Fungal Infections in Endothelial Keratoplasty

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Disclosure Anthony J. Aldave, M.D.

- Consultant (ad hoc)
 - •5AM Ventures
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 - National Eye Institute
- Speaker's Bureau
 - Avellino Laboratories

Report of the Eye Bank Association of America Medical Advisory Board Subcommittee on Fungal Infection After Corneal Transplantation

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Purpose: To investigate the incidence of fungal infections after corneal transplantation to determine whether storage media supplementation with an antifungal should be considered.

Methods: Adverse reactions reported to the Eye Bank Association of America through the online adverse reaction reporting systems between January 1, 2007, and December 31, 2010, were reviewed to identify cases of recipient fungal infection. Data were collected regarding the donor, the donor cornea, recovery and processing, and mate culture and clinical course of the recipients.

Results: Thirty-one cases of culture-proven fungal keratitis (n = 14) and endophthalmitis (n = 17) were reported out of 221.664 corneal transplants performed using comeal tissue distributed by domestic eye banks (1.4 cases per 10,000 transplants performed). Although the annual incidence of postkeratoplasty fungal infection has not increased significantly since 2005, a trend toward an increasing rate of fungal infection has been observed. Fungal infections were more commonly reported after endothelial keratoplasty procedures (0.022%) than penetrating keratoplasty procedures (0.012%), but the difference was not statistically significant (P = 0.076). Additionally, no association was found between fungal infection after endothelial keratoplasty and whether the lamellar tissue cut was performed by the surgeon or the eye bank technician. Seventy-three percent (16 of 22) of the fungal cultures performed on the mate corneas were positive, with infection developing in 67% (10 of 15) of recipient eyes (endophthalmitis in 6 eyes and keratitis in

Conclusions: Although a nonsignificant increasing trend in the rate of fungal infection has been observed over the past 6 years, it is not

sufficiently compelling to pursue antifungal supplementation of donor storage media.

Key Words: keratoplasty, fungal keratitis, fungal endophthalmitis, eye banking

(Cornea 2013;32:149-154)

Although fungal infection after corneal transplantation Aremains a rare event, the resultant visual morbidity has led to calls for antifungal supplementation of comeal preservation media. 1-3 At present, none of the commercially available preservation media in North America contain an antifungal agent, and the colorimetric indicators of microbial contamination do not consistently detect fungal contamination.4 The inclusion of gentamicin and streptomycin in Optisol (Optisol-GS; Bausch & Lomb, Rochester, NY) in the early 1990s is credited with a decreased incidence of postkeratoplasty bacterial endophthalmitis and has led to an increased interest in the feasibility of supplementing storage media with antifungal agents.23 In the Optisol-GS era, the relative risk of fungal keratitis has been reported to be more than 3 times that of bacterial keratitis for corneas preserved for 4 or more days.2 Therefore, comeas maintained in preservation media for even longer periods of time may be at increased risk of transmitting fungal infection to the recipient. Thus, even if the results of the recently initiated Cornea Preservation Time Study (funded by National Institutes of Health) demonstrate favorable clinical outcomes of using donor corneal tissue preserved for up to 12 days before endothelial keratoplasty (EK), comeal surgeons may be hesitant to accept donor tissue with a prolonged death to surgery interval given the concern about a greater risk of recipient fungal infection. Therefore, in October 2010, the Medical Advisory Board of the Eye Bank Association of America appointed a subcommittee to investigate the incidence of fungal keratitis and endophthalmitis after comeal transplantation and also to investigate the feasibility of supplementing preservation media with an antifungal agent,

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The authors have no funding or conflicts of interest to disclose. Reprints: Anthony J. Aldave, Jules Stein Eye Institute, 100 Stein Plaza, UCLA, Los Angeles, CA 90095 (e-mail: aldave@jsei.ucla.edu). Copyright © 2012 by Lippincott Williams & Wilkins

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MATERIALS AND METHODS

All adverse reactions reported to the Eye Bank Association of America (EBAA) through the online adverse reaction reporting system (OARRS) for comeal transplants

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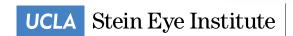




TABLE 2. Number of Cases of Bacterial and Fungal Endophthalmitis and Keratitis Per Year Since 2007

Year	2007	2008	2009	2010	Total
Endophthalmitis					
All cases*	5	6	7	9	27
Fungal cases	2	6	5	4	17 (63%)
Keratitis					
All cases*	3	4	11	4	22
Fungal cases	2	3	6	3	14 (64%)
All infections†					
All cases*	8	10	18	13	49
Fungal cases	4	9	11	7	31 (63%)
All procedures					
PK	34,806	32,524	23,269‡	21,970‡	112,569
Fungal cases	2	5	5	2	14 (0.012%)
EK	14,159	17,468	18,221‡	19,159‡	69,007
Fungal cases	2	4	5	4	15 (0.022%)
ALK	950	1072	774‡	1041‡	3837
Fungal cases	0	0	1	1	2 (0.052%)

^{*}All cases represent fungal plus bacterial infections.

Aldave AJ, Dematteo J, Glasser DB, et al. Report of the Eye Bank Association of America Medical Advisory Board Subcommittee on fungal Infection after corneal transplantation. Cornea. 2013; 32:149-54.





[†]All infections represents endophthalmitis plus keratitis.

[‡]Numbers reflect corneal tissue distributed and used within the United States only. Information regarding the type of procedure performed was not collected for tissue distributed internationally in 2009 and 2010. Data for 2007 and 2008 include procedures performed both domestically and internationally.

Annual Incidence of Postkeratoplasty Fungal Infection

TABLE 4. Incidence of Fungal Infections (Keratitis and Endophthalmitis) Per Year Since 2005

Year	Infections (Fungal Cases)	Cornea Grafts (Total)*	Fungal Infection Rate (%)
2005	6	44,329	0.014
2006	2	45,035	0.004
2007	4	50,122	0.008
2008	9	52,487	0.017
2009	11	59,784	0.018
2010	7	59,271	0.012
Total	39	311,028	0.012 (mean)

^{*}All tissue distributed by US banks for domestic and international use.

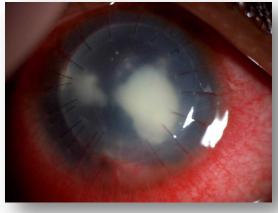
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- Is the incidence of postkeratoplasty fungal infection increasing?
 - •Is the risk really higher with EK than PK?
 - Is the risk associated with whether the cornea is prepared by the eye bank or the surgeon?
- What is the utility of performing donor corneal rim fungal cultures?
 - What percentage are positive?
 - What percentage of recipients of corneas with positive fungal rim cultures develop infection?

EBAA MAB Subcommittee Report on Fungal Infection Purpose

- To determine the utility of performing fungal cultures of the donor corneal rim by determining
 - The percentage of donor corneal rim fungal cultures that are positive
 - The percentage of the corresponding corneal buttons that transmit infection to the recipient



Courtesy of Dr. Irv Raber



EBAA MAB Subcommittee Report on Fungal Infection Methods

	Eye Bank is Required by the Eye Bank As PLEASE PROVIDE ANY MISSING IN		
Name	Recipient	Information	1
		5012 01 51101	Age
Unique ID Nu	mber (SSN, Driver's License, Hospital ID, Medical Reco	rd)	
	Ocular	Diagnosis	
Ocular Diagnosis: Operative Eye		Ocular Diagnosis: Non-operative Eye	
□ Keratoconus		□ Keratoconus	
Glaucoma		Glaucoma	
□ Other:		Other:	
		Information	
Tissue ID Number		P.O. Number	
Surgeon Name	•	Surgical Facility	
Date of Surge	ry	Address	
OTHER:	PE Bank is Required by the Eye Bank Ass	ociation of American	to request the following inform
Yes No	regards to a Did the patient experience a Primary G If yes, what was the date of the diagnosis	dverse reactions raft Failure associate for the primary graft	d with the surgery indicated above
Yes No	Was any post-operative infection observed If yes, Please describe the infection: If yes, how many days after the surgiety will If yes, was the donor culturing performed: If yes, was donor culturing performed of the yes, was the culture performed of If yes, was the culture positive:	as the infection identif source:	s No
Yes No	Did the recipient develop any systemic infectious disease following the transplant. If yies, was the donor tissue the suspected source: Ves No If yes, what disease did the recipient develop:		



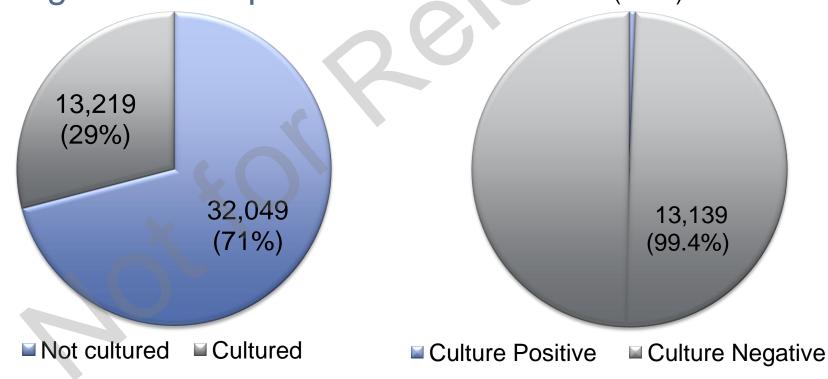
Courtesy of Tissue Banks International





EBAA MAB Subcommittee Report on Fungal Infection Results

• 61 eye banks reported number of donor rim fungal cultures performed 80 (0.6%)

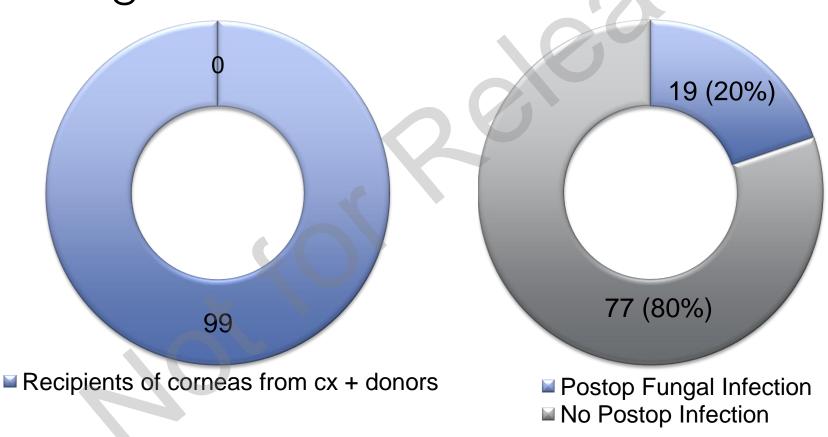




EBAA MAB Subcommittee Report on Fungal Infection Results

- 61 eye banks reported number of donor rim fungal cultures performed
 - •80 positive fungal cultures
- 11 eye banks did not report number of donor rim fungal cultures performed
 - 19 positive fungal cultures

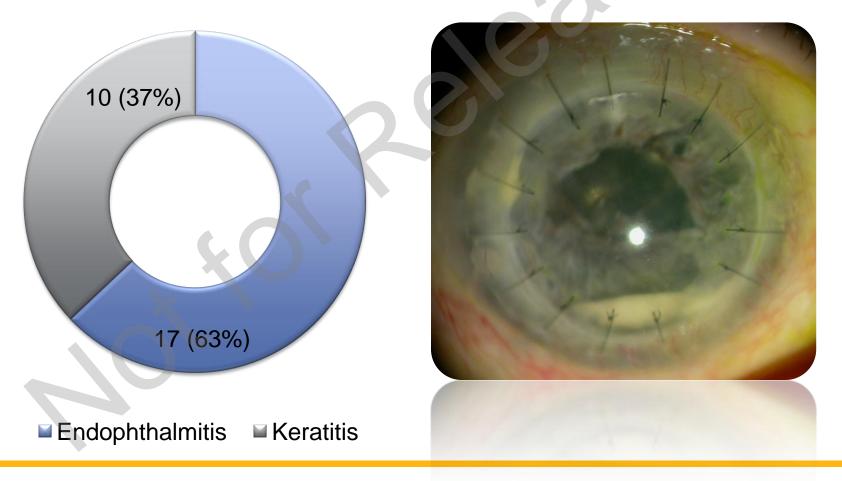
EBAA MAB Subcommittee Report on Fungal Infection Results



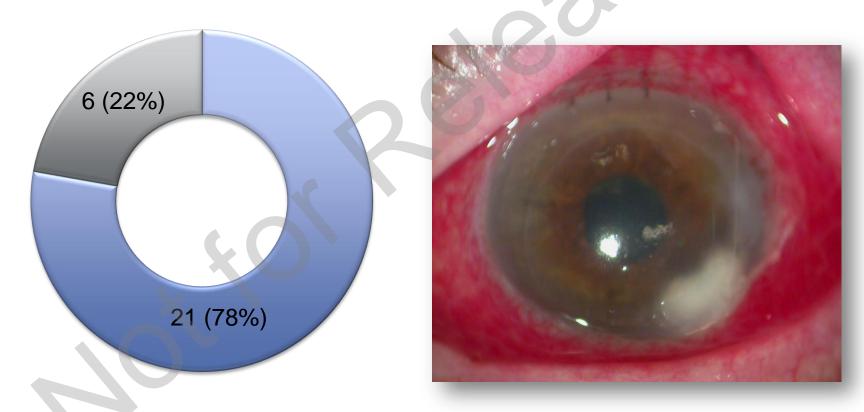
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- 8 cases of post-keratoplasty fungal infections in recipients of corneas from eye banks that did not report the number of positive donor rim fungal cultures
 - 1 from donor with positive donor rim fungal culture
 - 7 from donors with no donor rim fungal culture

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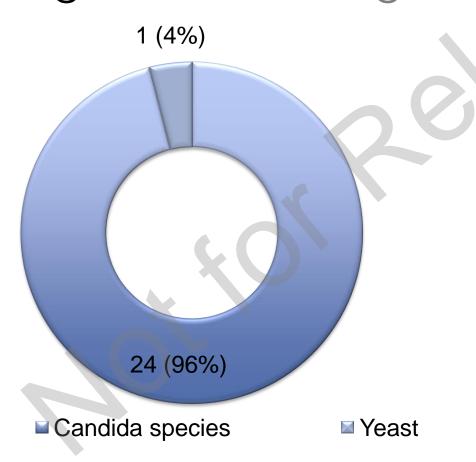
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■ Endothelial keratoplasty
■ Penetrating keratoplasty



EBAA MAB Subcommittee Report on Fungal Infection Organisms

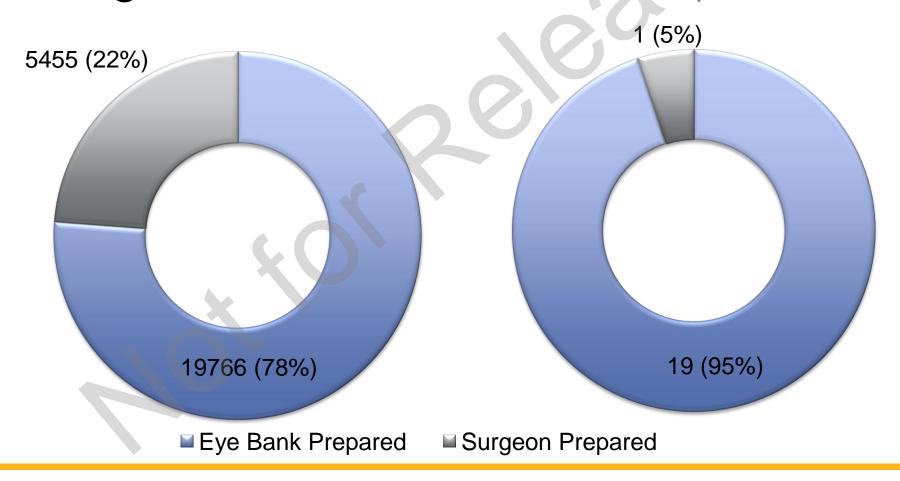




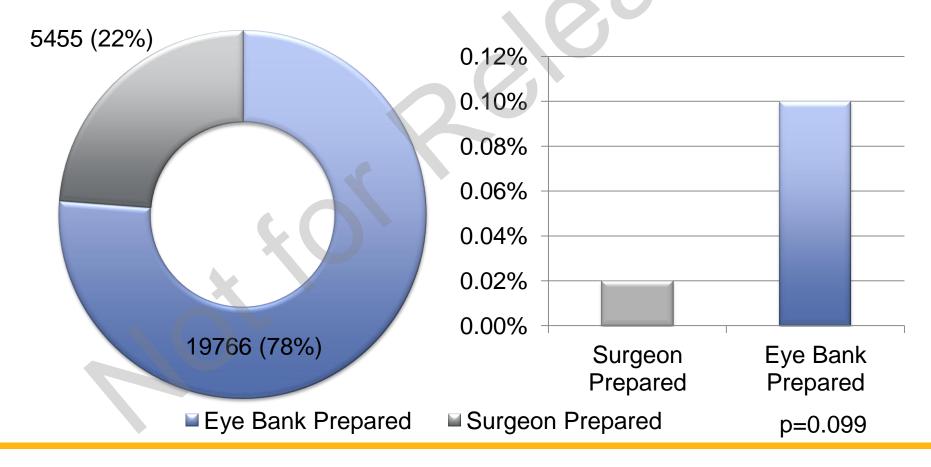
Images courtesy of Dr. Irv Raber



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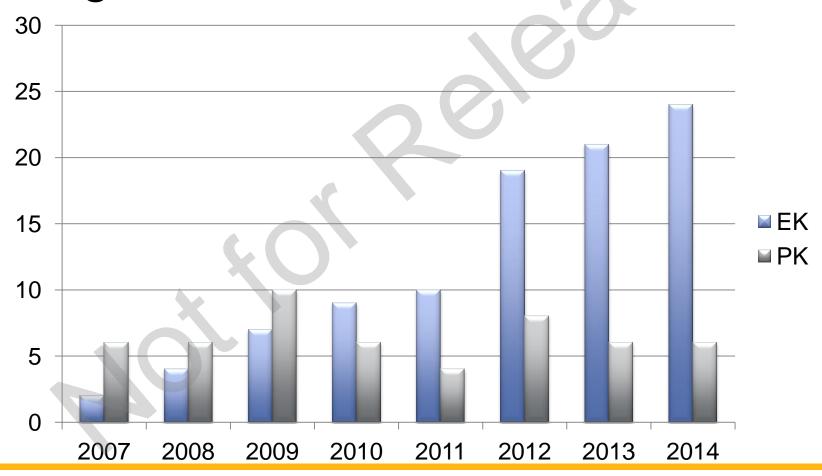


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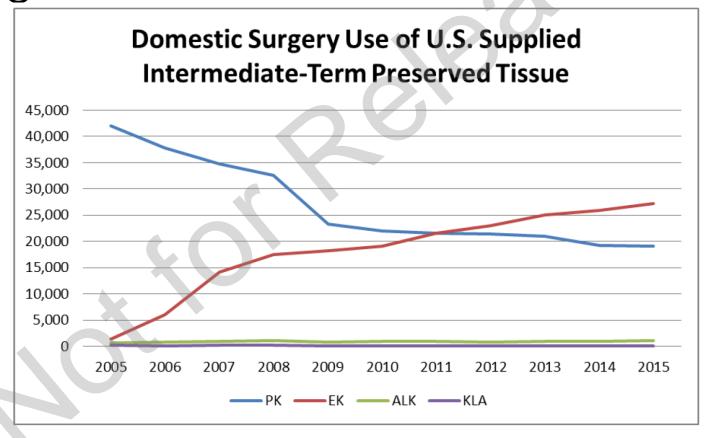




EBAA MAB Subcommittee Report on Fungal Infection Infections Per Year



EBAA MAB Subcommittee Report on Fungal Infection Procedures Per Year

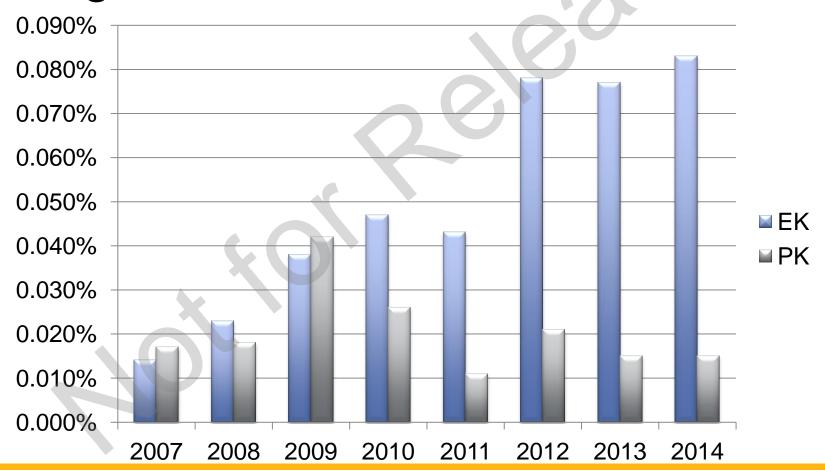


2015 EBAA Statistical Report

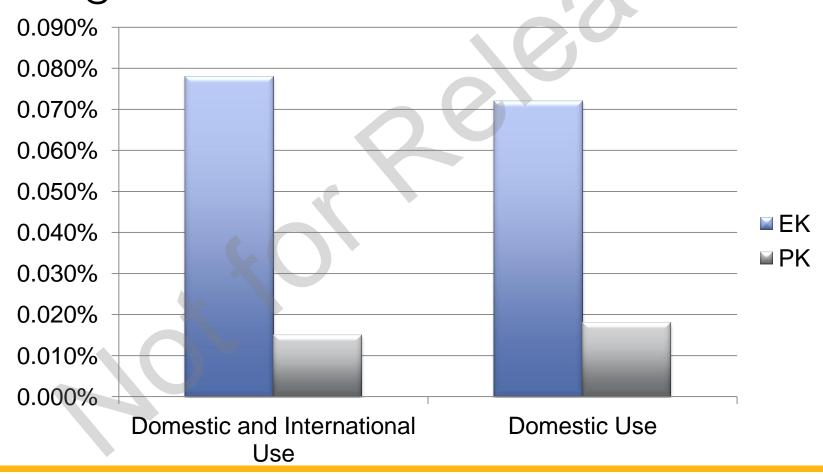




EBAA MAB Subcommittee Report on Fungal Infection Incidence Per Year



EBAA MAB Subcommittee Report on Fungal Infection 2013



- What is the utility of performing donor rim fungal cultures?
 - What percentage are positive?
 - .0.6%
 - What percentage of recipients of corneas with positive donor rim fungal cultures develop infection?
 - · 19.8%

• Is the incidence of postkeratoplasty fungal

infection increasing?

•2006-2008 19 cases

•2009-2011 46 cases

•2012-2014 84 cases

Cochran-Armitage trend test p<.0001

Is the risk really higher with EK than PK?

•DSEK 0.078%

•PK 0.015%

P value < 0.001

 Is the risk associated with whether the cornea is prepared by the eye bank or the surgeon?

Eye bank preparation

0.10%

Surgeon preparation

0.02%

• P value = 0.099



EBAA MAB Subcommittee Report on Fungal Infection Recommendations

- If a donor corneal rim fungal culture is positive, the surgeon should report the result to the distributing and/or source eye bank
- Funding should be provided to support additional studies to:
 - Confirm preliminary studies on the relationship between temperature fluctuations and the proliferation of Candida species associated with postkeratoplasty fungal infection
 - Determine the safety and efficacy of antifungal supplementation of donor storage media

MAB Subcommittee on Fungal Infection Following Corneal Transplantation

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- Craig Fowler
- Stephen Kaufman
- Marian Macsai
- Jackie Malling
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Thank You!

- Questions
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