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Laparoscopic transperitoneal living donor nephrectomy early experience at a single center in Saudi Arabia.

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Background: Renal transplantation is an appropriate treatment for end-stage renal disease. Laparoscopic donor nephrectomy has shown accretion in popularity as an effective way of kidney donation. Herein, we aim to present our early experience in laparoscopic donor nephrectomies.
Methods: All laparoscopic donor nephrectomies data collected from our first case on 25-1-2016 till December 2018 were collected. Their demographic data, transfusion requirement, ischemia time intraoperative finding and post-operative complications were reviewed.the data were analyzed using SPSS statistical package were conducted.
Results: 238 laparoscopic donor nephrectomies were done in this period 183 male 55 female with age range between(18-54) and average body mass index 30.8, 233 left side only 5 right side nephrectomies done. Seventy eight hand-assisted laparoscopic nephrectomy and 160 laparoscopic nephrectomies with a mean warm ischemia time 3 min 12 sec and mean blood loss is 75 ml. No patients needed blood transfusion the mean operative time 75 mints. Regarding Post-operative complication 7 patients have grade I and II surgical complications and managed conservatively. No statistically significant difference between the two laparoscopic techniques regarding the operative time and warm ischemia time. The mean hospital stays for 2.4 days.
Conclusions: Laparoscopic donor nephrectomy has an excellent surgical outcome and no significant postoperative complications and short hospital stay.

331.3

Simple limbal epithelial transplantation (SLET) in a patient with limbal stem cell deficiency.

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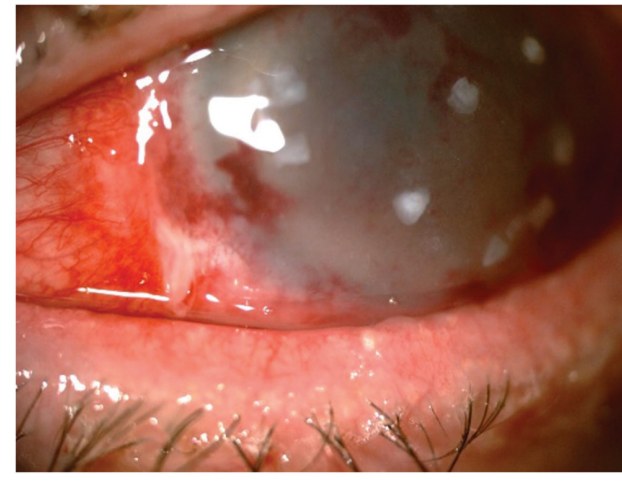
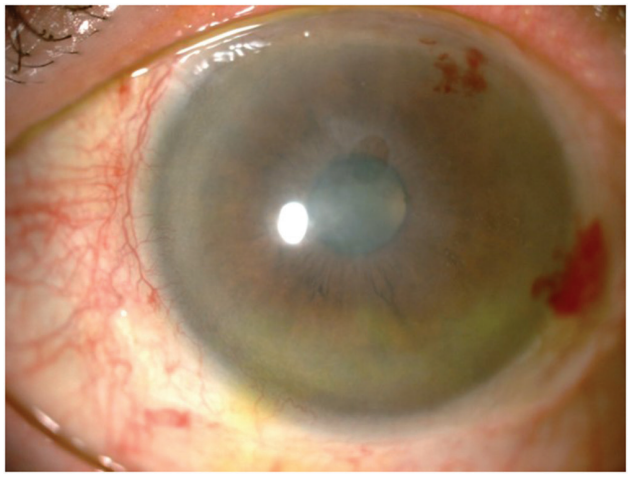
Objective: To present a case with unilateral limbal stem cell deficiency who was treated with simple limbal epithelial transplantation (SLET).
Methods: A 78-year-old male patient admitted to our clinic with long standing herpetic stromal keratitis in his left eye. He was treated with systemic and topical antiviral medication and topical corticosteroids. The inflammation was inactive however there was a vascularized pannus covering the entire corneal periphery indicating corneal limbal stem cell deficiency, resulting in decreased visual acuity. Simple limbal epithelial transplantation from the healthy contralateral eye was performed.
Results: A 2 × 2 mm strip of donor limbal tissue was obtained from the healthy eye and divided into eight to ten small pieces. After surgical preparation of the recipient ocular surface, these tiny limbal transplants were distributed evenly and attached using fibrin tissue adhesive over an amniotic membrane placed on the cornea. At the fourth postoperative week a completely epithelialized, avascular and stable corneal surface was observed and this was maintained during a follow-up of 9 months. Best corrected Snellen visual acuity improved from 0.5 to 0.9. Figures 1, 2 and 3 show preoperative, postoperative first day and postoperative first month anterior segment photographs of the patient.
Conclusions: SLET is a relatively new surgical technique for limbal stem cell transplantation which requires less donor tissue than previously used for conventional autografting and does not need a specialist laboratory for cell expansion. It is an easy and effective technique for treating unilateral limbal stem cell deficiency.





331.4

Clinical outcomes of deep anterior lamellar keratoplasty (DALK) in keratoconus patients.

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Objective: To report the clinical outcomes of deep anterior lamellar keratoplasty (DALK) in keratoconus patients.
Methods: Ten eyes of 10 patients with high grade keratoconus who underwent DALK between January 2018 and January 2019 were included. Patient records were reviewed retrospectively. Demographic characteristics, duration of follow-up, pre- and postoperative visual acuity, objective refraction, complications were recorded.
Results: The mean patient age was 37.6 years. The male/female ratio was 8/2. All patients were contact lens intolerant and 6 patients had corneal stromal opacities. Duration of postoperative follow-up was 6.3±4.3 months. At latest follow-up, Snellen BCVA of 0.8 or better was present in 4 eyes (40%), 0.5-0.8 in 5 eyes (50%) and 0.5 or worse in 1 eye (10%). The mean preoperative refractive cylinder was 5.42±3.55 D and decreased to 3.20±2.42 D at the end of postoperative follow-up ($p<0.05$). There was an intraoperative micro perforation in 2 eyes and DALK could be completed successfully in all patients. Big bubble could be obtained in 4 patients and manual lamellar dissection was used in the rest of the patients. Figure 1 shows intraoperative image of the patient during lamellar dissection of the recipient bed. No rejection episodes were observed postoperatively. 4 patients had minimal interphase clouding which did not cause significant visual disturbance.
Conclusions: DALK is a useful and safe procedure for corneal transplantation in keratoconus patients. Micro perforations during surgery are the main intraoperative complication however most can be handled successfully without conversion to penetrating keratoplasty. Manual lamellar dissection can be performed safely in cases where the big bubble formation cannot be achieved.