LATE SPONTANEOUS IN-THE-BAG INTRAOCULAR LENS DISLOCATION IN PATIENTS WITH UVEITIS (ID56727)

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PURPOSE: Analyze of 2 cases of late spontaneous in-the-bag intraocular lens dislocation in patients with uveitis.

DESIGN: Retrospective case serie with literature review

PATIENTS & METHODS: All case records of eyes with chronic uveitis that had phacoemulsification with IOL implantation, at a referral uveitis clinic between were retrieved and analyzed.

RESULTS: a total of 81 eyes of 62 patients with chronic uveitis underwent phacoemulsification with in-the-bag IOL implantation under steroid cover from February 2000 to December 2014, with a perioperative control of inflammation. Out of these 81 eyes, 2 eyes of 2 patients had experienced late in-the-bag IOL dislocation (2.84%).

TABLE

<table>
<thead>
<tr>
<th>astology</th>
<th>Age at time of PKE+IOL</th>
<th>Recurrence of uveitis after PKE+IOL</th>
<th>Delay</th>
<th>Decreased BCVA</th>
<th>Bag contraction</th>
<th>Capsular fibrosis</th>
<th>Optic more spheric</th>
<th>Zonule dehiscence</th>
<th>Management</th>
<th>Out-come</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>herpes</td>
<td>22, F</td>
<td>yes</td>
<td>PKE+IOL: 2011 Dislocation:2015</td>
<td>6/60→6/120</td>
<td>yes</td>
<td>no</td>
<td>no</td>
<td>Anterior yag capsulotomies</td>
<td>Initial improvement 6/120→6/60 Then, recurrence</td>
</tr>
<tr>
<td>Case 2</td>
<td>Behcet disease</td>
<td>38, M</td>
<td>yes</td>
<td>PKE+IOL: 2005 PC Yag ; 2008 Dislocation:2017</td>
<td>6/30→6/60</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>PPV + explation proposed</td>
<td>?</td>
</tr>
</tbody>
</table>

Comments

The weakening of the zonules is probably one of the major factors leading to late-in-the-bag IOL dislocation, as identified in literature from different situations: pseudoexfoliation, prior vitrectomy surgery, trauma, high myopia, retinitis pigmentosa and connective tissue disorders [3]. None of the 2 cases here had any these preexisting factors. The recurrent inflammation near the zonules could probably also be an another major factor. In the 2 cases, anterior capsular contraction was noted. This capsular fibrosis, promoting capsulorrhesis phimosis, was reported in all cases by Davis in a serie of 86 late in-the-bag spontaneous IOL dislocation, seems to be more specific of uveitic patient, and induce probably a zonular dehiscence. In another hand, chronic use of steroids may also play a major role in contributing toward IOL-in-the-bag dislocation. In case 2, we did not observed a bag contraction and the sphericity of the optic’s IOL was not modified. This is probably due to the ulcer posterior Yag capsulotomy which open the capsular bag and lead more place for the optic which is not compressed.

The management of late in-the-bag IOL dislocation is not standard, and should be case-by-case decision, based on the present clinical status of the patient. A conservative management by anterior capsular yag expansion to try to induce a spontaneous re-positioning of the IOL was not a good option, as we observed in the case 1 with the recurrence of the dislocation. Different surgical options were reported with good outcome: re-fixation of pre-existing IOL, iris fixation IOL, scleral/iris sutured PCIOL, pars plana vitrectomy with IOL refixation in the bag, IOL removal and pars plana scleral fixated IOL. Ganesh and al, the single largest case series of late-in-the-bag IOL dislocation in uveitic patient, suggested that PPV may play a major role in controlling the inflammation too, and showed that around 69% eyes maintained their vision even after 22 years of follow-up, after PPV with scleral fixation IOL or IOL re-fixation. The choice of different surgical approaches for fixation and positioning of the IOL, lens repositioning or lens exchange, seems to depend more on surgeon’s preference that out-come results, with controversial results in different reports.

Conclusions: In-the-bag dislocation of IOL is a rare late complication in uveitic eyes. The good options of restoring vision in these high-risk eyes should be individualized and based on clinical status of each case.