# Advances in Corneal Transplantation: Modern Techniques and Success Rates.

### James Collins\*

Department of Vision Research, Riverside Medical College, United States

## Introduction

Corneal transplantation, also known as keratoplasty, has transformed the treatment of various corneal diseases and injuries that result in vision impairment or blindness. As one of the most commonly performed transplant surgeries globally, advancements in corneal transplantation techniques have significantly improved outcomes and success rates. This article will explore the history of corneal transplants, modern surgical techniques, and the factors contributing to improved success rates [1].

Corneal transplantation dates back to the early 20th century when Austrian ophthalmologist Eduard Zirm performed the first successful full-thickness corneal transplant (penetrating keratoplasty) in 1905. In the decades that followed, advancements in surgical techniques, sterilization, and tissue preservation greatly improved outcomes. However, early procedures were limited by a lack of immunosuppressive drugs and proper tissue storage techniques, which led to high rates of rejection and failure. The development of modern techniques in corneal transplantation has since revolutionized the field [2].

Penetrating keratoplasty (PK) is the oldest and most established form of corneal transplantation. It involves the replacement of the entire corneal thickness with donor tissue. PK is used to treat advanced keratoconus, corneal scarring, and other conditions that affect all layers of the cornea. While PK has been successful in restoring vision, the procedure carries a higher risk of complications such as graft rejection, irregular astigmatism, and long-term instability. Modern alternatives have been developed to address these concerns, leading to more specialized and targeted approaches [3].

Lamellar keratoplasty (LK) is a more advanced and selective approach to corneal transplantation, where only the damaged layers of the cornea are replaced. There are two main types of lamellar keratoplasty: anterior lamellar keratoplasty (ALK) and endothelial keratoplasty (EK). ALK replaces the outer layers of the cornea, while EK, the more common of the two, involves replacing the innermost endothelial layer. This approach preserves the healthy corneal tissue, reduces the risk of rejection, and improves visual outcomes. EK has become the standard treatment for endothelial disorders such as Fuchs' dystrophy [4]. Endothelial keratoplasty (EK) has emerged as the preferred technique for patients with endothelial dysfunction. Two forms of EK—Descemet's Stripping Endothelial Keratoplasty (DSEK) and Descemet's Membrane Endothelial Keratoplasty (DMEK)—have revolutionized the treatment of conditions like Fuchs' endothelial dystrophy and pseudophakic bullous keratopathy. DSEK involves transplanting a thin layer of the donor corneal tissue, including the endothelium and Descemet's membrane, while DMEK is even more selective, transplanting only the Descemet's membrane and endothelial cells. DMEK has the advantage of better visual outcomes and lower rejection rates, though it is technically more challenging [5].

Graft rejection is a significant risk following corneal transplantation, especially in penetrating keratoplasty. However, advancements in immunosuppressive therapies and postoperative management have reduced the incidence of rejection. Topical corticosteroids remain the cornerstone of anti-rejection treatment, and recent studies have explored the use of immunomodulatory agents like cyclosporine and tacrolimus to prevent chronic rejection. Additionally, improvements in tissue typing and matching have further decreased rejection rates, contributing to the overall success of corneal transplants [6].

The introduction of femtosecond laser technology has revolutionized corneal transplantation by enhancing the precision and safety of the procedure. Femtosecond laserassisted keratoplasty (FLAK) allows surgeons to create more precise and predictable corneal incisions, resulting in better alignment and faster healing. This technology has been particularly beneficial in anterior lamellar keratoplasty, improving the success of complex grafts and reducing complications. The use of femtosecond lasers has also decreased the need for sutures, leading to faster visual recovery and improved patient satisfaction [7].

The availability of high-quality donor tissue is critical to the success of corneal transplantation. Eye banks play a vital role in preserving and distributing corneal tissue for transplantation. Modern preservation techniques, such as organ culture storage and hypothermic storage, have extended the viability of donor tissue, allowing for better tissue quality and increased access to transplantation. Eye banks also ensure that donor

Citation: Collins J. Advances in Corneal Transplantation: Modern Techniques and Success Rates. Ophthalmol Case Rep. 2025;9(1):253

<sup>\*</sup>Correspondence to: James Collins, Department of Vision Research, Riverside Medical College, United States, E-mail: james.collins@riversidemed.edu Received: 09-Feb-2025, Manuscript No. OER-25-161106; Editor assigned: 10-Feb-2025, Pre QC No. OER-25-161106 (PQ); Reviewed: 22-Feb-2025, QC No. OER-25-161106; Revised: 25-Feb-2025, Manuscript No. OER-25-161106 (R); Published: 28-Feb-2025, DOI: 10.35841/oer-9.1.253

tissue is thoroughly screened for infectious diseases and other contraindications, reducing the risk of complications. Improved tissue availability has contributed to the growing success of corneal transplantation worldwide [8].

The success rates of corneal transplantation have steadily improved over the past several decades, particularly with the introduction of lamellar techniques and modern immunosuppressive therapies. Studies have shown that the 10year graft survival rate for endothelial keratoplasty is over 90%, compared to approximately 70% for penetrating keratoplasty. The lower rejection rates and faster recovery associated with DSEK and DMEK have made these procedures the preferred choice for many surgeons. Additionally, patient satisfaction is generally higher with these techniques due to better visual outcomes and reduced postoperative complications [9].

Despite significant advancements in corneal transplantation, several challenges remain. The global shortage of donor corneal tissue continues to limit access to transplantation in some regions, particularly in developing countries. Researchers are exploring alternatives such as bioengineered corneas and stem cell therapy to address the donor tissue shortage. Additionally, advances in gene therapy and regenerative medicine may one day enable the regeneration of corneal tissue without the need for donor transplants. These developments could revolutionize the field and make corneal transplantation more accessible and effective for patients worldwide [10].

#### Conclusion

Corneal transplantation has undergone remarkable advancements over the past century, with modern techniques such as endothelial keratoplasty and femtosecond laserassisted keratoplasty improving outcomes and reducing complications. The success rates of corneal transplants have never been higher, thanks to innovations in surgical techniques, donor tissue preservation, and immunosuppressive therapies. As researchers continue to explore new frontiers in bioengineering and regenerative medicine, the future of corneal transplantation holds even greater promise, offering hope to millions of individuals suffering from corneal diseases and vision loss.

#### References

- Ong HS, Ang M, Mehta J. Evolution of therapies for the corneal endothelium: past, present and future approaches. Br J Ophthalmol. 2021;105(4):454-67.
- 2. Anshu A, Price MO, Price Jr FW. Risk of corneal transplant rejection significantly reduced with Descemet's membrane endothelial keratoplasty. Ophthal. 2012;119(3):536-40.
- 3. Tan DT, Dart JK, Holland EJ. Corneal transplantation. Lancet. 2012;379(9827):1749-61.
- 4. Singh R, Gupta N, Vanathi M. Corneal transplantation in the modern era. Indian J Med Res. 2019;150(1):7-22.
- Terry MA. Endothelial keratoplasty: why aren't we all doing Descemet membrane endothelial keratoplasty?. Cornea. 2012;31(5):469-71.
- 6. Yoo SH, Hurmeric V. Femtosecond laser-assisted keratoplasty. Am J Ophthalmol. 2011;151(2):189-91.
- Borderie VM, Boëlle PY, Touzeau O. Predicted longterm outcome of corneal transplantation. Ophthal. 2009;116(12):2354-60.
- 8. Mathews P, Benbow A, Corcoran K. 2022 Eye Banking Statistical Report—Executive Summary. 2023;2(3):e1-12.
- Tourtas T, Laaser K, Bachmann BO. Descemet membrane endothelial keratoplasty versus descemet stripping automated endothelial keratoplasty. Am J Ophthalmol. 2012;153(6):1082-90.
- 10. Gain P, Jullienne R, He Z. Global survey of corneal transplantation and eye banking. JAMA. 2016;134(2):167-73.

Citation: Collins J. Advances in Corneal Transplantation: Modern Techniques and Success Rates. Ophthalmol Case Rep. 2025;9(1):253