

An imprint of intra ocular lens on an iris

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A B S T R A C T

The Uveitis Glaucoma Hyphema (UGH) syndrome is a triad that in the new era of phacoemulsification cataract surgeries is considered uncommon. One of the risk factor for this complication is implant a one piece intra ocular lens in the anterior chamber.

We present a case of one piece intraocular lens that was implanted in the anterior chamber and caused to UGH. The lens chafing the iris and created an unusual appearance of iris transillumination defects in the shape of intra ocular lens.

1. Case report

A 61 year old man that underwent cataract surgery four years ago, has arrived to the ophthalmology emergency room because of blurry vision. His visual acuity (VA) was 20/50 and the intra ocular pressure (IOP) was 30 mmHg. In the anterior chamber (AC), red blood cells were found. Iris transillumination defects in the shape of one piece intra ocular lens (1P-IOL) were observed (Fig. 1A–B, Arrow-Haptic, Asterisk-Optic). The SN60WF-Aspheric-Alcon-IQ-1P-IOL was in the sulcus. Uveitis Glaucoma Hyphema (UGH) syndrome with vitreous hemorrhage (VH) was diagnosed so he got steroidal and anti glaucoma drops and referred to an exchange IOL surgery.

IOL exchanges were performed under topical anesthesia. A main clear corneal and a side incision were made, and the anterior chamber was filled with ophthalmic viscoelastic device (OVD). The 1P-IOL was extracted from the main wound in dissected body. After filling the chambers with OVD, the AC lens was implanted. OVD was completely removed.

Ten day post operation, his VA was 20/32, the IOP was normalized and the ACIOL was in place.

2. Discussion

In 1978, Ellingson introduced firstly the syndrome Uveitis Glaucoma Hyphema (UGH).¹ The condition presents weeks to months after cataract extraction and AC-IOL² or posterior chamber IOL implantation³ and is characterized by recurrent episodes of AC inflammation, increased IOP and hyphema. It is thought to be caused by IOL chafing of the iris and angle structures, resulting a mechanical trauma of the tissue, release of iris pigment that cause to inflammation,

increased IOP, and microhyphema.

In this case report we present a case of ACIOL that was implanted in the anterior chamber causing to severe iris chafing with specific IOL shape iris transillumination imprint and this probably caused to UGH and VH. Chang et al. recommended that 1P-acrylic IOL should not be placed in the sulcus.⁴ However, it is still, on our opinion, that ophthalmic surgeons are periodically reminded of this.

3. Conclusion

1P Alcon IQ IOL is designed specifically for implantation in the bag. Placement in the sulcus 1P Alcon IQ IOL should be avoided.

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Appendix A. Supplementary data

Supplementary data related to this article can be found at <http://dx.doi.org/10.1016/j.ajoc.2018.04.013>.

Conflicts of interest

The authors have no potential conflicts of interest.

Patient consent

The patient signed on informed consent to publish this case.

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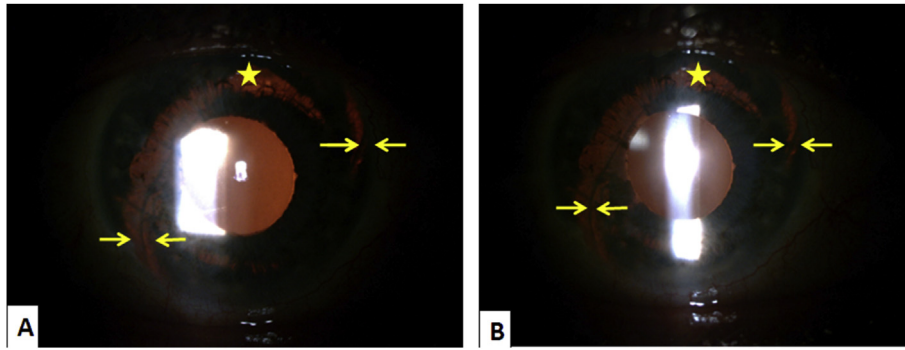


Fig. 1. A–B: Iris transillumination defects in the shape of one piece intra ocular lens (\ Arrow-Haptic, Asterisk-Optic.

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