

A SEVERE CASE OF ANTERIOR CAPSULAR CONTRACTION SYNDROME: TREATMENT INTERVENTION AND VISUAL OUTCOME

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Purpose

To present a severe case of anterior capsular contraction syndrome (ACCS) and visual decline, which developed 4 weeks after uncomplicated cataract surgery and demonstrate the treatment anatomical and visual outcomes.

Methods

An 86-year-old woman presented to our clinic complaining of decreased vision in the right eye (RE) started 4 weeks ago. The patient had undergone cataract surgery in the RE 8 weeks ago and in the left eye (LE) 34 weeks ago. Visual acuity was 4/10 (RE) and 8/10 (LE). Intraocular pressure was 14mmHg in both eyes.

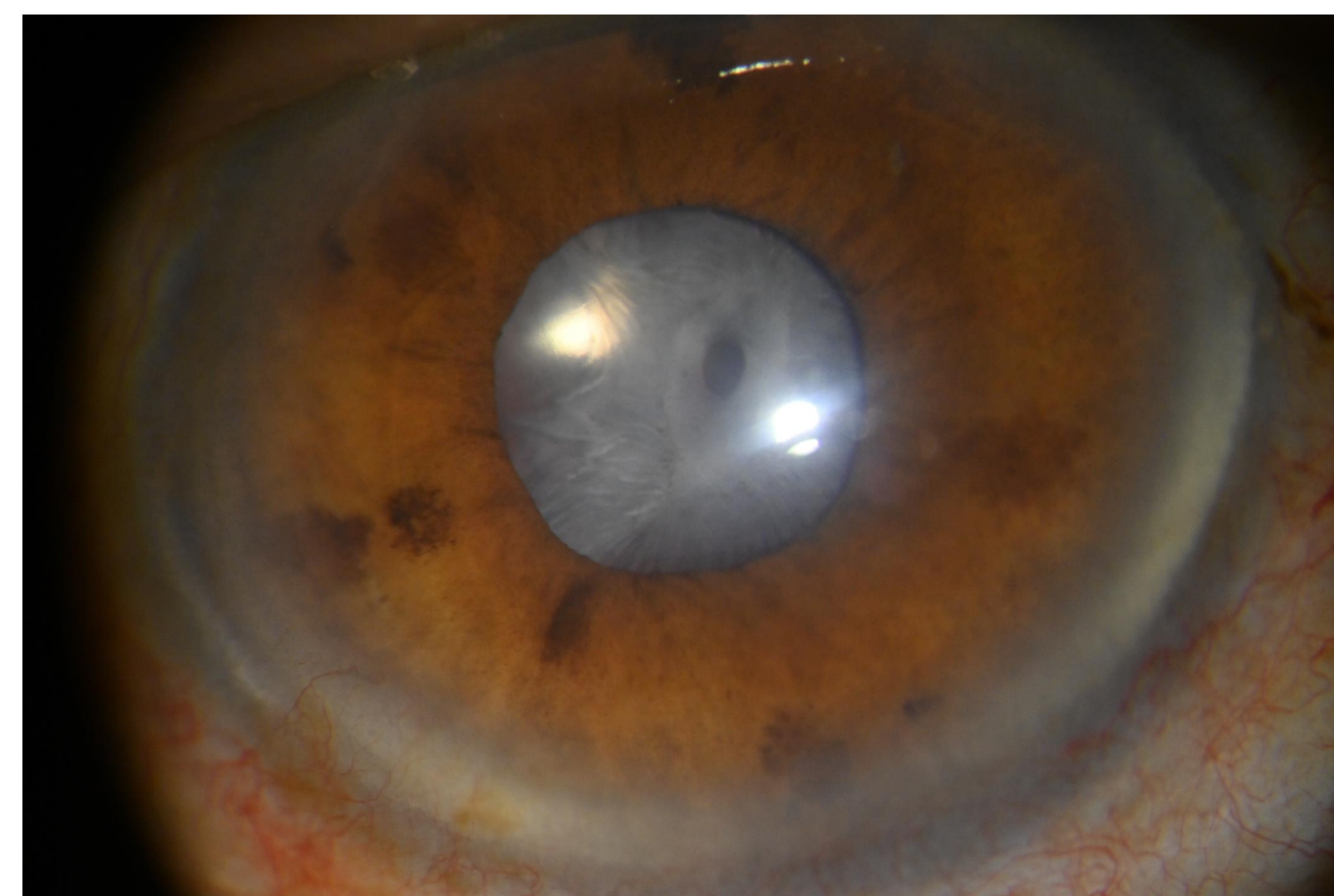
Slit-lamp examination revealed the diagnosis of ACCS in the RE. The capsulorrhexis opening was visibly reduced (0.4mm in diameter), non-circular, malpositioned (more nasally) and accompanied by fibrotic thickening and wrinkling. No prior ocular history was reported. However, posterior synechiae were present in both eyes preoperatively and a Malyugin ring was used during the operation. Nd:YAG laser anterior capsulotomy was performed soon after the ACCS was detected (the laser was set to anterior focus and an energy of 3mJ). In two visits, four radial incisions were made, starting at the margin of the opening.

Results

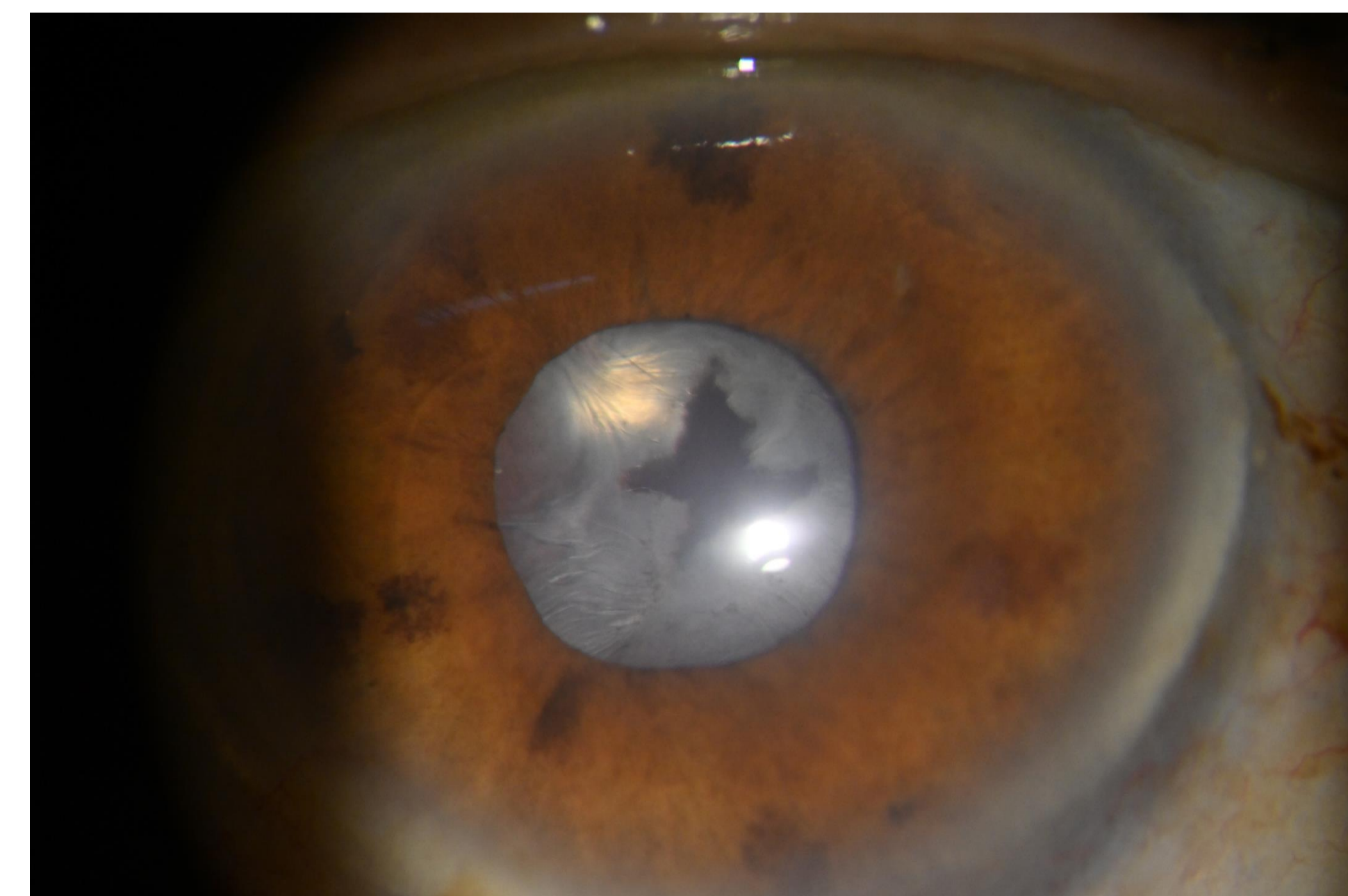
Visual acuity improved to 7/10 in the RE three days after treatment. The capsulorrhexis diameter was 4mm and the visual axis was clear. Intraocular pressure was 11mmHg. Six months later re-phimosis had not occurred.

Conclusion

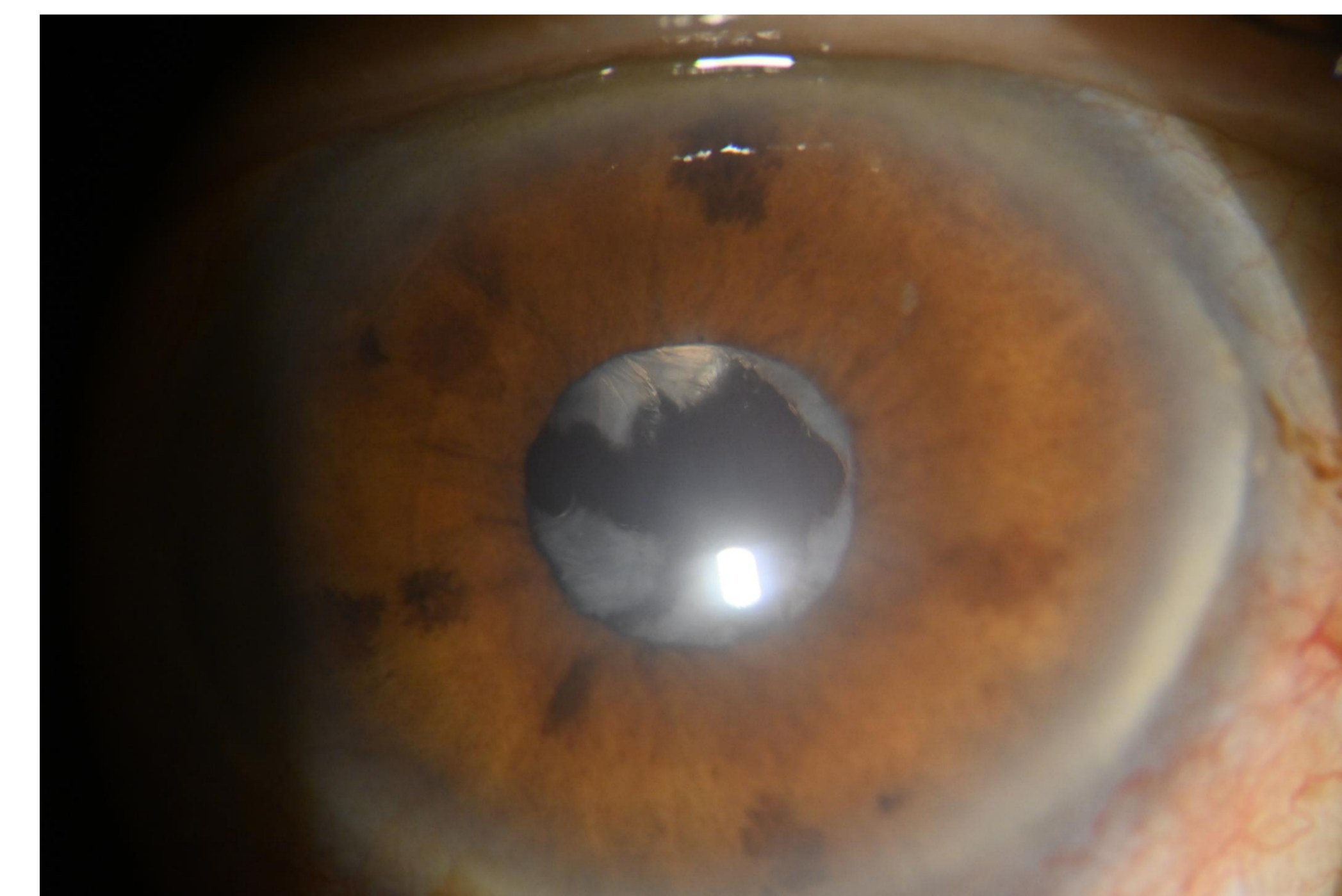
Our case illustrated that Nd:YAG laser anterior capsulotomy was effective and safe in treating an advanced stage of ACCS occluding the visual axis. The patient regained her visual acuity 3 days after treatment and no pseudophakodonesis, IOL decentration and re-phimosis were noted at the 6-month follow-up.



before Nd:YAG laser anterior capsulotomy



after Nd:YAG laser anterior capsulotomy (1st session)



after Nd:YAG laser anterior capsulotomy (2nd session)