Retained anterior capsule: A masquerader of Descemet's membrane detachment

A 60-year-old lady underwent an uncomplicated extracapsular cataract extraction (ECCE). On first post-op day, she had a vision of 20/200 with edema on superior 1/3rd of cornea. Slit-lamp examination revealed localized stromal edema with Descemet's membrane folds in main incision area reaching upper border of pupil [Fig. 1a]. It was assumed that the edema was due to Descemet's Membrane Detachment (DMD). After 1 week, edema had slightly decreased with an improvement in visual acuity to 20/40 after administration of topical prednisolone-acetate 1% and sodium chloride 5%. On repeat slit-lamp examination, a refractile membrane with a well-defined margin was seen closely adhered to the endothelium [Fig. 1b]. UBM showed a separate membrane lying almost clinging to the endothelium, but no detachment of descent's membrane was identified [Fig. 1c]. Hence, what was assumed to be DMD turned out to be a retained anterior capsule. After the removal of anterior capsule in OT, edema subsided within a week with BCVA 20/30 [Fig. 1d]. Thus, though DMD remains one of the commonest complications[1] and causes of persistent corneal edema post-cataract surgery, it remains important for us to look for any other possible cause responsible for the condition. With the new imaging modalities[2] like AS-OCT and UBM, the detection of the pathology causing post-op corneal edema has become easier.

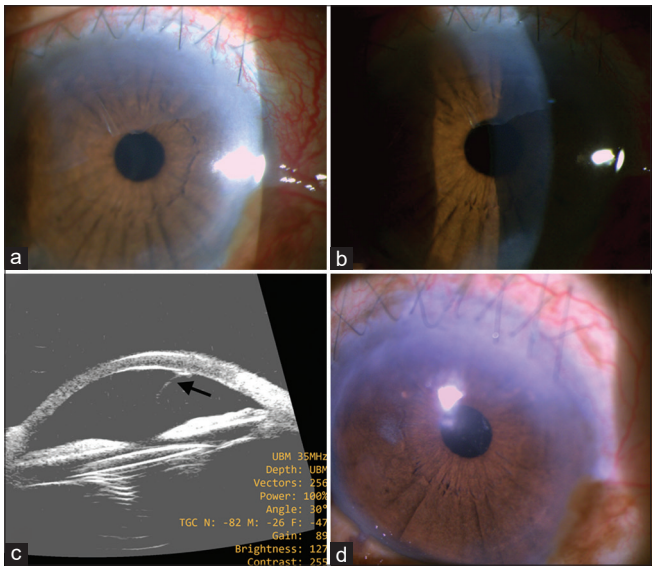

Figure 1: Slit lamp photograph showing (a) Corneal edema in upper part of cornea. (b) refractile membrane with a well-defined margin closely adhered to the endothelium. (c) UBM showing a separate membrane lying almost clinging to the endothelium, but no detachment of descemet's membrane identified. (d) Slit lamp photograph showing decrease in edema with improvement in vision

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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