

# No Trouble With The Bubble

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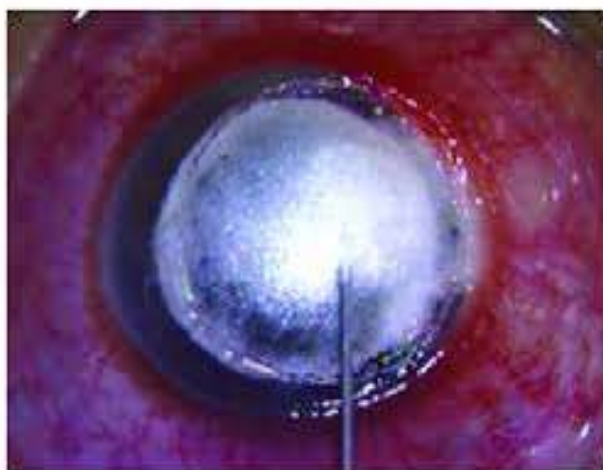
## Advantages of DALK

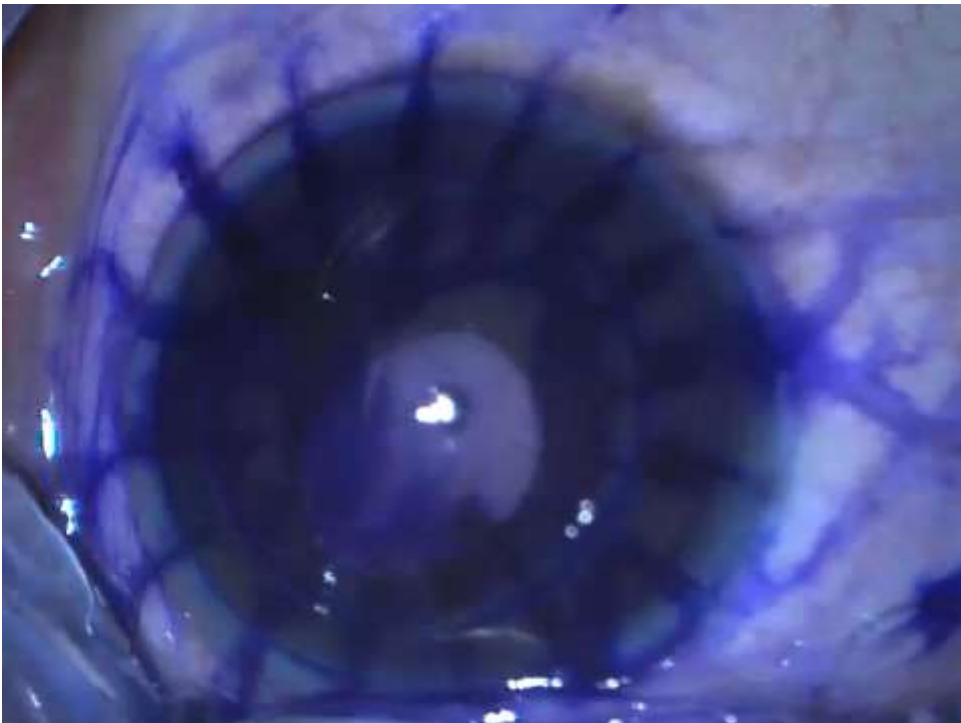
- Preserves host endothelium → no rejection
- Extra-ocular procedure → no bleeding no endophthalmitis, no cataract..
- Does not need high quality donor tissue
- One Graft for 2 patients : DALK+ DMEK

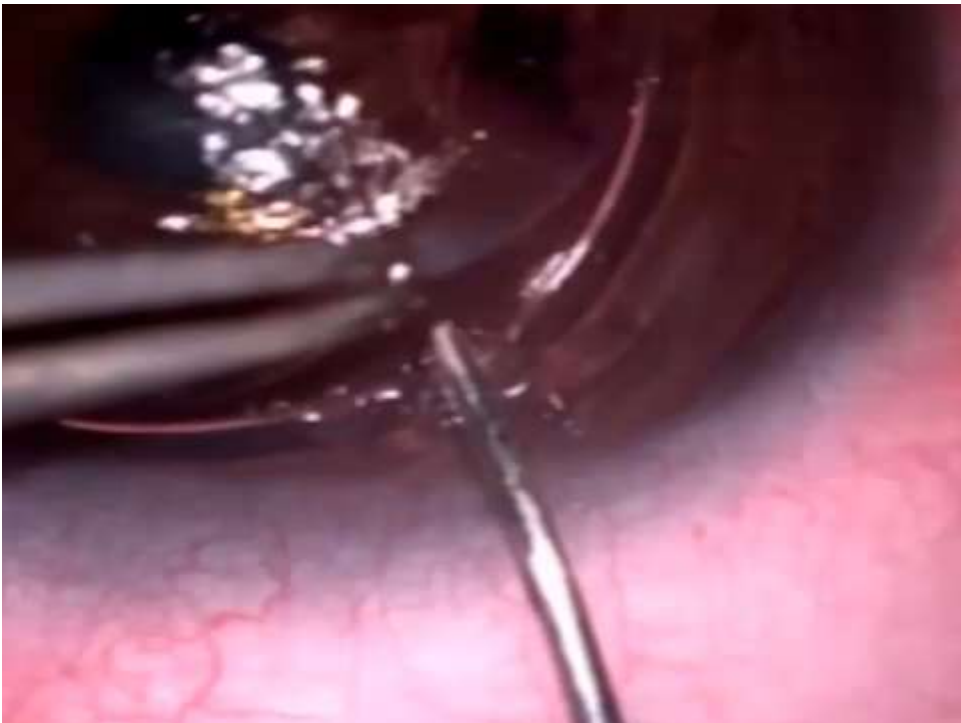
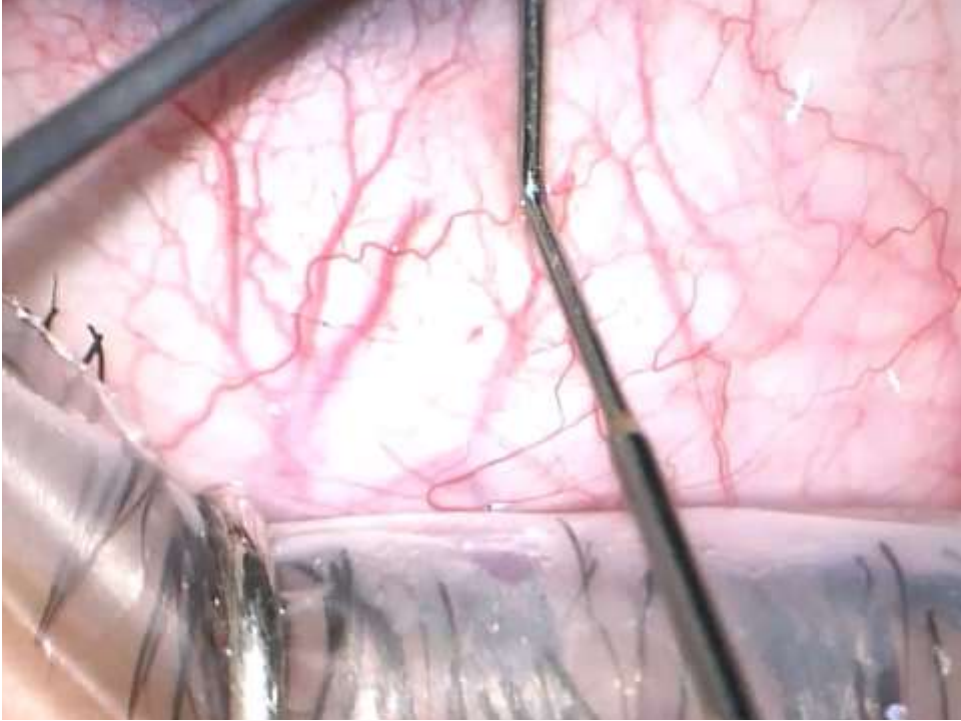
## Why do we fear DALK?

- Difficult technique with steep learning curve.
- Not all cases are suitable candidates
- Unfamiliarity with management of its complication.
- Fear of graft failure \$\$\$

## Getting the Big Bubble

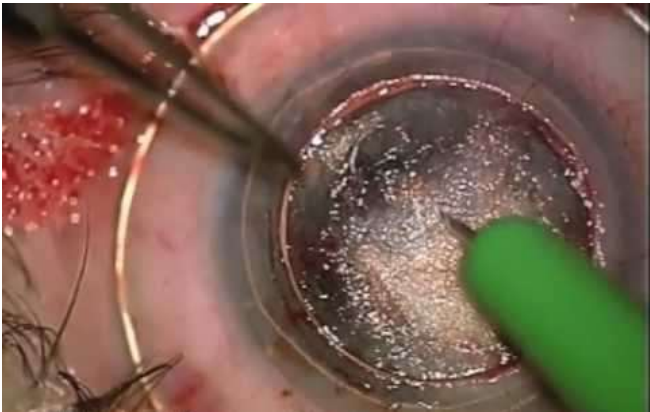






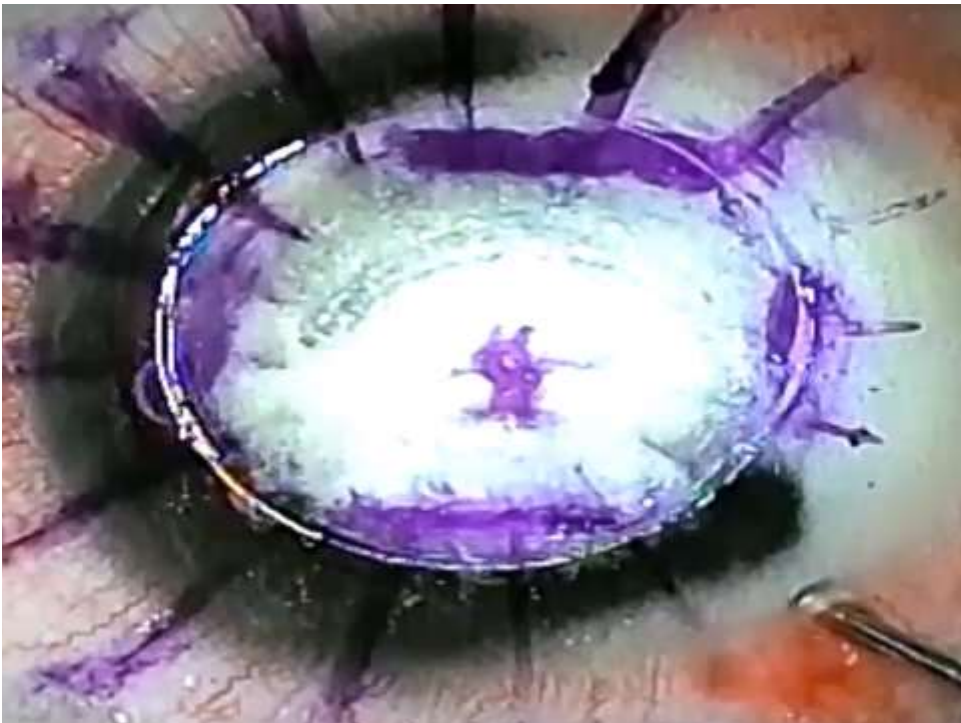


**Deroofing the Big Bubble**

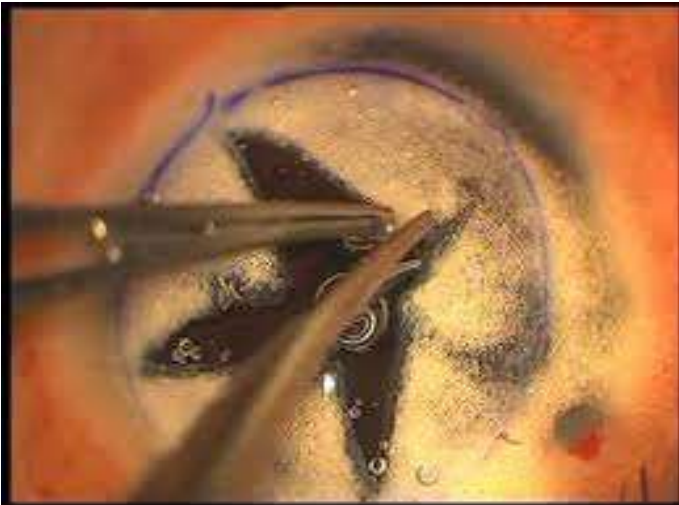






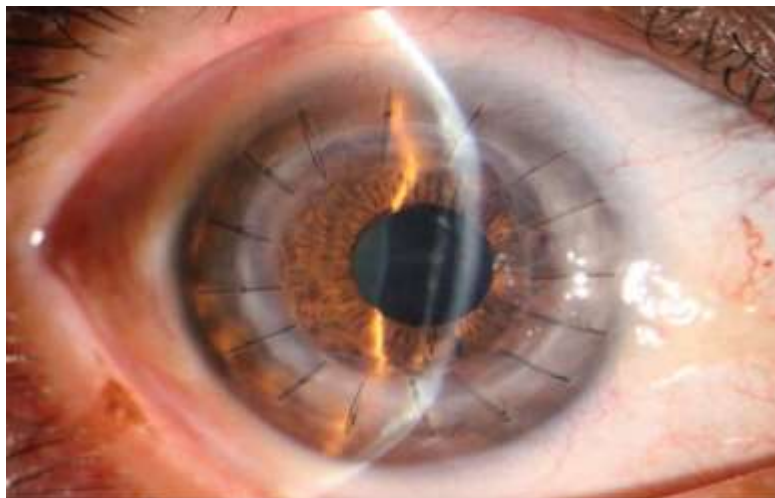


# Stromal resection





## Double AC after DALK



## Double AC after DALK

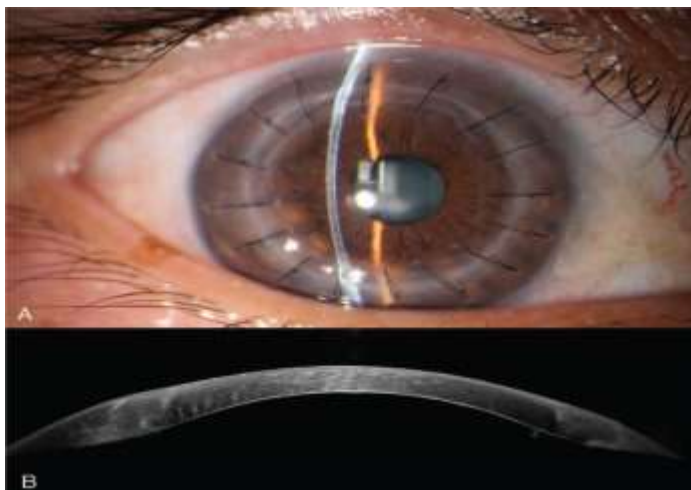
- Due to micro- or macro-perforation of DM during surgery
- Could be due to aqueous misdirection
- Could be due to viable donor endothelium

## What to Do?

- Re-bubble with air or gas?
- PKP?
- Refer to another specialist?
- **Observe?**

## Spontaneous resolution of Double AC after DALK

- Spontaneous reattachment of Descemet membrane detachment after deep anterior lamellar keratoplasty: A case report. *Lin X, Wu Y, Fu Y, Dai Q. Medicine (Baltimore). 2018 Feb; 97(8):e0032.*
- Spontaneous Descemet membrane tear after uneventful big-bubble Deep Anterior Lamellar Keratoplasty. *Romano V, Steger B, Kaye SB. Cornea. 2015 Apr; 34(4):479-81.*
- Spontaneous resolution of descemet membrane detachment after deep anterior lamellar keratoplasty. *Tu KL, Ibrahim M, Kaye SB. Cornea. 2006 Jan; 25(1):104-6.*



## Take home message

- You have to start sometime !!
- Practice the steps in planned PKP cases
- Trephine to 50-60 % depth
- Needle does not have to reach the corneal center
- If no BB from 1<sup>st</sup> injection → repeat several times
- If no bubble → lamellar dissection

## Take home message

- Consider keratome for deroofing
- If microperforation → continue with caution
- If double AC → Don`t panic
- Many DM detachments resolve spontaneously

## Thank you

