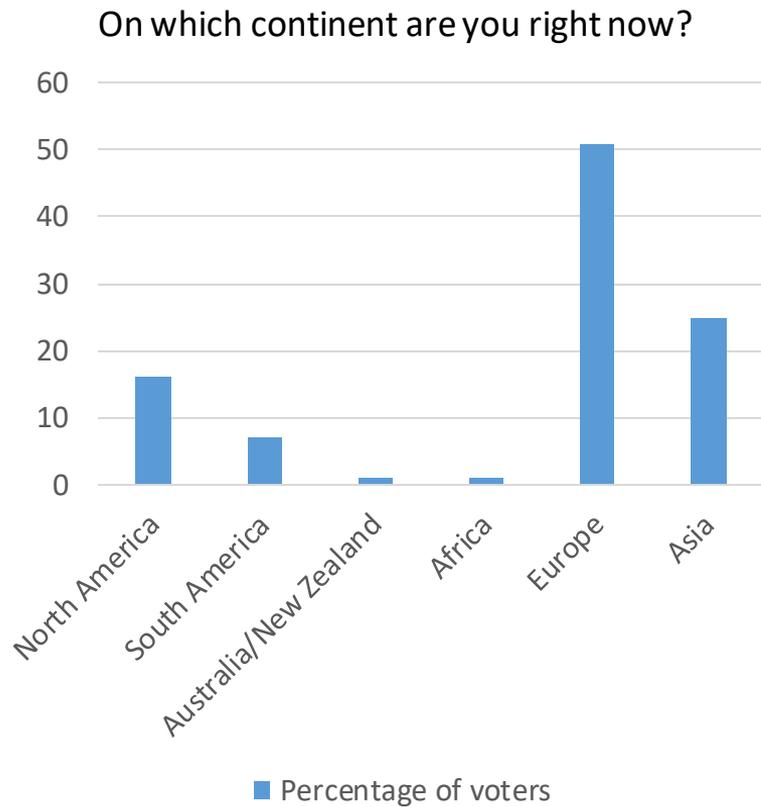
Hosik: Dear Francis Price, do you measure IOP just after injection of gas? I am afraid endothelial damage from (maybe) high IOP sometimes.

Answer by Dr. Francis Price: We have now started using 20% SF6 gas for DMEK rescue of failed PK to improve attachment, but we still use air for our other DMEK cases.

Ozlem Evren Kemer: For Dr. Hannush: we sometimes see heavy pigment discharges perop/and postop in FED patients. Iris behaves differently in FED. What do you think?

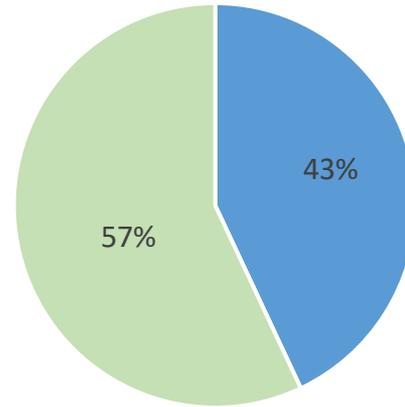
Answer by Dr. Sadeer Hannush: Perhaps ... but not in a clinically significant way.

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