

Surge of Complications in Corneal Transplant Patients Presenting After COVID-19 Lockdown

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Postoperative complications after corneal transplantation are quite common and pose a substantial risk to the probability of graft survival, particularly if they are not promptly identified and treated. Timely follow up and compliance to therapy is mandatory for improving outcomes. Poor adherence to treatment regimens poses a significant problem after corneal grafts and substantially contributes to increased chances of graft failure, culminating in rising health care costs [1]. Missed appointments are also an important cause of inefficiency in health care delivery and are associated with substantial monetary costs.

Covid lockdowns posed an unprecedented challenge to many chronic patients as health care faced many roadblocks [2]. With rapid surge in cases, healthcare force of ophthalmology too was diverted to COVID patients. As a result, patients needing ophthalmic treatment faced the aftermath. With lack of consultation opportunities and a greater fear of contracting disease, many such patients did not visit their doctors or comply with therapy. An important group of these were the corneal transplant recipients. A majority of these patients who were operated before lockdown are presenting in the outpatient units with high rates of graft rejection, graft infection, loose sutures, poor adherence to treatment and graft failures after the lockdown relaxed. As much as the lockdown was indispensable, we feel that there is an increasing need to create tele/video-consultation opportunities for recent cornea transplant patients. The primary reason for losing follow up quoted by many patients was limited access to mobility during the lockdown. In the digital era, with everyone having access to smartphones, a simple effort of teleconsultation can prevent serious avoidable complications and help the patient take timely intervention.

Another observation during OPD visits after unlocking was that the rate of these complications was more in full thickness keratoplasties than lamellar keratoplasties. Challenges of unpredictable follow up pose a greater threat to penetrating keratoplasty (PK) patients than that to lamellar keratoplasty patients. The implications of steroid withdrawal too are of greater concern to PK patients [3]. Hence the importance of not withdrawing topical steroids during lockdown periods, needs to be emphasised to them. Thus these extraordinary times call for preferential utilization of selective/lamellar keratoplasties as even with unpredictable follow ups and periods of steroid withdrawal, lamellar graft recipients tend to fare better than penetrating keratoplasties.

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