



WHITE INTUMESCENT CATARACT, STIFF CAPSULE, MAYUGIN RING INSERTION.

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Objective

- To highlight the use of iris expanders in cases with white intumescent cataracts, reduced mydriasis.
- To locate the difficulties of expander insertion and to find out the advantages of their use in similar cases.

Methods

A 61 y.o male patient arrives at our clinic's outpatient department with significant left eye vision loss. During the usual examination we found:

- **Right Eye** VA : 8-9/10 (non corrected) → incipient nuclear cataract.
- **Left Eye** VA : Light Perception → white intumescent cataract. Tonometry was within normal range.
- The phacoemulsification method used was phaco chop, due to the stiff capsular bag leading to an irregular capsulotomy and because of a weak Zinn zonule (pseudoexfoliation) and floppy iris syndrome (b-blocker administration).

Results

- Because of the irregular rhexis the centralization of the IOL in the bag was difficult. It became possible with mechanical manipulation and the use of myocholine. The ultrasound statistics were the following: **US:25%**, **AP:13,71**, even though phaco chop technique was used. In those cases the lens that had indication is the 3 piece IOL, due to greater stability in the posterior capsular bag.

Conclusions

- In the case mentioned the use of iris ring, as well as the use of phacochoop have an absolute indication. The mild descemetitis presenting after the surgery was successfully handled with sub-conjunctival cortisone and hypertonic solutions.