We opted for conservative management, after which the DM detachment spontaneously resolved and corneal thickness improved.

DM detachment is an uncommon late complication of PK and pathophysiology is thought to be mechanical due to a retrocorneal membrane, or due to recurrence of corneal ectasia. The majority of published cases underwent surgery with air, SF6, or C3F8 with postoperative supine positioning, or progression to repeat PK or DSAEK if this initial treatment fails. Topical steroids can be given for conservative management.

**Conclusion** Conservative management of DM detachment can be an option for patients with guarded prognosis, or in small detachments with no tears. Our case provides another data point on the presentation and progress of this complication to the small number of case reports in the literature.