## conferenceseries.com

3<sup>rd</sup> International Conference on

## OPHTHALMOLOGY

July 10-11, 2018 Bangkok, Thailand

## Anterior migration of dexamethasone implant in a post phacovitrectomy patient with intact posterior capsule: Case report

Ming-Shan He, Jia-Rong Zhang and Yuan-Chieh Lee Buddhist Tzu Chi General Hospital, Taiwan

**Purpose:** To describe the clinical course, complications of anterior migration of a dexamethasone intra-vitreal implant (OZURDEX<sup>\*</sup>) and subsequent management strategies.

**Methods:** To review the medical records of a case with cystoid macular edema after phacovitrectomy received intra-vitreal implantation of OZURDEX<sup>®</sup> and developed anterior migration the implant with reversible corneal edema without removal of the implant. The best-corrected visual acuity, macular microstructures determined by spectral-domain optical coherence tomography and corneal endothelial cell-density estimated with specular microscope were demonstrated.

**Results:** A 60 year old male presented to our clinic with cataract, rhegmatogenous retinal detachment, vitreous hemorrhage and epi-retinal membrane of left eye. Although phacovitrectomy, epi-retinal membrane peeling of left eye were performed, recurrent rhegmatogenous retinal detachment was noted on post-operative day 38. Reattached the retina with secondary pars plana vitrectomy was done successfully. Mild cystoid macular edema and intact posterior capsule were noted post-operatively. However, significant cystoid macular edema was noted after secondary IOL implantation into bag, so intra-vitreal implantation of OZURDEX\* was performed. One week later, macular edema improved and retina was well attached after mydriatic examination. Nevertheless, acute onset blurred vision of left eye was noted after bowed his head persistently on the next day. Examination revealed corneal edema with OZURDEX embedded at inferior angle of anterior chamber. The implant was reposited back to vitreous cavity after mydriasis then kept patient with supine position immediately. However, OZURDEX re-migrated to anterior chamber 40 days later and reposited into vitreous cavity after the same maneuver. After that, pilocarpine was prescribed and migration didn't recurred. Although corneal edema resolved, specular microscopy revealed decreased endothelial cell counts one month later after the episode of implant anterior chamber migration.

**Conclusion:** Even with an uneventful phacoemulsification surgery, it is still possible that the intra-vitreal implant migrates to anterior chamber through weak zonules, especially in vitrectomized eyes. As a result, mydriatic fundus examination should defer or inform the patient not to have bowed his head after pupillary mydriasis. Besides, the migrating implant could be managed with supine position then constrict the pupil with pilocarpine instead of removal of the implant.

## Biography

Ming-Shan He has his expertise in treatment and passion in improving the retinal and macular disorders. His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. He has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions.

mingshanher@gmail.com

Notes:

Journal of Clinical & Experimental Ophthalmology