Osteoodontokeratoprosthesis: A tooth for an eye

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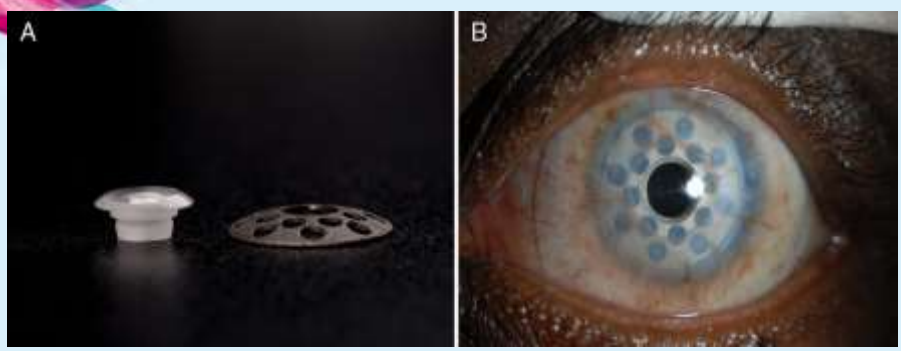
Factors essential for cadaveric corneal grafts survival :

- Normal lid anatomy and function
- Adequate stem cell supply
- Adequate tear function

WET BLINKING EYE

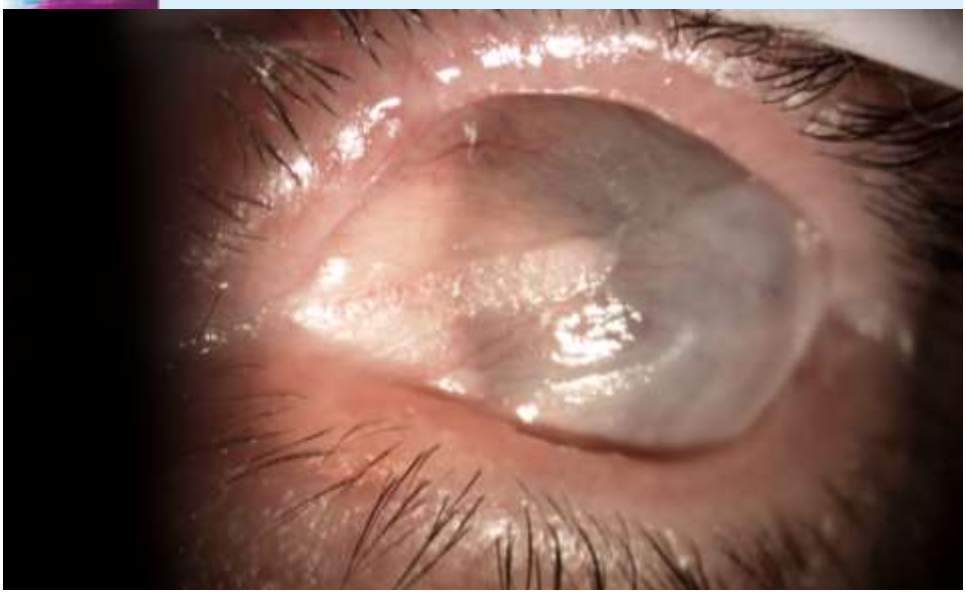
Boston Kpro



WET BLINKING EYE

Stevens-Johnson syndrome

Sjogren's Syndrome

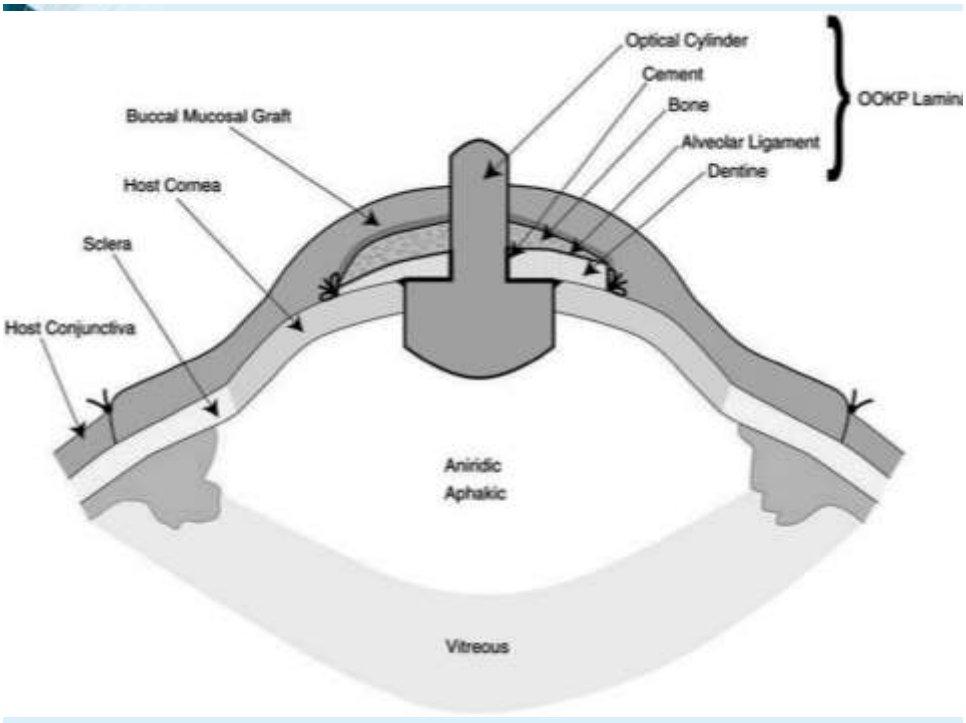


Cicatricial pimphigoid

Ectodermal hypoplasia

Modalities of treatment:

- Modified osteo-odontokeratoprosthesis (OOKP).
- Tibial bone keratoprosthesis (T-kpro)




Gunther Grabner
Konrad Hille
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Gian Carlo Falcinelli


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Geetha Ihre
Maria De La Paz
Jose Temprano

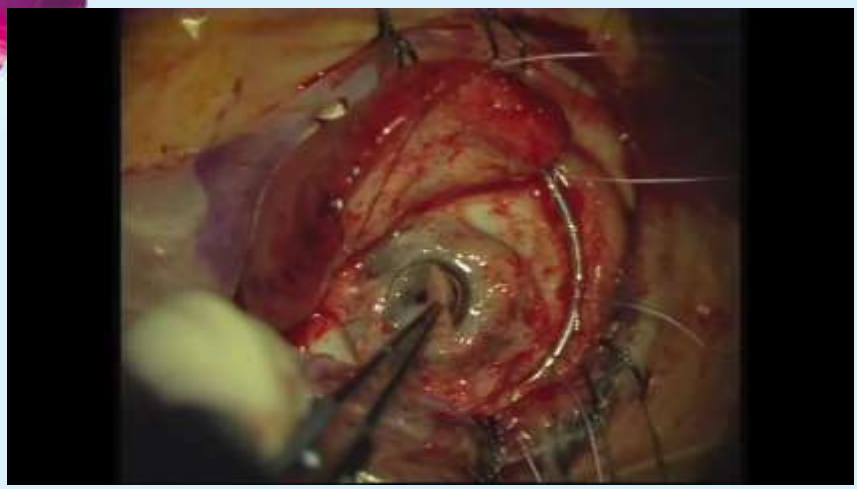
Modified OOKP (stage 1)

Modified OOKP (stage 1)

Modified OOKP (stage 1)

Modified OOKP (stage 1)

Modified OOKP (stage 2)



Post operative

Complications

Complications

Modified OOKP

- Best retention rate (81% -100%) after 5 years.
- Less incidence of glaucoma.
- No need for systemic immunosuppression.
- Ideal of keratinized ocular surface and poor eyelid function.

Summary

- Planning a penetrating keratoplasty requires a wet blinking eye with viable limbal stem cell.
- Several treatment options have been tried with varied success in eyes not amenable to the traditional cadaveric corneal transplant.
- OOKP is considered the best modality of treatment in eyes with dry keratinized surface and LSCD.

THANK YOU