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Fibrosis of anterior lens capsule after phacoemulsification

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One of the key stages of cataract surgery is creation of a hole in anterior capsule lens. Quality of performing capsulorexis and its size are indispensable conditions of other stages of phacoemulsification with intraocular lens safe execution. However, high optical operations results may be significantly decreased in distant observations period as a result of anterior lens capsule fibrosis, its hardening mainly on the ceratonic hole edge and its ring contraction, artificial lens decentration and dislocation. In our research, we present surgery treatment results of 22 patients with fibrosis of anterior lens capsule and diminution of capsulotomic hole at the age from 67 to 81 (74.17 ± 0.41), who passed through cataract phacoemulsification with elastic intraocular lens implantation. High visual acuity (0,8-1,0) after cataract surgery decreased to 0.01-0.3. All 22 patients have Pseudoexfoliation syndrome and capsulotomic hole contraction, 4 of them have full occlusion. 7 of them have capsule bag contraction with IOL decentration, 6 of them have IOL with capsule bag incomplete displacement to vitreous. IOL with capsule bag removal surgery and its change to anterior chamber IOL was done to 6 patients with subluxation and to 2 with IOL decentration. Fibrotic capsule is excised in pupil area to 11 patients. Radial capsulotomy is done to 3 patients. As a result of reoperation, visual acuity returned to high level of 0.8-1.0 in all the cases. Excision of anterior lens capsule or IOL change in case of capsulorexis stenosis helps to return high visual acuity.

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