it was sutured again. Corneal ulcer healed in all patients. Globe integrity was preserved in all patients. None of the patient required patch graft or penetrating keratoplasty. Conclusions: LCSBC is an effective surgical approach to the treatment of corneal ulceration with preserving corneal integrity and that has not responded to other types of medical therapy and where donor material is not available or transplantation of such tissue is not suitable.

E-Poster No.: EP-0347
Making the transition from PK to DSEK: experiences during the learning curve
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Purpose: A prospective study was conducted to report our experiences during the transition from penetrating keratoplasty (PK) to descemeto's stripping endothelial keratoplasty (DSEK). Methods: Thirty eyes of 28 patients undergoing DSEK from July 2010 to July 2011 were included in the study. Visual acuity, refractive error, intraocular pressure (IOP) and complications were evaluated till 1 year. Results: Most common indication for DSEK was psudeophodacal bullous keratopathy (80%). Six eyes (20%) underwent phacoemulsification with DSEK for Fuch’s endothelial dystrophy. Mean best corrected visual acuity improved from ≤2.0 log MAR preoperatively to 0.61 ± 0.43 log MAR at 1 year. Mean spherical refractive error was 2.2 ± 1.49 D and mean cylinder was 1.91 ± 1.92 D. The peak values reached 6 months after the surgery and did not changed afterwards. Two eyes (6.67%) had partial graft dislocation, 3 eyes (10%) had mild decentration and 11 eyes (36.67%) had primary graft failure. Intra operatively, disc insertion and unfolding were found to be the two most difficult steps. Seven eyes (23.3%) required antiglaucoma medications for uncontrolled IOP at 1 year. Conclusions: DSEK showed significant and earlier visual recovery as compared to PK with hyperopic shift of refraction. However, because of its complex technique the rate of primary graft failure is higher during the learning curve. Selection of adequate surgical techniques and tools are important to reduce intraoperative endothelial damage.

E-Poster No.: EP-0348
Management of anterior staphyoma by indigenous keratoprosthesis
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Purpose: To evaluate the efficacy of indigenous keratoprosthesis in patients with anterior staphyoma Methods: 2 patients with anterior staphyoma underwent implantation of indigenous keratoprosthesis (aurolab, India). The first patient had unilateral anterior staphyoma secondary to corneal perforation following fungal keratitis while the second patient had bilateral corneal opacity with anterior staphyoma. Both patients underwent single staged procedure. The 7.5mm donor cornea was trephined in the centre; the optical cylinder was passed onto the optical cylinder from the endothelium side and fixed with titanium ring. Care was taken to tightly secure the keratoprosthesis to the donor cornea. The recipient cornea was trephined with a 7mm trephine. Anterior chamber reconstruction was done. The donor cornea with keratoprosthesis was sutured to the recipient cornea using 16 interrupted sutures. Results: The main problem encountered was suturing of the donor cornea as little recipient rim was present. Also anterior chamber reconstruction was quite difficult as the iris was firmly adherent to the cornea and AC was very shallow. Some amount of bleeding also occurred during trephination of host cornea. Both patients however had uneventful immediate post-operative period with stable keratoprosthesis and visual acuity in both patients was counting fingers. One patient developed retroprosthetic membrane after 3 months. Conclusions: Indigenous Keratoprosthesis appears to be an effective modality in patients with anterior staphyoma and can be tried in desperate cases.

E-Poster No.: EP-0349
Management of descemetocele due to central corneal ulceration by using cryotherapy, amnion membran transplantation and conjunctival flap
First Author: Nurul WIDIATI

Purpose: To report a case of descemetocele due to central corneal ulceration by using cryotherapy technique, amnion membrane transplantation and conjunctival flap afterwards. Methods: A 45 years old woman with the complain affected grain seeds that caused white spots in her right eyes resulting blurred vision three weeks after that. Visual acuity was light perception with mix injection in conjunctiva, and 4 mm descemetocele in central cornea. We combined three procedures of the surgery by using cryotherapy, amnion membrane transplantation and conjunctival flaps with general anesthesia a month after she was treated by antibiotics and artificial tears. Results: Two months after the surgery, visual acuity was hand movements in the right eye, 2 mm descemetocele still appear in central cornea, good suture in the cornea and conjunctival flap released. Five months after surgery, visual acuity was hand movements in the right eye, and the descemetocele disappeared. Conclusions: We did cryotherapy on descemetocele in order to make a scars which can make the corneal thicker and to prevent perforation of the eye. Amnion membrane graft and conjunctival flap may be applied in layers to build thickness to the defect and to promote epithelialization.

E-Poster No.: EP-0350
Management of ocular surface neoplasia: our experience
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Purpose: To present management of two patients with ocular surface neoplasia by deep anterior lamellar keratoplasty (DALK) and 0.02 % mitomycin C. Methods: Methods: They became free of mass and there was no recurrence after 6 months of followup. Both patients had bilateral symblepharon and pterygium excision and transplant of such tissue is not suitable.

E-Poster No.: EP-0351
Management of recurrent snyblypharon with pterygium using biodegradable collagen matrix scaffold implant with autologous limbal stem cell graft
First Author: Shrikant WAIKAR
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Purpose: Management of fourth recurrence of symblepharon with pterygium using biodegradable collagen matrix scaffold implant with autologous limbal stem cell graft - a case study Methods: Excision of symblepharon with temporal pterygium right eye was done in a 30 year old patient. Conjunctiva was suturing superiorly and inferiorly to episclera about 6mm from limbus leaving a pocket for implantation of biodegradable collagen matrix scaffold. Collagen matrix of 6mm diameter was placed in the pocket. Square shaped autologous limbal stem cell graft was harvested with 6mm conjunctiva from superior limbus and placed at temporal limbus. The conjunctiva was sutured with 10 ’0 vycril. The patient was followed up one year. Results: The collagen matrix scaffold lead to a complete healing without fibrosis. Conjunctival graft was well taken up. There was no recurrence up to one year. Conclusions: Collagen matrix with autologous limbal stem cell graft work well in conjuction and can be used for ocular surface disorders like symblepharon and pterygium especially in recurrent cases.

E-Poster No.: EP-0352
Matrix metalloproteinase 9 and interleukin -1α as a predictors the progressvity of bacterial and...