



## Graft Failure without Rejection - A Rare Entity

Authors

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### Clinical History

- A 25 year old male patient construction worker by occupation came with chief complains of DOV in RE since 3 months
- Patient was apparently alright 3 months back when he complained of diminution of vision which was gradual in onset painless progressive and associated with mild redness watering and foreign body sensation
- No h/o pain, discharge, lid swelling, photophobia, itching, coloured haloes, floaters, trauma

### Past History

- Patient had history of lime injury 7 months back (9/6/2019). For which he took treatment but there was no sign of improvement so penetrating keratoplasty was done on 30/9/2019
- No h/o DM, HTN, TB, asthma

### Personal history

- Mixed diet; Appetite normal
- Sleep normal; Bowel bladder habits normal

### Family history: Not significant

- Drug history: Patient was on eye ointment cyclosporine 0.05%, eye drop steroid, lubricants.
- No h/o any drug allergy

### General Examination

- Patient is conscious, cooperative and oriented to time place and person
- Average built; Pulse-88/min; BP-120/70 mmHg

### Systemic examination

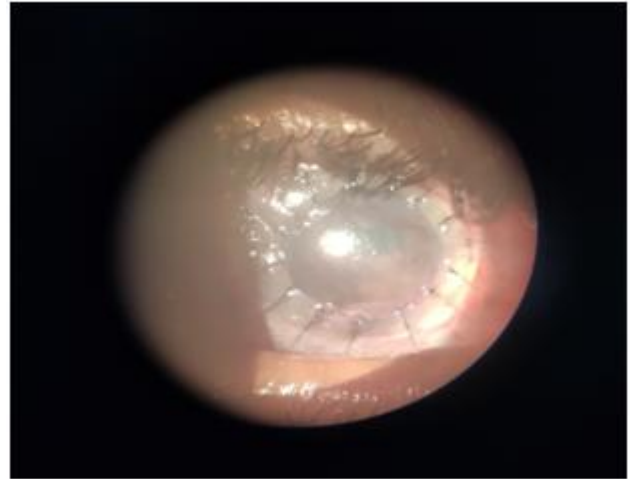
- Abdomen-WNL
- Respiratory system-WNL
- CVS-WNL; CNS-WNL

RE

VISION	HM + PR accurate
POSITION OF HEAD	Normal
POSITION OF EYE BALL	Central
OCULAR MOVEMENTS	Full and + in all cardinal gazes
LIDS	normal
LACRIMAL PASSAGE	ROPLAS -ve
CONJUNCTIVA	Mildly congested
SCLERA	Normal
ANTERIOR CHAMBER	Not appreciable
IRIS	Not appreciable
PUPIL	Not appreciable
LENS	Not appreciable
Digital Tension	Normal

**RE Cornea**

- Conjunctivalisation and vascularisation of cornea was present circumferentially
- Graft host junction was not appreciable
- Any of sutures were not visible
- Transparency – opacification was present
- Surface – irregular
- Vascularisation – present
- Deposits – absent
- Corneal sensation – reduced
- Fs stain – negative
- No signs of rejection are seen



**Fundus**

- **Fundus RE:** Faintly visible disc. Rest details not appreciable
- **Fundus : LE**
- Media –Clear
- DM-distinct , circular
- CDR-0.3:1
- BV-arteries and veins-WNL
- FR-present
- GF-WNL

**Investigations**

- Hb – **17.5 mg/dl**
- TLC – 9200/ cumm
- DLC – N-60, L-29, M-06, E-05, B-00
- Platelet – 3.4 lacs/ mm
- RBS- 102 mg/dl
- Serum urea –23 mg/dl
- Serum creatinine –0.65mg/dl
- ESR- **22mm** at the end of one hour

USG B scan BE: WNL

**Diagnosis**

- RE : Graft failure
- LE : WNL

**Treatment**

- 2<sup>nd</sup> keratoplasty was done in january 2020
- On post-op day 1 patient was started on inj MPS 1gm OD for 3 days, iv antibiotics
- Locally RE  
e/d moxifloxacin 0.5% qid  
e/d prednisolone 1% hrly  
e/d cmc 0.5% 2 hrly  
e/d timolol 0.5% bd

**LE**

VISION	6/6
POSITION OF HEAD	Normal
POSITION OF EYE BALL	Central
OCULAR MOVEMENTS	Full and + in all cardinal gazes
LIDS	normal
LACRIMAL PASSAGE	ROPLAS -ve
CONJUNCTIVA	Normal
CORNEA	Clear
SCLERA	Normal
ANTERIOR CHAMBER	ACNID
IRIS	Normal
PUPIL	Central,circular,reacting to light
LENS	Clear
Digital Tension	Normal

e/o tacrolimus 0.03% bd

e/o HPMC 0.2% hs

## Cornea

### On post op day 1

- Graft cornea – size 7.5mm, mildly hazy due to edema
- Host cornea – edematous
- G H junction –edematous
- 16 (10-0) interrupted sutures present; few knots exposed at 3,6,7 o'clock positions
- Shape – normal
- Curvature – normal
- Transparency – decreased due to edema
- Surface – regular
- Vascularisation – absent
- Deposits – absent
- Corneal sensation – absent
- Fs stain – negative
- No signs of rejection are seen

### Conclusion

- Keratoplasty after chemical injury is a poor prognostic factor for the success of keratoplasty. Graft rejection and failure are disastrous complications of keratoplasty. But failure usually occurs following rejection.

### Purpose of this Case Report

- To throw light on a rare case of graft failure without rejection as a consequence of chemical injury.