



Globe rupture in a pseudophacic patient with iris loss

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Conflict of interest

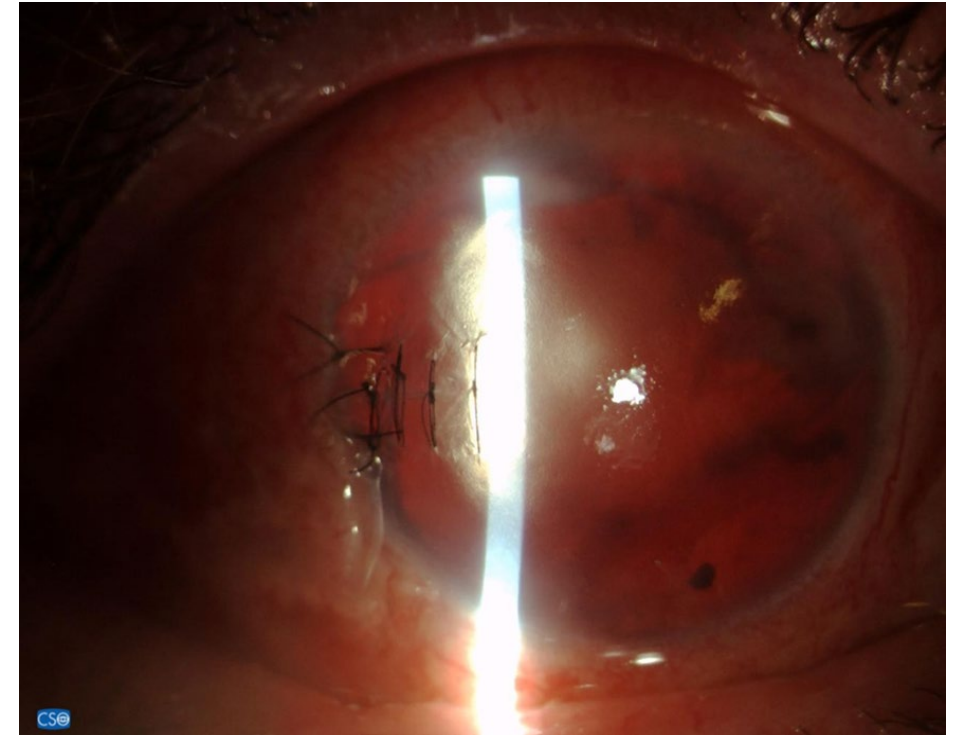
- Main author has received travel grants and congress fees from Alcon, Novartis, Thea, Bayer, none relevant to the presentation

Introduction /Purpose

- The visual outcome of ocular trauma depends on the nature, extent and cause of the injury and the ocular structures involved. The more posterior the structure involved, the more complex the injury and, more often, the poorer the outcome. The trauma may be penetrating, blunt or chemical.
- It is important that the quality of the primary repair, whether simple suturing or complex intervention, is to the highest quality. The possibilities of reconstruction are limited by the quality of the primary repair and the state of the issues that remain in the eye. The more “normal” the anatomy remains, the greater the options for further advanced surgery.
- The purpose of this presentation is to present a case with open globe trauma, iris loss and intraocular lens subluxation and the therapeutic options for anterior segment reconstruction.

Patient/method:

- a 73 yo male patient suffered an open eye trauma after pumping on a car.
- The patient was examined in the A&E department 4 hours later. He presented a corneal rupture, total iris loss and intraocular lens subluxation through the corneal wound.
- The patient underwent immediate surgery with IOL repositioning and fixation with 10-0 nylon transcleral sutures and cornea was repaired with 10-0 nylon sutures.

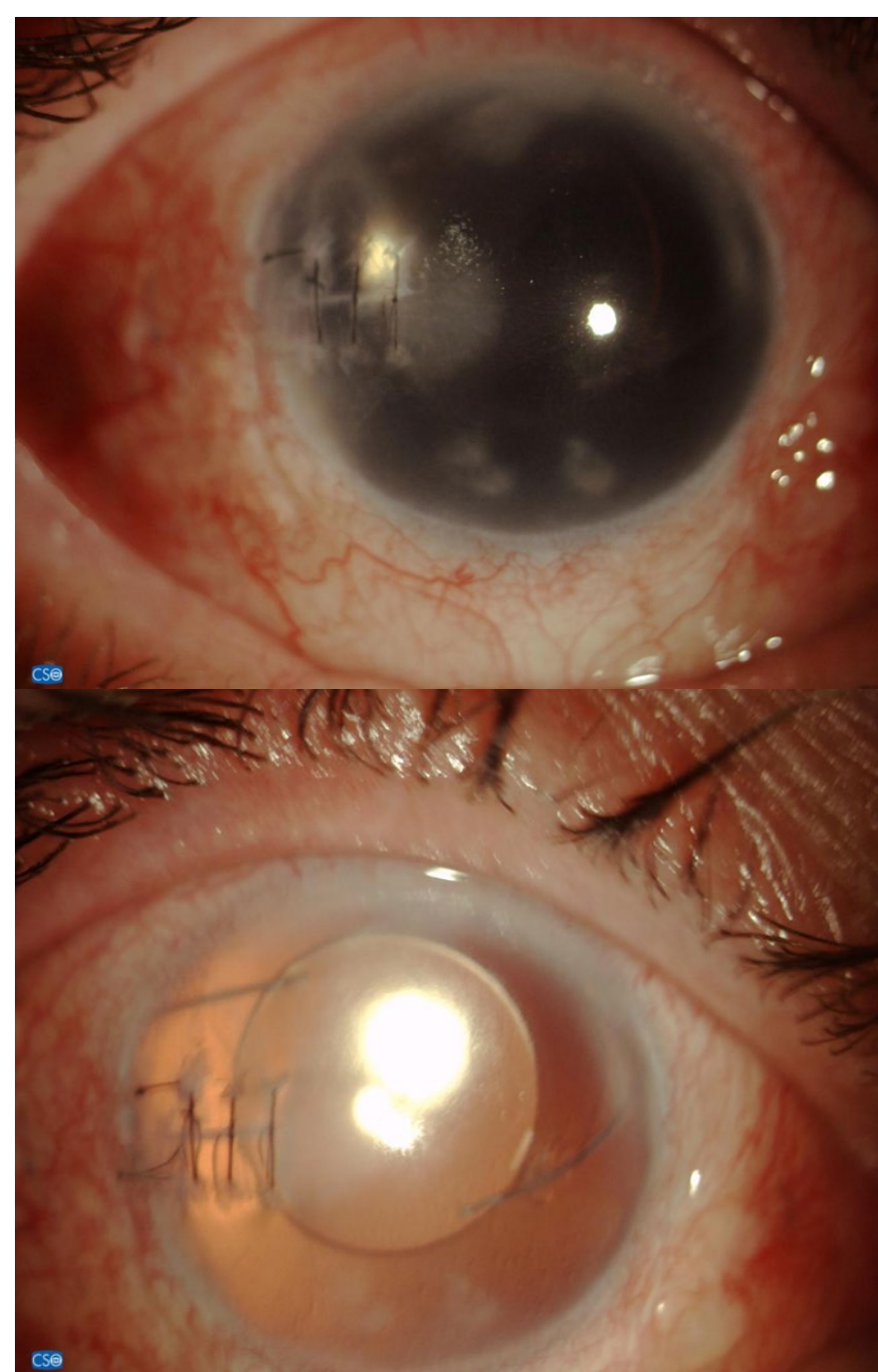


Next day of globe rupture in a pseudophakic eye with iris loss and IOL subluxation repair

Results:

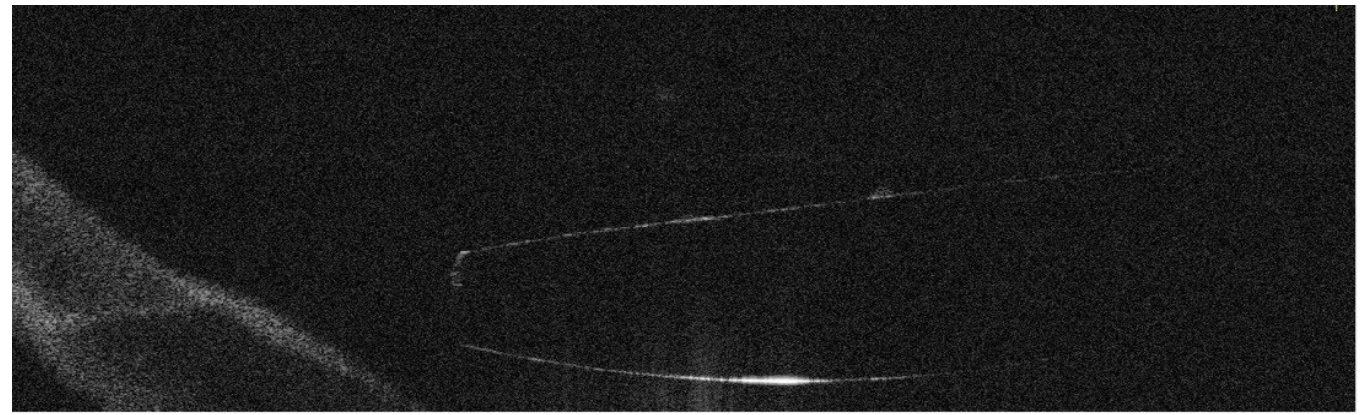
- 10 days later the patient presented with persisting vitreous hemorrhage and he underwent vitrectomy 15 days later.
- After vitrectomy the patient presented high intraocular pressure and underwent trabeculectomy with antimetabolites (MMC).
- 12 months after primary repair his visual acuity is 0.4 with remarkable photophobia.
- Treatment for photophobia is under consideration as multiple eye surgery has to be taken into account.

6 months after primary trauma repair and further vitrectomy : IOL remains well centred but aniridia needs to be addressed

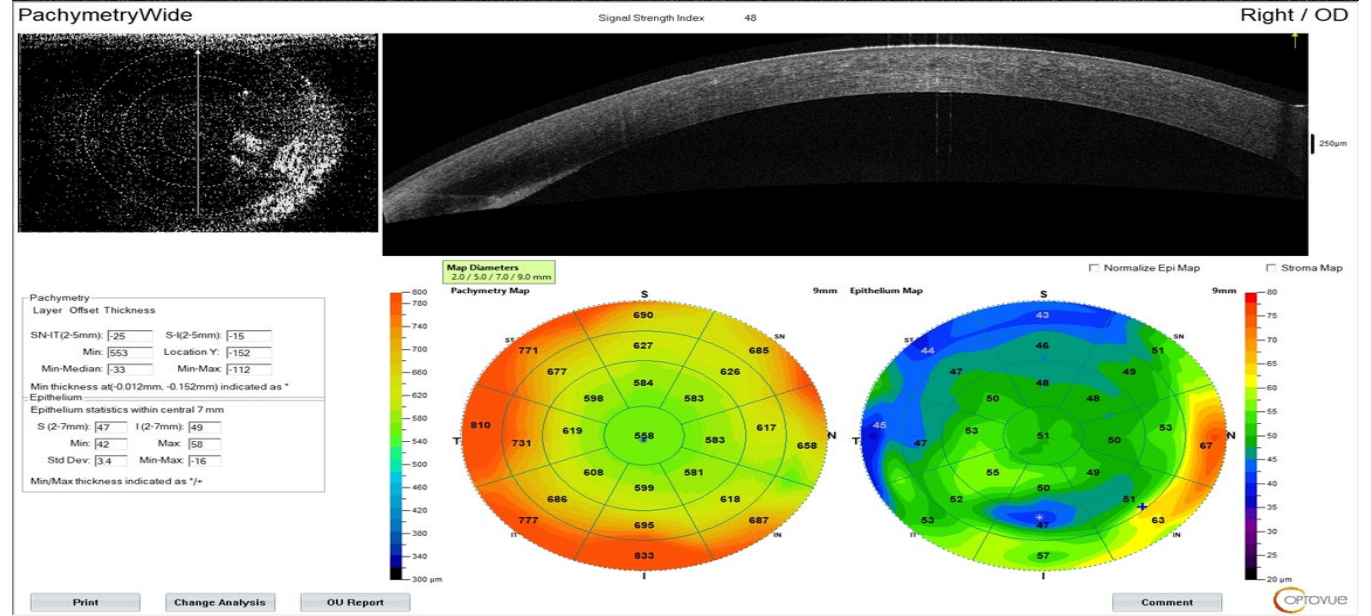


Results II

- Anterior Segment OCT of the right (upper image) and left (lower image) eye, 6 months after primary repair and vitrectomy: IOL position, note the iris absence in the right, trauma eye.



- Corneal pachymetry image of the right eye 12 months after primary trauma repair (bottom image)



Conclusions

eye restoration after open trauma presents many challenges.

In case of damage to the iris and iris sphincter, although surgical correction may have adequately restored function, glare may remain an intolerable problem.

IOLs with painted haptics, tinted contact lenses used with photo-reactive glasses and painted contact lenses are some of the options. Possible solution for photophobia after traumatic iris loss should include corneal intervention (tattoo).

