

Special Issue on New Updates on Lamellar and Full-Thickness Corneal Transplant

CALL FOR PAPERS

Cornea, a transparent tissue that is responsible for most of the refractive power of the eye, is situated at the outmost front part of the eye and plays a vital role in seeing. A number of hereditary and acquired conditions which include trauma can affect this tissue leading to decrease or loss of its natural transparency leading to decrease in vision. Corneal transplantation since its advent in 1902 has been widely used to restore the corneal transparency and help patients regain their sight worldwide. Up until very recently the only way to transplant a corneal tissue was to cut and remove the existing diseased cornea in its entirety and suture a healthy donor tissue in its place. While this traditional method helped many patients see better, it provided many challenges to the surgeons and patients. Some of these challenges included risk of intraoperative bleeding, long and cumbersome postoperative care which included removing sutures, and high risk of postoperative rejection and failure. In the past 15 years new surgical techniques in the field of corneal transplantation have emerged; these have focused on replacing only the diseased part of the corneal tissue, leaving the functioning parts intact. The advantages of the newer surgical techniques include smaller surgical incisions, less intraoperative risks and complications, faster postoperative healing, and a more timely visual recovery. Although some of these newer surgical techniques have been adopted and used by surgeons worldwide, many of them are not widely utilized; this has been due to several factors including lack of proper knowledge and training about the surgical techniques, lack of owning proper technology and instruments in the operating rooms, and cost. We hope to overcome some of the aforementioned challenges by bringing together a number of high-quality expert articles from the best clinicians, surgeons, and researchers in the field of corneal transplantation.

The aim of this special issue is to attract the clinical and basic science research that focuses on improving the surgical techniques in the field of corneal transplant. We would specially select those works that aim at introducing new and improved surgical techniques in the field of lamellar keratoplasty which includes deep anterior lamellar keratoplasty (DALK), Descemet's stripping endothelial keratoplasty (DSEK), Descemet's membrane endothelial keratoplasty (DMEK), and Bowman layer transplantation. We would also strongly encourage those clinicians and scientists that work at improving the survival of corneal grafts.

Potential topics include but are not limited to the following:

- ▶ New advances in Descemet's membrane endothelial keratoplasty (DMEK) and new challenges that face the surgeons
- ▶ Is there still a place for the traditional full-thickness corneal transplant
- ▶ Is there a real advantage in performing Descemet's membrane endothelial keratoplasty (DMEK) over Descemet's stripping endothelial keratoplasty (DSEK)
- ▶ Performing a cost-benefit analysis comparing various surgical techniques that treat similar conditions. For example, cost-benefit analysis of penetrating keratoplasty (PKP) versus deep anterior lamellar keratoplasty (DALK) for treating corneal ectasia
- ▶ Comparing the short-term (intraoperative and early postoperative period) and long-term (late postoperative period) safety profile of various surgical techniques
- ▶ New data on rates of rejection and failure of different keratoplasty techniques
- ▶ New surgical techniques and medical treatments that may reduce risk of corneal graft failure and rejection

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/jtrans/nuct/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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