

Sir,

Spontaneous Pseudophakia

A well-recognised and reported complication of iris-supported lenses is posterior dislocation into the vitreous cavity.^{1,2} Various methods of treatment have been advocated. These include postural manipulation,^{2,3} pars plana vitrectomy⁴ and the use of heavy liquids.⁵ Alternatively, patients may be treated conservatively, and their aphakia corrected with a contact lens or secondary lens implant.

We describe a case of a patient who, following retinal detachment surgery, suffered a posterior dislocation of his Binkhorst lens implant. Two months later the lens spontaneously and accurately repositioned itself in the correct surgical position, where it remains to date.

Case Report

A 67-year-old man underwent an uncomplicated right intracapsular cataract extraction and insertion of Binkhorst four-loop intraocular lens (IOL) in 1985. He had an uneventful post-operative recovery and uncorrected visual acuity was 6/6. He was discharged from follow-up. He presented 6 years later with a right supero-temporal retinal detachment, macula on. The pupil was dilated to facilitate surgery, and as a result the patient suffered a posterior dislocation of his intraocular lens (Fig. 1). Surgery was successful, and post-operatively his aphakia was managed with an extended-wear soft contact lens with which he achieved a visual acuity of 6/6.

Three months later, he presented to casualty complaining that on waking that morning he had no vision in the right eye. Visual acuity with the contact lens *in situ* was counting fingers, and with removal of the contact lens it was 6/9. On slit lamp examination his intraocular lens was found to be accurately placed in its intended surgical position (Fig. 2). To date the patient continues to have a good visual acuity, and his intraocular lens remains *in situ*.

Discussion

In many cases, posterior dislocation of the intraocular lens into the vitreous cavity does not seem to cause undue

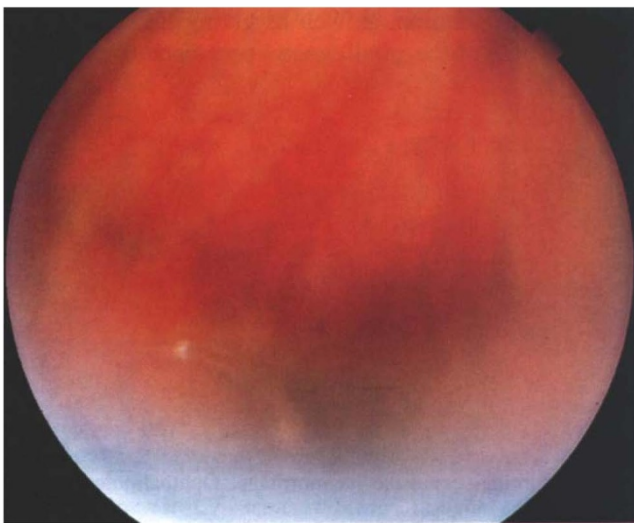


Fig. 1. The posteriorly dislocated intraocular lens.

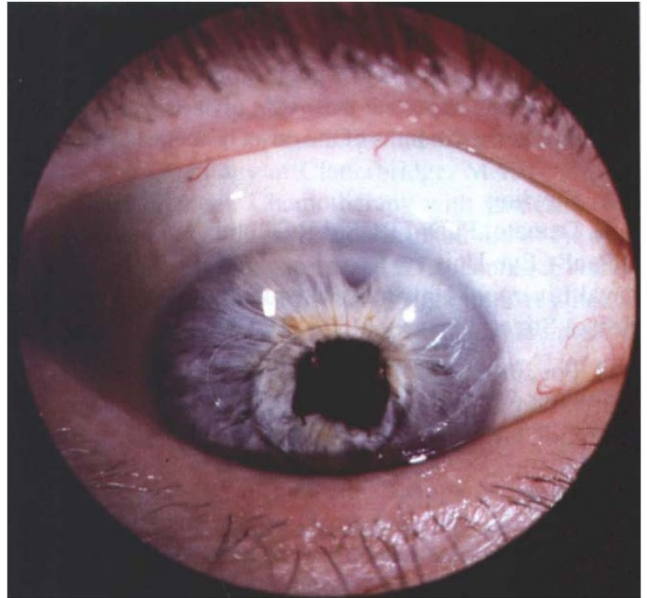


Fig. 2. The intraocular lens accurately replaced in the anterior chamber.

problems other than aphakia.⁶ Often, therefore, the indication for treatment of this problem is purely optical. Posturing patients and dilating the pupil to allow a posteriorly dislocated implant to gravitate into the anterior chamber is a recognised form of treatment.² However, once the IOL has successfully been trapped into the anterior chamber by constricting the pupil, further manipulation is necessary to position it accurately or remove it.

This is, to our knowledge, the first reported case of a posteriorly dislocated IOL spontaneously finding its way back into the anterior chamber and accurately positioning itself in the correct ocular plane to allow pupillary constriction to stabilise it.

J. F. Kirwan
T. Potamitis
P. J. McDonnell

Birmingham and Midland Eye Hospital
Church Street
Birmingham B3 2NS, UK

References

1. Jaffe ND *et al.* Dislocation of the Binkhorst four loop implant. *Ophthalmology* 1979;86:207-12.
2. Poley BJ, Le Win DP. A closed technique for repositioning dislocated iris plane lenses. *Am Intraocul Implant Soc J* 1979;5: 316-9.
3. Chowdhury AM, Bras JF. Posterior dislocation of an intraocular lens implant and its removal. *Br J Ophthalmol* 1977;5:316-9.
4. Flynn HW, Buus D, Culbertson WW. Management of subluxated and posteriorly dislocated intraocular lenses using pars plana vitrectomy instrumentation. *J Cataract Refract Surg* 1990;16:51-6.
5. Liu K-R, *et al.* Use of high density vitreous substitutes in the removal of posteriorly dislocated lenses or intraocular lenses. *Ophthalmic Surg* 1991;22:503-7.
6. Johnson RL, *et al.* Posteriorly dislocated intraocular lens. *Am Intraocul Implant Soc J* 1983;9:473-4.