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N Adachi, Y Tsuyama, A Mizota, N Fujimoto, S Suehiro and E Adachi-Usami

Department of Ophthalmology and Visual Science
Graduate School of Medicine
Chiba University
Inohana 1-8-1 Chuo-ku
Chiba 260-8670, Japan

Correspondence: N Adachi
Tel: +81 43 226 2123
Fax: +81 43 227 1810
E-mail: adachi@ophthalm.m.chiba-u.ac.jp

Sir,

A delayed complication of cataract surgery in a patient with pseudoexfoliation: dislocation of the intraocular lens

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Pseudoexfoliation syndrome is an age-related condition in which abnormal fibrillar extracellular material accumulates within ocular tissues. The presence of pseudoexfoliation is of particular importance in those patients undergoing cataract surgery, as it is associated with an increased risk of perioperative complications such as zonular dehiscence, capsular rupture, and vitreous loss.[1,2] Recently, a previously unrecognised complication following routine cataract surgery, namely spontaneous late dislocation of the intraocular lens (IOL), has been described in such patients.[3] The authors found that the mean time from surgery to presentation with this complication was 7 years, with the longest interval being 9 years and 6 months. We describe a patient with pseudoexfoliation syndrome in whom spontaneous dislocation of the IOL occurred 14 years after cataract extraction.

Case report

A 77-year-old male underwent uncomplicated right extracapsular cataract extraction (ECCE) and insertion of a sulcus fixed Pearce tripod polymethyl methacrylate (PMMA) posterior chamber IOL in 1987. He was known to have pseudoexfoliation, although no zonular weakness was noted at the time of his surgery. He had previously undergone uncomplicated left endocapsular cataract extraction with insertion of a Pearce tripod IOL and had no significant past medical history of note. He was followed up regularly in the years following his surgery for monitoring of his intraocular pressure, which was always within normal limits. However, 14 years after undergoing surgery to his right eye, he presented to the ophthalmic department with a 1-day history of reduced vision in this eye. On examination, his visual acuities were counting fingers only in the right eye and 6/9 in the left eye. The posterior capsular remnants and IOL in his right eye were found to be subluxed inferiorly with the superior haptic tilted anteriorly through the pupil margin (Figure 1). There was no evidence of subluxation of the IOL in his left eye. His intraocular pressures were within normal limits in both eyes. Fundoscopy revealed early age-related macular degeneration. After 4 days, he underwent removal of the dislocated IOL was along with the capsular remants. An anterior vitrectomy was performed and an anterior chamber IOL was inserted. Postoperatively, his visual acuity improved to 6/6 with appropriate spectacle correction, and his intraocular pressure remained within normal limits. His visual status has remained stable during subsequent follow-up.

Comment

To our knowledge, this is the longest time interval that has been described for spontaneous dislocation of an IOL in a patient with pseudoexfoliation. While the precise aetiology of this recently recognised complication is not fully understood, postmortem findings in eyes with pseudoexfoliation suggest that late decentration of the capsular bag and remnants is related to zonular weakness.[4] As with the study of Jehan *et al*[3] we can only speculate about whether the type of IOL used contributes to late onset. It will be of interest to note if the current range of posterior chamber IOLs causes similar problems in years to come. Ophthalmologists should be aware that potentially serious complications can occur in patients with pseudoexfoliation syndrome for a considerable period of time after cataract surgery, and these patients should be warned accordingly.

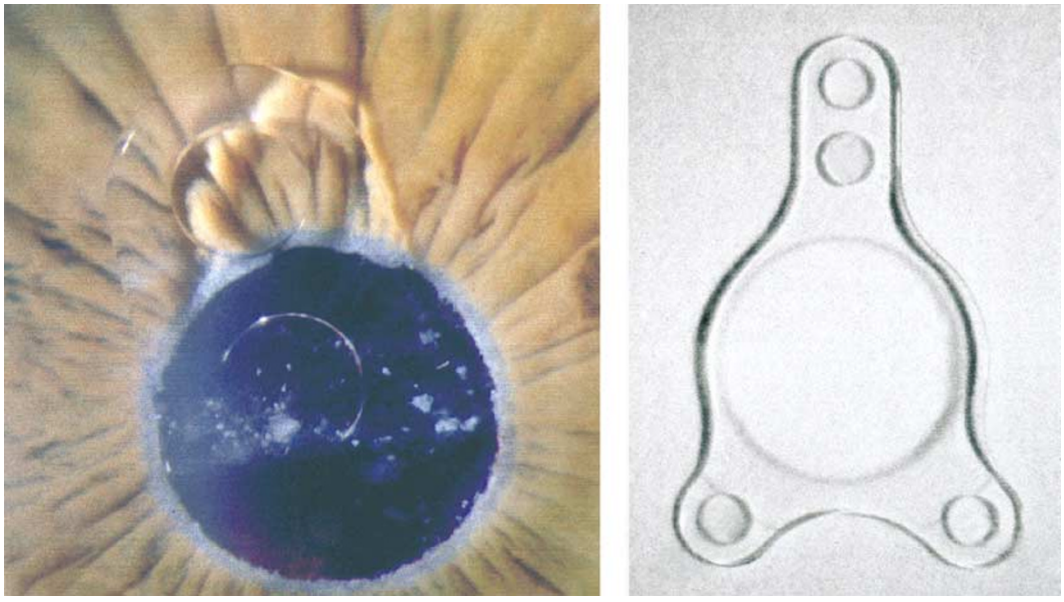

Figure 1 Clinical photograph of the displaced IOL haptic, accompanied by a photo of the Pearce tripod lens.

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T Sandinha, C Weir and D Holding

Tennent Institute of Ophthalmology
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 OYN
Scotland, UK

Correspondence: T Sandinha
Tel: +141 211 1040
Fax: +141 211 2054
E-mail: teresa_sandinha@hotmail.com

Sir,

Bilateral microphthalmos and orbital cyst

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Microphthalmos with orbital cyst is a rare congenital cystic abnormality of the globe and orbit that is caused by faulty closure of the posterior part of the embryonic fissure. The cysts project through a congenital defect (coloboma) in the wall of a microphthalmic eye and are lined by a neuroectoderm.[1,2]

We present the clinical and histopathological findings of microphthalmos with orbital cyst in a 21-year-old woman who was followed for bilateral microphthalmos since birth and had recent onset of bilateral angle closure glaucoma.

Case report

A 21-year-old white female had been followed with the diagnosis of bilateral microphthalmos and no vision since birth. She had a long history of glaucoma and used many topical and oral medications. She was referred to the Ocular Oncology Service for evaluation of severe pain that developed in both eyes about 3 weeks earlier. She was otherwise healthy and had no family history of similar developmental anomaly.

Her visual acuity was no light perception in each eye. There was bilateral enophthalmos with microphthalmic globes, microcornea, corneal oedema, iris bombé with pupillary seclusion, flat anterior chamber and dense cataracts in both eyes (Figure 1a). There was no view of the fundus. Both globes were hard to palpation.