**Advantages of Dacrio TC versus Traditional Dacriocistography**

PESECE G (1), MESSIANI MAZZACUFA F (1), CATALANO C (1), CARNIOVALE SCALZOG G (1), SCORCIA V (1), BRIZZICHESI D (1), PARDETSCHER K (2), SCORCIA G (3)

(1) Eye Clinic, University of Catanzaro "Magna Graecia", Catanzaro
(2) Neuroradiology, University of Catanzaro "Magna Graecia", Catanzaro
(3) University of Catanzaro "Magna Graecia", Catanzaro

**Purpose**
This study examines the advantages of the dacrio-TC versus the traditional dacriocistography.

**Methods**
Two groups of 50 patients (57 women and 43 men, mean age 50 years) with epiphora for low lacrimal tract obstruction were recruited and successively each group were submitted to dacrio-TC and dacriocistography.

**Results**
The study was showed that the dacrio-TC versus dacriocistography is a good diagnostic tool to dynamic evaluation of lacrimal tracts.

**Conclusion**
Advantages: Facility execution - Greater compliance - Quality better radiological images - processing and analysis of the images and relationships with the surrounding bony structures - Possibility of control in the follow-up of the DCR.

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**Within and Between Session Repeatability of Topographic Data Using Medmont E-300 Corneal Topographer**


**Purpose**
The aim of the present study was to analyze within- and between-session repeatability of topographic corneal parameters.

**Methods**
Sixty eyes from thirty young adults where evaluated. Nine locations including corneal center, 4 locations at 1.5 mm and 4 locations at 3.5 mm beyond the corneal center were examined on three separate sessions, taken three repeated measurements each time.

**Results**
Mean values and coefficients of variability within and between sessions are reported for central and peripheral axial curvature and elevation topography as well as other topographical indices including eccentricity, BIFS, IS, SAI and SRI. At center, each individual measurement of axial curvature within same session was not different from the mean value (mean diff . < 0.03D, p > 0.05; r² = 0.98). Within-session differences at periphery were smaller than 0.05D (range 0.01 to 0.14D) and between different sessions (range 0.02 to 0.09D). Only differences for the most peripheral superior location exceeded 0.1D. Elevation data, measured in microns followed a similar behaviour. Regarding other topographic parameters, differences among different sessions were statistically significant for SRI (mean diff. < 0.032; r² = 0.50) and SAI (mean diff. < 0.078; r² = 0.65). Eccentricity in the steep meridian displayed higher variability than in the flat one.

**Conclusion**
Present results are relevant to estimate the limits of normality of these values on normal corneas, as well as their degree of intra- and inter-session variability not only at corneal center but over the whole cornea, particularly in longitudinal studies.

**Traumatic wound dehiscence after penetrating keratoplasty**

WILLIAMS MA, GAWLEY S J, FRAZER D G

**Purpose**
To present our experience of traumatic wound dehiscence after penetrating keratoplasty.

**Methods**
Cases were identified and data recorded by retrospective case note review. The cases were analysed in terms of age, original indication for the corneal graft, nature of trauma, time since the graft, presence of sutures, nature of ocular injury sustained, surgery required and final visual acuity compared with best visual acuity before the trauma.

**Results**
Fourteen patients were identified who had experienced traumatic wound dehiscence after penetrating keratoplasty. There was a bimodal distribution of ages of patients; young and elderly. The young group was predominantly male. The aetiology followed a corresponding bimodal distribution, assault being more common in the young and falls in the elderly patients. Final visual outcomes varied widely.

**Conclusion**
Penetrating keratoplasty wounds are vulnerable to injury even years after the graft operation, whether or not sutures are still present. Patients should be advised of this, and try to avoid situations where their eye may be at risk of injury. Counseling is needed prior to penetrating keratoplasty to explain the lifetime risk. Visual outcomes after surgical repair vary; depending primarily on the extent of other ocular injury occurring alongside corneal wound dehiscence.