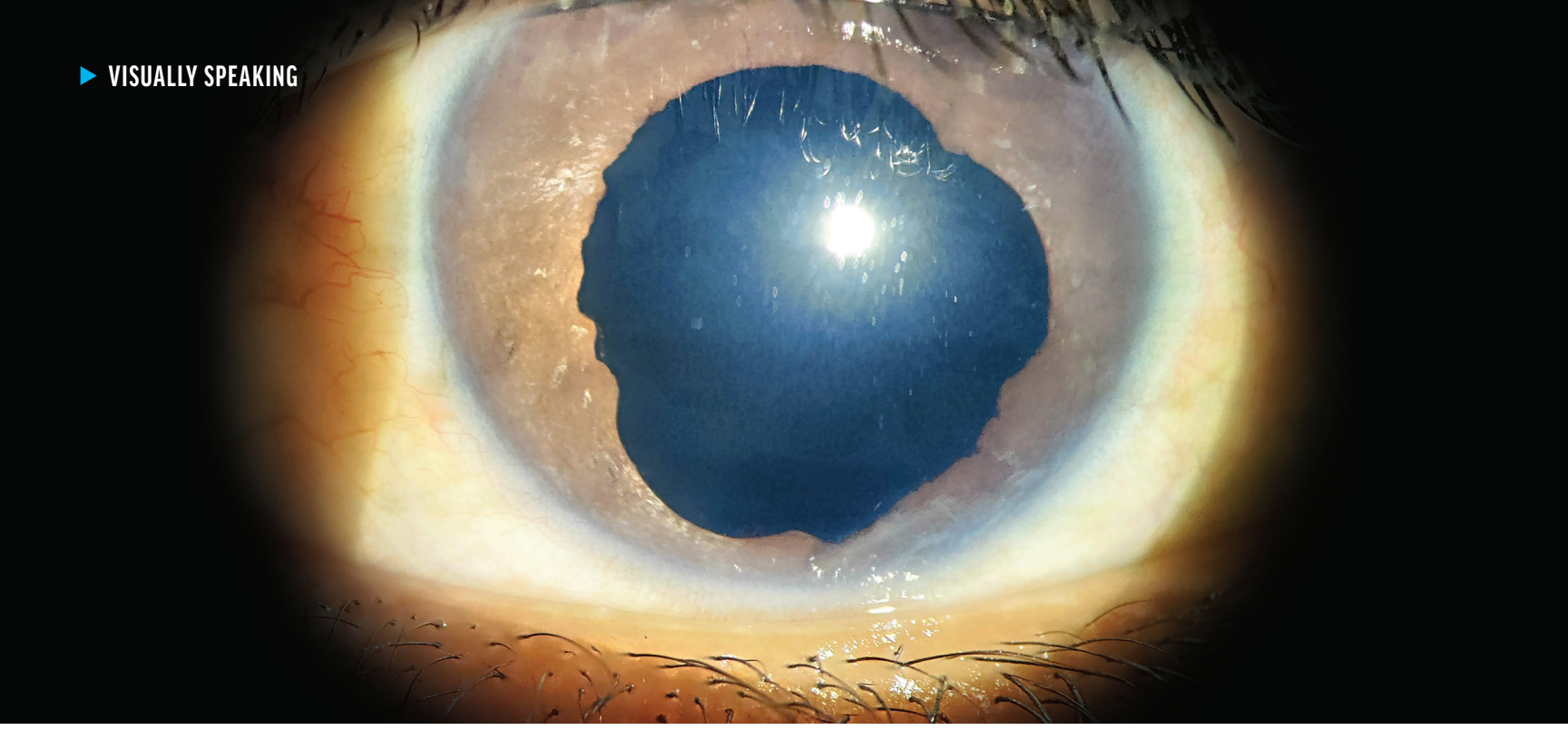


A DROPPED ANTERIOR CHAMBER IOL

A traffic accident dislocated this patient's IOL posteriorly through a dilated pupil.

BY VIPUL K. PRAJAPATI, MBBS, MS; PURVI R. BHAGAT, MBBS, DO, MS, FAIMER (CMCL); AND ABHISHEK H. SHAH, MBBS, MS

A 26-year-old man was referred to us from an outside hospital for management of an injury to the left eye sustained 2 weeks prior in a traffic accident. The patient also reported a history of blunt trauma with a cricket ball 2 years earlier, cataract extraction, and IOL implantation, all in the left eye.

Upon slit-lamp examination, aphakia and a traumatic iris with a dilated and fixed pupil were noted (Main Figure). Dilated fundus examination showed macular scarring—most likely a result of the previous blunt trauma—and a Kelman Multiflex–type anterior chamber IOL freely moving in the posterior vitreous cavity (Figure, next page). We performed a pars plana vitrectomy and anterior chamber IOL explantation, along with implantation of a scleral-fixated IOL with single-pass four-throw pupilloplasty in the same sitting.

DISCUSSION

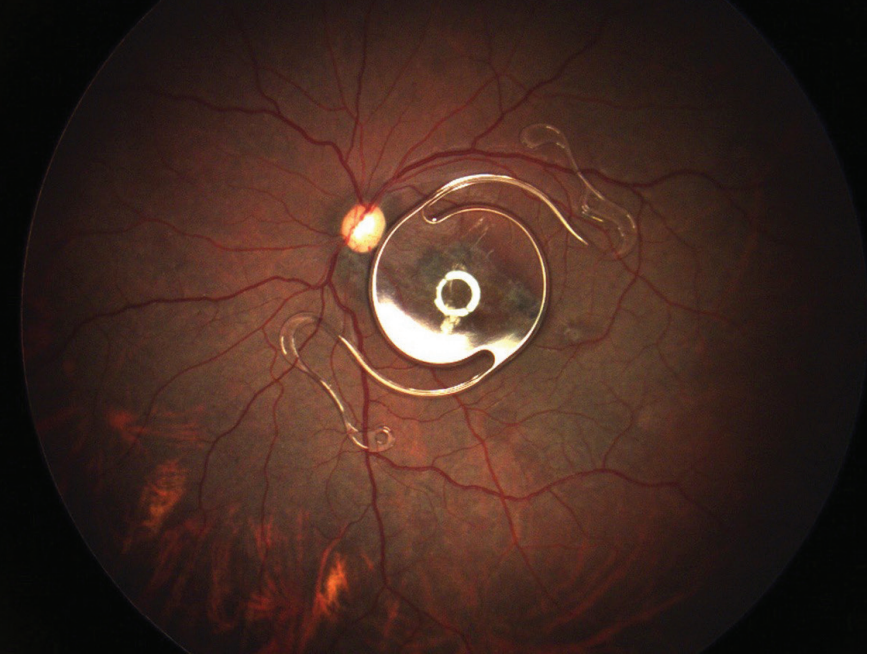
Ocular trauma is relatively common. About one-fifth of adults experience ocular trauma at some point in their lives, and it occurs most frequently in men and young people.[1]

Trauma can affect the crystalline lens in several ways. The lens can be partially displaced from its natural position (subluxated) or completely dislocated (luxated). A subluxated or luxated lens can move forward, resulting in angle-closure glaucoma. Injury to the lens may also lead to phacomorphic, lens-particle, or phacoantigenic glaucoma.[2]

Traumatic lens injury is usually managed by removing the lens with or without IOL implantation, depending upon the integrity of the anterior chamber structures and zonules.[3]

A posterior chamber IOL may be implanted within the capsular bag, if possible, with or without capsular support rings or segments; or it can be sutured or glued to the sclera. An anterior chamber or iris fixated IOL can be implanted in the event of significant zonular damage.[4]

Often, inadequate preoperative evaluation and incomplete surgical management may lead to postoperative IOL displacement, requiring repeat surgery.[5,6] In our patient's case, a subsequent traffic accident possibly caused the anterior chamber IOL—which may not have been adequately stabilized—to dislocate posteriorly through his dilated pupil.



When surgery for a dislocated IOL is planned, the surgeon should explain to the patient the risks and benefits of the procedure, including a guarded prognosis and a possible need for further interventions.[7] ■

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