



Combination of phaco chop and “bloodless” pterygium excision, at the same time.

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Objective

- To underline the difficulties of the operation and to evaluate the operative and post operative measures taken.

Methods

A 80 y.o male patient presents with:

- **Right Eye** VA:<1/10 (not improving) → nuclear cataract, density : 4+ and large pterygium.
 - **Left Eye** VA : 2/10 (without correction) → nuclear cataract, density : 4+.
- Firstly, the large pterygium was excised, using the “bloodless” method we use at our clinic, we fixated the pterygium head using inverted suture under the conjunctiva tissue (3x 7,0 vicryl sutures). Afterwards we proceeded with the phacoemulsification using “phaco chop”. The ultrasound statistics are the following: **US:17%, AP:2,79.**

Results:

- They were impressive, considering the initial vision was $<1/10$ (not improving).
- The keratometry readings K1:40,20 K2:41,20 (with the rule).
- The 1st month post op VA is 8-9/10 cc (-0,25sph -0,50cylx 170).

Conclusions

- The difficulty of this case lies in the pterygium excision causes limited corneal transparency which leads to minimized surgical visibility and up to 1/3 limitation of the view of the anterior chamber. This is due to the nebular corneal opacity that has gradually developed at the corneal superficial stroma as well as the corneal scraping during the procedure. It's more optimal to combine the two operations (pterygium and cataract) than have them performed separately.