

In the period of 5 years, the authors have healed a group of 40 patients with keratitis herpetica using the known antiviral therapy on 20 patients with keratitis herpetica profunda, compared with the surgical treatment (debridment) combined with antiviral therapy on 20 patients with keratitis herpetica superficialis.

By removing of the pathological substrat, re-epitelization of the cornea with the healthy epithelium is accelerated in the superficial keratitis herpetica. In other forms of keratitis herpetica the antiviral threatment with a proper dosage takes dominant place.

Conclusion : The patients were controled in the period of 5 years, in which, in 20 cases of keratitis profunda, 45 %, that is 9 of them, had relapses twice. In patients with superficial forms, who were threated with debridment and antiviral therapy, there were no relapses

Although the debridment is rather old-fashioned invasive terapy, we consider that it is applicable in superficial forms of keratitis herpetica together with antiviral therapy.

It is well known that the fellow eye affected by keratoconus, on which keratoplasty is performed, more frequently presents rejection. Immunosuppressive therapy even with maximun doses is not always effective in controlling graft rejection. The Authors demonstrate the case of a 35 year old caucasion patient affected by bilateral keratoconus, who at the age of 31 had a keratoplasty in his RE without complications (donor graft=7,5 mm., patient graft= 7 mm.). At the age of 33 keratoplasty was performed on the LE (the same dimensions as on the RE), followed by graft rejection, inspite of topical and general steroid therapy. Three months later a second keratoplasty was performed on the LE, followed by an identical graft rejection, inspite of treatment using systemic steroids at high dose, cyclosporine and methotrexate. Hoping to benefit from the immunosoppressive treatment he was then receiving, a third keratoplasty was performed on the LE. In spite of this treatment, seven weeks later there was a graft rejection identical with the preceding one. Would a typization or a cross matching between donor and patient have been helpful? The Authors present this case possible comments and suggestions.