

LATE DISLOCATION OF MONOBLOCK LENSES IMPLANTED IN THE BAG – IS THERE UNIVERSAL DECISION OF THE PROBLEM?

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Purpose: To demonstrate two different approaches in surgical treatment of dislocated monoblock intraocular lenses, implanted uneventfully in the bag five or more years ago. Methods: Pseudoexfoliation syndrome is the major cause of late dislocation of lens and capsular bag complex, years after uneventful cataract surgery. We divided our patients into two groups: Group 1 – Exchange of the old lens with implantation of Artisan iris claw lens (for cases with luxation deep into vitreous cavity, in combination with pars plana vitrectomy); Group 2 – Iris fixation of the same lens with 10/0 Prolene suture (reserved for mild lens dislocation out of the plane of visual axis, but still floating behind the pupil). Results: In both groups visual acuity improved. Patients with coexisting pseudoexfoliation glaucoma needed additional systemic treatment of elevated intraocular pressure for a period of 3 to 7 days. Average postoperative endothelium cell count loss was higher in the group with lens exchange, due to lavage coming from pars plana infusion line. Quantity of pigment dispersion and deposition over the lens surface was equal in both groups, as in both situations there were contacts between the lens and the iris. Conclusions: There is no universal approach in cases with dislocated lenses implanted in the bag. It depends on the severity of luxation and need of vitrectomy during repair. In all cases special attention should be paid to intraocular pressure, as it is well known pseudoexfoliation glaucoma can evolve and progress during time.