Floaters after Uncomplicated Phacoemulsification.

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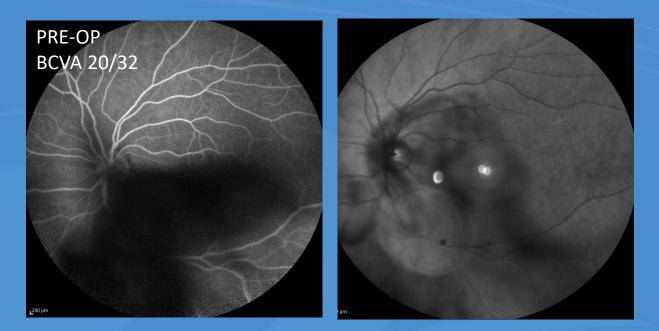
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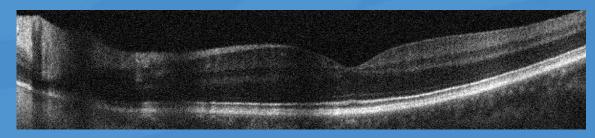


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- <u>Aim:</u> Case report and review of pertinent literature.
- Materials/Methods: Case report.
- <u>Results (1):</u>
 - 51-year-old Caucasian female presents with floaters and vitreous opacities after an uncomplicated phacoemulsification.
 - Slit lamp examination reveals vitreous filaments without other signs of inflammation.
 - OCT and fluoroangiography do not reveal signs of inflammation or macular edema.

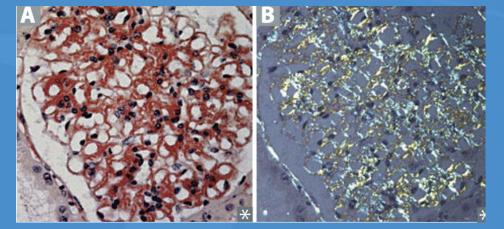




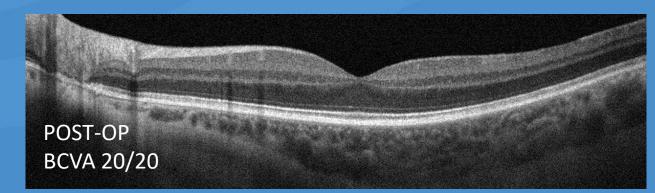


• <u>Results (2):</u>

- A thorough clinical and paraclinical examination was performed which ruled out active inflammation and a diagnostic and "therapeutic" vitrectomy was performed.
- Histopathology examination of the vitreous revealed the presence of amyloid deposits visualized by Congo red stain (red/orange on nonpolarized light, apple-green birefringence on polarized light), and H&E stain (amorphous pink).
- Systematic investigation revealed signs of liver inflammation and targeted genetic testing confirmed the clinical suspicion of hereditary amyloidosis (transthyretin mutation, TTR).



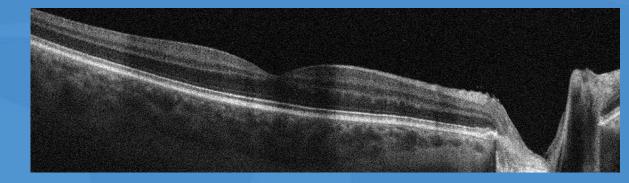
A: nonpolarized light, B: polarized light.





• <u>Results (3):</u>

 During the two-year follow-up, the patient developed ipsilateral ocular hypertension while the disease appeared in the fellow eye requiring a pars-plana vitrectomy.



<u>Conclusions:</u>

- Ocular involvement of hereditary amyloidosis should be included in the differential diagnosis of floaters after cataract surgery in the absence of signs of inflammation.
- A more systematic approach of other organ/systems is necessary for the correct diagnosis and management.
- Long-term follow-up is required as ocular hypertension and glaucoma can arise.



References

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