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Traumatic Sub Conjunctival Dislocation of PCIOL (Pseudophacocele) by Blunt Trauma – A Case Report

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Abstract:

Post traumatic s/c dislocation of PCIOL is a rare and emergency condition following cataract surgery. A 62 year old presented with H/O blunt injury with a stick in his right eye. He had pain, watering, redness and decreased vision in his right eye. The PCIOL which was implanted 2 years ago was found in S/C space at 12^o clock position 2mm away from the limbus.

Keywords: Dislocation, pseudophacocele, cataract surgery, posterior chamber intraocular lens, blunt injury

1. Introduction

IOL implantation is routine surgery for treating patients of cataract. Previous studies have reported traumatic dislocation of IOL into suprachoroidal space (1), vitreous cavity(2), subconjunctival space(3-5). Biedner et al. reported sub conjunctival dislocation of ACIOL (6), Kothari et al reported anterior dislocation of PCIOL following blunt trauma by cricket ball(7). PCIOL's are more resistant to ocular trauma than iris fixated lens which has increased degree of trauma for dislocations(2), now a case report of PCIOL dislocated into S/C space due to blunt trauma in right eye given.

2. Case Report

A 62 year old man underwent uneventful SICS with PCIOL implantation to his right eye. After 2 years post operatively he sustained blunt trauma to his right eye with a stick resulting in fall of vision suddenly, watering and photophobia in RE. On examination his BCVA in his right eye showed CF1/2 meter and in the left eye 6/12. S/L examination of right eye showed lid edema, conjunctival congestion, subconjunctival round elevated mass (dislocated PCIOL) {figure (1)} at 12^o clock meridian 2mm away from the limbus with bluish line just below it {figure(2)} (iris prolapse) cornea was hazy with central corneal opacity and corneal edema. A/C was deep filled with hyphema {figure (3)} and vitreous. Pupil was dilated fixed & up drawn, iris prolapsed noted from 11^o clock to 2^o clock position subconjunctivally with no tear of limbal conjunctiva overlying, eye was aphakic+, IOP in right eye is 26 mm hg and IOP in left eye is 16 mm hg. Fundus details could not be seen because of corneal opacity (central) and edema of cornea.



Figure 1

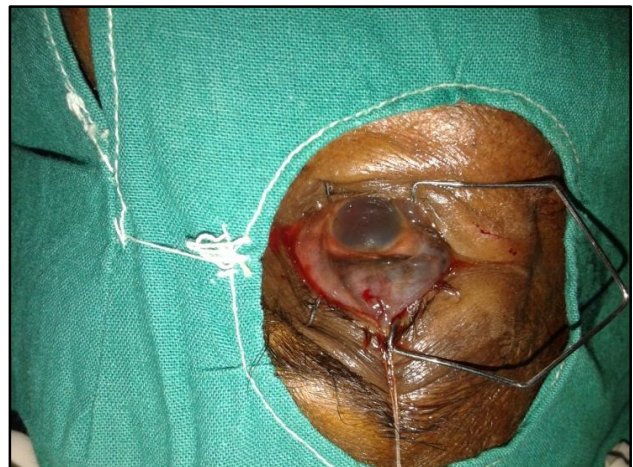


Figure 2



Figure 3

B-scan of the right eye showed normal except the dislocation of the lens from its normal position. S/L examination of left is normal except for early LO

AT SURGERY – The dislocated IOL was removed through a conjunctival peritomy incision. Corneoscleral wound dehiscence was noted with vitreous and iris incarceration into the wound. Hyphema aspirated, anterior vitrectomy done by closed chamber technique, iris is released from the wound, pupil became circular. The sclera wound was sutured with 10-0 nylon interrupted sutures. Conjunctiva was reposed over the wound. PCIOL could not be implanted due to large PC rent.

On the first postoperative day the A/S showed SK2+, corneal opacity in the center with diffuse corneal edema. Patient was on antibiotic, steroid drops, topical cycloplegic and systemic acetazolamide. After 6 wks P.O the patient BCVA with aphakic correction was 6/18 only due to central corneal opacity.

3. Discussion

Blunt ocular trauma can cause severe damage to eye (8). During blunt trauma, IOL can cause damage to cornea, gets dislodged or fractured or even expelled out. Dislocation of PCIOL is a rare compared to AC IOL or Iris fixated IOLs. The predisposing factors for traumatic dislocation of IOL are severity of trauma, implant duration and tensile strength of the cataract wound. PCIOL tolerates minor to moderate trauma (2) but severe injury produces globe rupture or dislocation of PCIOL.

In previous studies ocular trauma is associated with shortest implant duration, where the surgical wound did not heal properly and was likely to rupture. But in this case, implant duration was 2 years, which was enough for complete healing of the wound and for good tensile strength. Koss et al. reported traumatic rupture of cataract wound even 12 years after surgery (9).

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