

keratoplasty mean flare measurements were respectively in 1st, 3rd and 6th month for first group: Fuchs' dystrophy: 11,85 +/- 5,46 ph/ms; 8,28 +/- 1,80 ph/ms; 4,93 +/- 0,95 ph/ms; bullous keratopathy: 17,08 +/- 1,89 ph/ms; 13,00 +/- 1,27 ph/ms; 7,03 +/- 3,32 ph/ms. In second group respectively: keratoconus: 15,15 +/- 1,34 ph/ms; 11,95 +/- 0,49 ph/ms; 11,25 +/- 0,64 ph/ms; corneal cicatrix without neovascularization: 16,40 +/- 9,27 ph/ms; 12,13 +/- 9,85 ph/ms; 6,87 +/- 4,20 ph/ms; endangering corneal perforation: 21,75 +/- 2,54 ph/ms; 18,78 +/- 3,21 ph/ms; 13,25 +/- 1,92 ph/ms. In the analysis of indications for keratoplasty the lowest mean aqueous flare in 1st, 3rd, and 6th month after procedure was observed in the Fuchs' dystrophy. In endangering corneal perforation mean flare values were the highest.

Conclusions: Our results indirectly indicate that in examined patients after DSEK post-operative inflammatory reaction is lower than in PK. Furthermore flare values might depend on the indications for keratoplasty. The study was performed in group with various indications for keraoplasty. Further studies including protein concentration in AH after DSEK and PK performed in equal indications are needed.

THE USE OF TCL IN THE PATHOLOGY OF OCULAR SURFACE

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Therapeutic contact lenses (TCL) are special contact lenses used for the treatment of ocular surface diseases.

The aim of this study is to show our experience in using TCL in different diseases of ocular surface.

We used TCL in the treatment of:

- **Medical diseases:**

Conjunctival diseases:

Ocular pemphigoid, Stevens Johnson syndrome

Corneal diseases:

- epithelial-superficial punctate keratitis, filamentary keratopathy, keratitis sicca, corneal abrasion, recurrent corneal erosion, corneo-conjunctival burns
- stromal: profound corneal sterile ulcerations;
- endothelial: aphakic/ pseudophakic bullous keratopathy, Fuchs' endothelial dystrophy

- **Surgical diseases:**

- small penetrating corneal wounds
- large corneal wounds without endoocular membrane issue until suture
- aphakic and pseudophakic bullous keratopathy;
- large filtration bulla after trabeculectomy with athalamia;
- pterygium surgery.
- cataract surgery
- after photorefractive keratectomy for antialgic effect and restoration of binocularity

We used TCL for next purposes: pain relief, improving corneal re-epithelization, tectonic effect, permitting binocular vision

TCL are offering great benefits in ocular surface pathology.

Reducing pain, avoiding ocular patch, restoring binocularity, TCL improve the quality of life for our patient with ocular disorders.