I ABLE 4-1	
INDICATIONS FOR AND CONTRAINDICATIONS TO SUPERFICIAL ANTERIOR LAMELLAR KERATOPLASTY	
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Indications	CONTRAINDICATIONS
 Post-keratitis scars Post-traumatic scars Salzmann nodular degeneration Epithelial-stromal TGFBI dystrophies Stromal dystrophies Trachomatous keratopathy Post-chemical injury scars Severe scarring after photorefractive keratectomy (PRK) Recurrent epithelial ingrowth after LASIK 	 Deep scars involving more than one-third of the anterior corneal stroma Corneal endothelial disorders Uncontrolled glaucoma Active uveitis Ocular surface disorders Eyes with small palpebral aperture Deep-set eyes Systemic conditions like uncontrolled diabetes, collagen vascular disease, and immunocompromising conditions

CLINICAL APPLICATIONS

The indications of SALK include the pathologies limited to anterior one-third of the corneal stroma (Table 4-1), such as in:

- *Post keratitis scars* (Figure 4-1): Keratitis could heal with either a nebular, macular, or leucomatous opacity. This technique could be very useful for such scars that are limited to the anterior one-third of the stromal depth.
- *Post-traumatic scars*: Trauma could also result in scars or opacities limited to the anterior layers of the cornea. The aforementioned techniques in such cases could minimize the risk of suture-related complications and provide a quick visual rehabilitation in such cases.
- *Salzmann nodular degeneration*: The degenerative changes are limited to the superficial layers of the cornea and a SALK comes handy in these cases to restore the vision.
- *Epithelial-stromal TGFBI dystrophies* (Figure 4-2): The pathology in these cases remains limited to the epithelium or the anterior stroma in depth. The opacities are quite superficial, rendering them easily amenable to SALK.