SUMMARY AND CONCLUSION
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In this study amniotic membrane transplantation was performed in patients with either non-healing corneal ulcer, persistent epithelial defect, descemetocele, bullous keratopathy, pterygium and symblepharon.

A total of 48 eyes of 48 patients underwent surgery over a period of 12 months, maximum number of cases were of non-healing corneal ulcer (14 cases) 29.16% followed by persistent epithelial defect, 9 cases (18.7%) and pterygium 9 cases (18.7%). Other indications included, descemetocele, 02 cases (4.44%), Bullous keratopathy 04 cases (8.33%) and symblepharon 10 cases (22.22%).

The study group included 34 male and 14 female. The average age of these patients was 46.6 years ranging from 12 years to 65 years.

Depending upon the size of lesion amniotic membrane graft of size 4mm to the size including whole of the cornea and 5-7 mm from the limbus were applied. In deep corneal ulcers (10 cases) multiple layers of amniotic membrane were applied. Multiple layers were also applied in 3 cases with persistent epithelial defect, 2 cases with descemetocele and 6 cases of symblepharon to give strength to the graft.
Although it was not uncommon to encounter minor problems such as detachment of membrane (9 cases), conjunctivitis (4 cases), corneal ulcer (2 cases), we did not note any sign of graft rejection and no patient became clinically worse than before the surgery in terms of visual acuity or inflammation. Only two cases developed corneal ulcer after complete healing of the lesion. This was due to rubbing of their eyes accidentally which was treated successfully on the same line of treatment for corneal ulcer.

Membrane was reapplied in cases where membrane detached within 1-2 days. The membrane did not detach further and lesion healed completely. Conjunctivitis was treated with topical antibiotics.

Based on the criteria given in the table-A, success, partial success and failure were obtained in 36 eyes (75%), 9 eyes (18.75%) and 3 eyes (6.25%) respectively. Details of the success rate in each group are shown in table-10.

In non healing corneal ulcer 11 out of 14 patients were rated as success and improved vision of approximately 2 Sneller’s lines. Success rate was 100% in eyes with persistent epithelial defect and descemetocele. In painful bullous keratopathy, 3 out of 4 eyes achieved success rate of 75% and became pain free with stable corneal surface
after AMT. Cases with pterygium and symblepharon achieved success rate of 55.5% and 60% respectively.

In summary, this study has shown that the amniotic membrane can be used effectively to treat the ocular surface disorders.

From the study we can conclude that amniotic membrane transplantation in a safe, simple, inexpensive and effective for different ocular surface disorders. This technique has achieved success rate of 75% which is highly satisfactory.