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ABSTRACT

Descemet's stripping automated endothelial keratoplasty (DSAEK) is now the choice of surgery in corneal endothelial dysfunctions. In DSAEK, the diseased endothelium and Descemet's membrane (DM) are replaced with donor posterior lamella, such as endothelium, DM, and thin portion of posterior corneal stroma. Indications for DSAEK are Fuch's Endothelial Dystrophy (FED), Pseudophakic or Aphakic Bullous Keratopathy, Endothelial graft failure, Iridocorneal Endothelial Syndrome (ICE), Congenital Hereditary Endothelial Dystrophy (CHED). DSAEK has some obvious advantages, such as small incision surgery, sutureless attachment of the donor graft to the recipient cornea, minimizing induced astigmatism and accelerated visual recovery.

The most common complications include donor graft dislocation, pupillary block glaucoma, Primary Graft Failure, graft rejection, secondary glaucoma, and Infectious keratitis. However, most of these complications can be managed by medical or appropriate surgical means.

In conclusion, DSAEK is safe and effective treatment for endothelial disease of the cornea.