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Short communication

Foreign body embedded in the iris after cataract surgery[☆]



E. Santos-Bueso*, M. Jiménez-Santos, D. Díaz-Valle, J.A. Gegúndez-Fernández, R. Cuiña-Sardiña, J.M. Benítez-del-Castillo, J. García-Sánchez

Unidad de Neurooftalmología, Servicio de Oftalmología, Hospital Clínico San Carlos, Madrid, Spain

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ABSTRACT

Case report: A 75-year-old woman who had had cataract surgery in her left eye and showed a visual acuity of 0.8 twenty-four hours post-surgery. Biomicroscopy revealed a foreign body attached to the iris in the nasal sector that coincided with the main incision of the phacoemulsification, which was then removed in a second surgical procedure. It was analyzed and described as an inert structure made of plastic.

Discussion: The possible origin of the presence of a fragment of plastic in the postoperative period following cataract surgery is established. In this case, its inert nature did not cause any further intraocular inflammation. Its rigid structure also favored its attachment to the iris, thus avoiding any other complications. There must be greater preventative measures during cataract surgery, including checking the instruments and accessories before and after the surgical procedure.

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Cuerpo extraño enclavado en iris después de cirugía de catarata

RESUMEN

Caso clínico: Mujer de 75 años intervenida de catarata en ojo izquierdo, que presentaba a las 24 h una agudeza visual de 0,8. En la biomicroscopia destacaba un cuerpo extraño anclado al iris en sector nasal coincidente con la incisión principal de la facoemulsificación, que fue retirado en un segundo acto quirúrgico. Fue analizado e informado como estructura inerte de naturaleza plástica.

Palabras clave:

Cuerpo extraño

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Plástico

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* Corresponding author.

E-mail address: esbueso@hotmail.com (E. Santos-Bueso).

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Discusión: Planteamos el posible origen de la presencia del resto plástico en el postoperatorio de la cirugía de la catarata. En este caso su naturaleza inerte no desencadenó mayor inflamación intraocular. Además, la estructura rígida favoreció su anclaje al iris evitando otras complicaciones. Deben extremarse las medidas preventivas en la cirugía de la catarata revisando incluso los instrumentos y accesorios al terminar la cirugía.

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Introduction

The presence of foreign bodies (FB) in the anterior chamber (AC) after cataract surgery is an infrequent finding, although it must be taken into account even when the surgery was adequately carried out. The nature of said foreign bodies can be diverse, although the most frequent ones are cataract nuclear fragments (NF) that remain retained and hidden^{1,2} behind the iris, in iridian crypts or the iridocorneal angle. In these cases, corneal and macular edema can occur in the immediate postop or even several years later, making diagnosis difficult due to not relating clinic with the surgery when the NF are not visible.^{1,2}

In addition, metal remains of the surgical material have been described,³ intraocular lens haptics^{4,5} and even cotton fibers.⁶ The present report describes the presence of a plastic anchored to the iris in the immediate cataract surgery postop in a 75-year-old patient, and discusses the possible origin thereof.

Clinic case report

Female, 75, who underwent cataract operation in the left eye with phacoemulsification and intra-ocular lens implant, who exhibited 24 h later a visual acuity of 0.8. Biomicroscopy showed a shiny FB (Figs. 1 and 2) in the nasal iridian sector, matching the main phacoemulsification incision. In addition, the patient exhibited slight corneal edema and slight

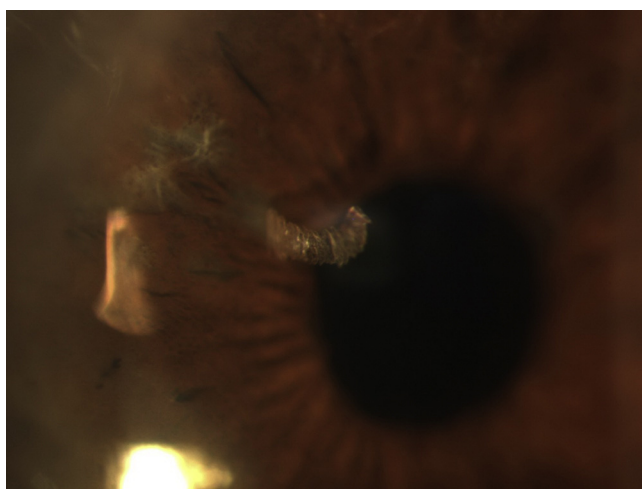


Fig. 1 – Foreign body in anterior chamber, 24 h after cataract surgery.

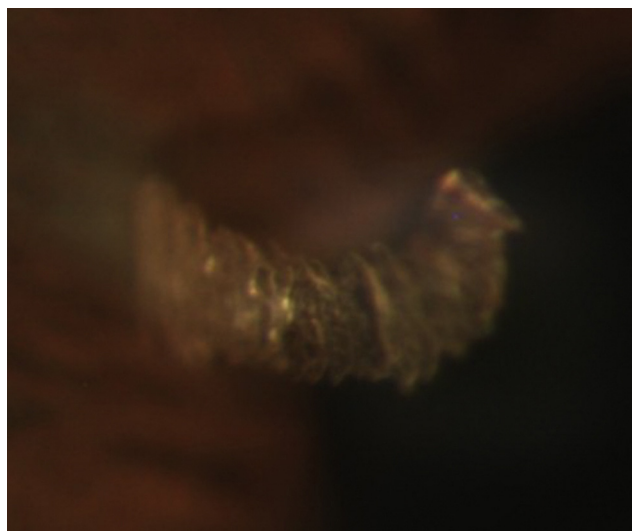


Fig. 2 – Foreign body detail.

inflammation in the AC. Intraocular pressure (IOP) was of 16 mmHg while ocular fundus (OF) was normal. AC optic coherence tomography was taken with Cirrus® HD-OCT (Carl Zeiss Meditec, Dublin, California, USA) which showed the FB anchored to the iris and projected toward the AC (Figs. 3). The patient was intervened with the Stellaris® phacoemulsificator (Baush + Lomb, Aliso Viejo, California, USA) applying the microincision technique.

Twenty-four hours later, the patient was intervened again to extract the FB, which required active traction with forceps as its anchoring to the iris was confirmed. The FB was sent to the pathological anatomy department for analysis and reported as inert plastic structure, suggesting possible origin in the handle of the phacoemulsificator tip. One week later, the patient exhibited VA of 0.8, with slight residual corneal edema and slight AC inflammation. IOP was of 14 mmHg and OF was normal, without macular edema. At month 1 and 3 the patient was asymptomatic, with VA of 0.9 and rest of examination normal, upon which she was given hospital release.

Discussion

The presence of FBs in cataract surgery postop is infrequent but it can give rise to ocular complications with loss of secondary vision. In turn, NFs can produce corneal edema, intraocular inflammation or even macular edema in the

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