

Sir,
Reply to Dr Lockington

The authors would like to thank the readers for their letter and interest in our article¹ about late-onset capsular block syndrome (CBS). We share their view that a small continuous curvilinear capsulorrhexis (CCC < 4.5 mm) is a major risk factor for early type of CBS.

However, it must be stated that their valuable comments and further discussion mainly apply for early postoperative CBS. Our case report was about a late onset type of CBS. Miyake *et al*² made a clear distinction between the two types in their excellent review of 64 cases in the literature.

Although early and late postoperative CBS share two essential requirements, namely occlusion of the anterior capsular opening by the optic of posterior chamber intra ocular lens (IOL) and the presence of fluid distending the

capsular bag, the mechanism behind their development is completely different. In late-onset CBS, closure of the capsular opening is the result of fibrosis and adhesion along the capsular opening entire circumference and the IOL-optic. Hence, small-size CCC is not essential for their development. Also the nature of retained fluid is different and not viscoelastic. It may appear few months to years postoperatively.

As seen in Figure 1 reproduced from our case report and considering the variable degree of capsulorrhexis size contraction possible following cataract surgery,³ the initial capsulotomy size in our case can not be considered as small.

We would once again like to thank our reader for their valuable comments and hope that we have cleared their doubts with our explanation.

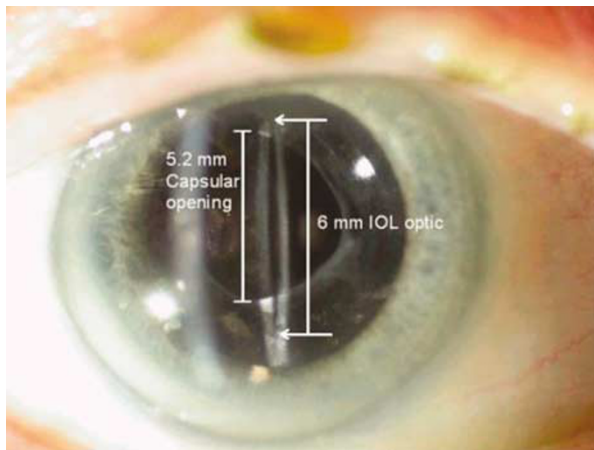


Figure 1 Anterior capsulotomy size.

References

- 1 Patil S, Azarbod P, Toufeeq A. Late-onset capsular block syndrome without lens displacement. *Eye* 2007; **21**: 113–114.
- 2 Miyake K, Ota I, Ichihashi S, Miyake S, Tanaka Y, Terasaki H. New classification of capsular block syndrome. *J Cataract Refract Surg* 1998; **24**(9): 1230–1234.
- 3 Zambarakji HJ, Rauz S, Reynolds A, Joshi N, Simcock PR, Kinnear PE. Capsulorhexis phymosis following uncomplicated phacoemulsification surgery. *Eye* 1997; **11**(Pt 5): 635–638.

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