

(UDVA), from 0.24 ± 0.12 to 0.48 ± 0.08 ($P < 0,05$) and in the mean corrected distance visual acuity (CDVA), from 0.6 ± 0.2 to 0.8 ± 0.1 ($P < 0,05$) from preoperatively to the last follow-up (both $P < 0,05$). At 1 year after Phaco, the UDVA was 20/40 or better in 37% of eyes and CDVA was 20/25 in 57% of eyes. Vision remained stable till 5 post-operative years, with UDVA of 20/40 or better in 34% of eyes and CDVA of 20/25 in 55% of eyes. ECD did not change significantly; from 2049 ± 370 preoperatively to 1987 ± 513 cells/mm² post-Phaco. During 5 years of ECD loss follow-up we found no significant difference in ECD loss between PK eyes submitted to Phaco or without Phaco.

Conclusion. Phaco after PK corrected most of the preoperative refractive error, bringing patients to significantly better UDVA and CDVA compared to their vision prior to cataract formation. Since Phaco surgery in a soft post-PK cataracts did not induce any significant ECD loss or changes in graft clarity, cataract may nowadays be considered as a relative post-PK complication.

Keywords: Phaco; cataract; keratoplasty; refractive error; corneal graft.

REFRACTIVE OUTCOME OF KERATOPLASTY OVER MULTIFOCAL IOL

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Purpose: To present patient with implanted multifocal intraocular lenses (MFIOL) who underwent corneal transplantation for pseudophakic bullous keratopathy (PBK). To present a patient with implanted multifocal intraocular lenses (MFIOL) who underwent two different techniques of corneal transplantation for pseudophakic bullous keratopathy (PBK).

Methods: Due to development of bullous keratopathy after an uneventful cataract surgery, a 64-year-old female patient underwent penetrating keratoplasty (PK) on her right eye, and two years after UT-DSAEK (Ultra Thin - Descemet's Stripping Automated Endothelial Keratoplasty) on her left eye. During a 2 year follow up we compared visual recovery, best corrected visual acuity (BCVA), postoperative astigmatism, endothelial cell loss, and graft outcome.

Results: The eye that underwent UT-DSAEK procedure showed better postoperative BCVA, both in quantity and speed of recovery as compared to the other eye that underwent PK. UT-DSAEK eye achieved BCVA of 0.95 in less than 1 month

postoperatively, while PK eye needed longer recovery time, to reach BCVA of 0.65, approximately 4 months. There was significant difference in postoperative astigmatism in comparing both eyes: 0.5 dcyl in UT-DSAEK eye and 3.5 dcyl in PK eye. Endothelial cell loss in UT-DSAEK eye was 39% and in PK eye was 37% in two years follow up. Both grafts were clear. Patient's satisfaction was much higher in UT-DSAEK eye as compared to PK.

Conclusions: When dealing with bullous keratopathy UT-DSAEK is preferred procedure since it provides faster visual rehabilitation as compared to PK. Low amount of induced astigmatism is especially important in PBK eyes with implanted multifocal IOLs, since it needs to provide spectacle independence and patients' satisfaction.

Keywords: UT-DSAEK; pseudophakic bullous keratopathy; cataract surgery; multifocal IOL intraocular lens; refractive outcome.