

Late Complications

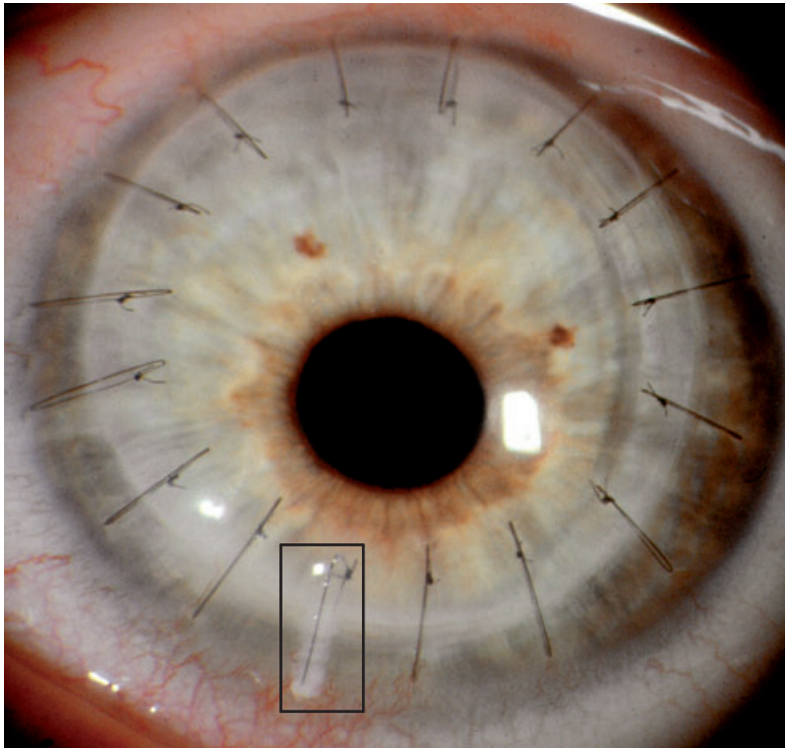


Fig. 20.23 Suture erosion, a common late complication of penetrating keratoplasty. In this case, an inferior suture has become loose and is covered with mucus (box).



Fig. 20.24 Eroded sutures. These can induce localized inflammation and vascularization. This graft is clear; however, it is not unusual for patients to have multiple eroded sutures, corneal vascularization, and acute allograft rejection.

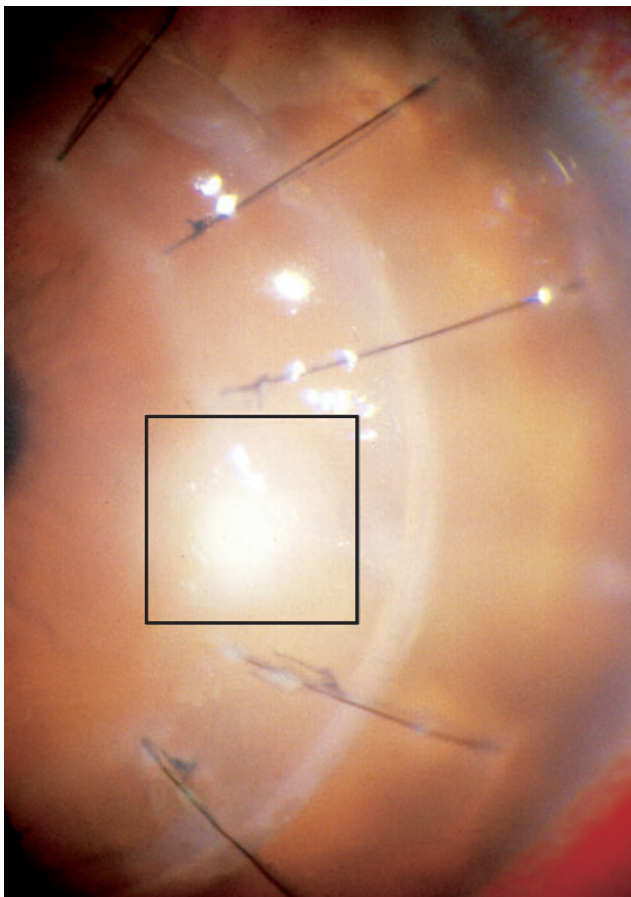


Fig. 20.25 Suture abscess caused by *Staphylococcus aureus* infection (box). Sutures can provide an entry tract for microorganisms into the stroma.

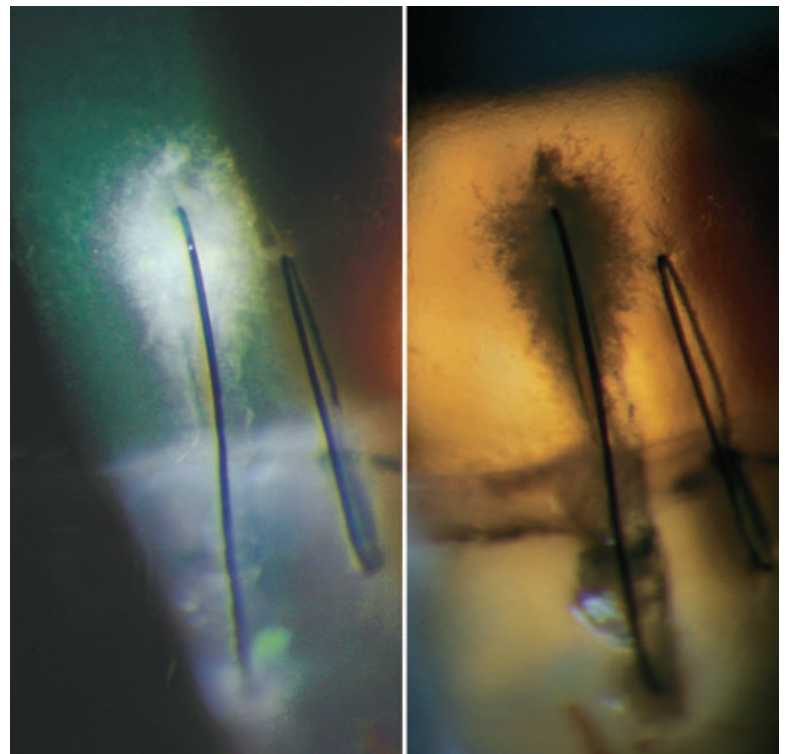


Fig. 20.26 Suture infiltrate with an infectious crystalline keratopathy appearance 1 year after keratoplasty. Direct illumination (left) and indirect illumination (right). The suture was removed and cultured. The culture showed no growth. The patient was treated empirically with vancomycin, and the infiltrate eventually cleared.