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 progression of this complication to the small number of case reports in the literature.

**P-13 TRANS-EPITHELIAL PHOTOTHERAPEUTIC KERATECTOMY (PTK) FOR RECURRENT CORNEAL EROSION SYNDROME (RCES)**

1Mukhtar Bizrah*, 2Po Hsiang Yuan, 3Geoffrey Ching, 2Simon P Holland. 1Imperial College Healthcare NHS Trust, London, UK; 2Department of Ophthalmology and Visual Sciences, The University of British Columbia Faculty of Medicine, Vancouver, British Columbia, Canada

*Correspondence - Mukhtar Bizrah: m.bizrah@nhs.net

**Objective** To evaluate the efficacy and safety of trans-epithelial phototherapeutic keratectomy (PTK) as a treatment for recurrent cornea erosion syndrome (RCES) in patients with symptoms refractory to conventional treatments.

**Methods and Analysis** All patients who received PTK treatment for RCES had failed more than one conventional treatment, and were first vetted and approved by the British Columbia public health authority. A retrospective chart review and telephone survey were conducted at the Pacific Laser Eye Centre. Exclusion criteria were ocular co-morbidities potentially affecting treatment efficacy.

**Results** This study included 593 eyes of 555 patients (46.2% male; 50.9±14.2 years old) who underwent PTK. The leading identified causes of RCES were trauma (45.7%) and male; 50.9±14.2 years old) who underwent PTK. The leading identified causes of RCES were trauma (45.7%) and anterior basement membrane dystrophy (44.2%). The most common pre-PTK interventions were ocular lubricants (77.9%), and bandage contact lenses (50.9%). 36 eyes had undergone surgical interventions such as stromal puncture, epithelial debridement, or diamond burr polishing. Post-PTK, 78% of patients did not require any subsequent therapies, 20% required ongoing drops and 6 patients (1.1%) reported no symptom improvement. All 6 eyes were successfully retreated with PTK between 11.3 ±14.9 months from initial PTK. All study patients showed no significant differences in best corrected visual acuity pre vs. postoperatively.

**Conclusion** When compared to other surgical options, PTK is potentially more costly but frequently more effective and has a high safety profile. The third-party public health vetted nature of this study, the high patient satisfaction, and the low recurrence rate of RCES suggest that PTK should be considered at an earlier stage in the management of RCES.