

Recurrent Anterior Segment Inflammation after IOL Implantation

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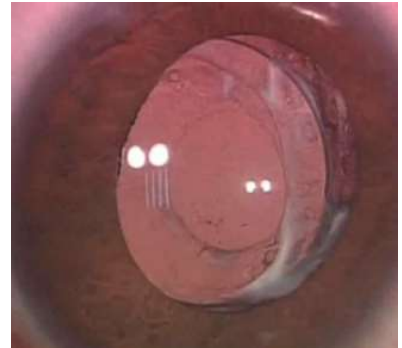
Alexandria 2019

- Male 23 years.
- Cataract surgery 1 year ago.
- Presented with recurrent attacks of mild to moderate pain with diminution of vision.
- BCDVA 20/20



Exam. Reveals:

- Mild Corneal edema and flair.
- One haptic in the bag and the other in the sulcus.
- Iris transillumination
- Normal fundus
- Normal IOP



Differential diagnosis:

1. Phacoanaphylactica
2. Iris chafing
3. Non infectious uveitis



New – onset non-infectious uveitis after IOL implantation

	Idiopathic	Phacoanaphylactica (retained lens matter)	Iris chafing	Anterior uveitis
%	50%	3%	15%	32%
Symptoms	Mild Pain ±↓ vision	Mild Pain ±↓ vision	Mild Pain ±↓ vision	Mild Pain ±↓ vision
Inflammatory cells	+++	++	-	+++
Tranillumination	-ve	-ve	+ve	-ve
Pupillary changes	+ve	+ve	-ve	+ve

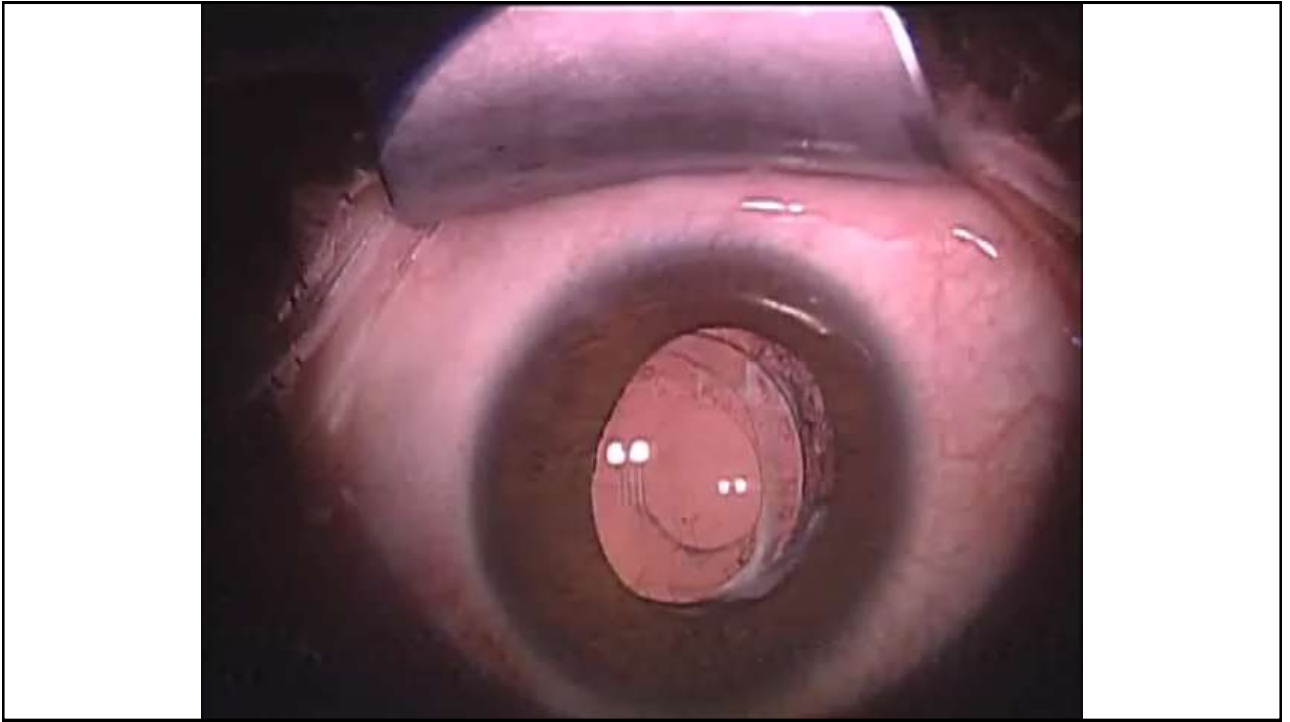
Treatment:

A. Explantation of IOL and reimplantation of:

1. Single piece IOL in the bag.
2. Three piece IOL in the sulcus.
3. Three piece IOL with capsule capture.



B. Repositioning of IOL



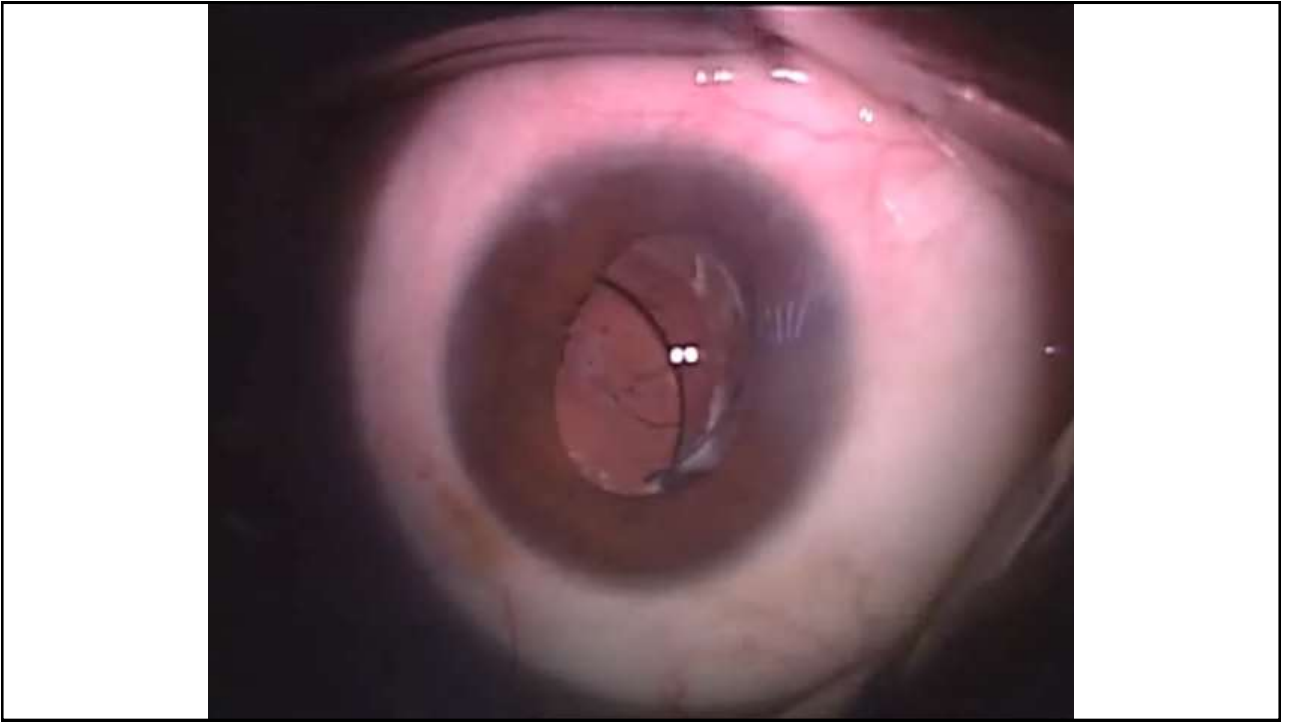
What is your
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Learning points:

- 1- Do not implant single piece IOL in the sulcus.
- 2- Sever fibrosis of anterior capsule can cause IOL displacement.
- 3- Dilated examination and/or UBM can be of good clinical assistance.
- 4- Be ready with instrumentations as adhesions and fibrosis are very common in younger ages.

Preop.



Postop.

