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Short communication

Implantable collamer lens for correction of ametropia in eyes with corneal scarring[☆]

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ABSTRACT

Cases: Two cases are reported in which implantation of a collagen copolymer phakic intraocular lens (implantable collamer lens) corrected refractive errors in eyes with corneal scarring. A previous accident, in both cases, resulted in a central linear scar on the surface of the cornea of one eye. In the first patient, a corneal scar was visible in the left eye. The distance corrected visual acuity was 0.3 (-7.75 to $4 \times 160^\circ$). An uncorrected distance visual acuity of 0.25 was obtained by implanting an implantable collamer lens. In the second patient an oblique corneal scar was visible in the right eye. The distance corrected visual acuity was 0.25 (-8.75 to $1.25 \times 8^\circ$), and after implantation of the implantable collamer lens, uncorrected distance visual acuity was 0.25.

Discussion: The indications of the implantable collamer lens should be reviewed and possibly expanded.

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Implantación de lente fáquica para corrección de miopía en pacientes con leucoma corneal

RESUMEN

Casos: Comunicamos 2 casos en los que la implantación de una lente fáquica corrige defectos refractivos en ojos con leucoma. Ambos sufrieron un accidente hace años, quedando un leucoma lineal central en uno de sus ojos. El primero presentaba la lesión en su ojo izquierdo. Su agudeza visual corregida de lejos fue de 0,3 ($-7,75$; $-4 \times 160^\circ$). Tras implantar la lente fáquica alcanzó una agudeza visual no corregida de lejos de 0,3. El segundo mostraba en su ojo derecho una lesión oblicua con agudeza visual corregida de 0,25 ($-8,75$; $-1,25 \times 8^\circ$). Tras la intervención alcanzó una agudeza visual no corregida de 0,25.

Palabras clave:

Lente fáquica de colámero
Leucoma corneal
Cirugía de la miopía
Cirugía refractiva
Lente intraocular

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Discusión: Las indicaciones de la implantación de una lente fáquica son susceptibles de ser revisadas y, posiblemente, ampliadas.

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Introduction

In the past few decades, laser in situ keratomileusis has been utilized to safely and efficiently correct refractive defects. Other described and currently in use techniques are refractive lensectomy and phakic lens implant (ICL). The use of refractive lensectomy in myopic patients is controversial due to the risk of retina detachment, which is higher in patients under 50 years of age.

The Visian Staar lens, Visian Intraocular Collamer Lens® (ICL, Staar Surgical Co., Monrovia, CA, United States) comprises a porcine collagen copolymer and HEMA, collamer. The power is calculated considering refraction and anterior chamber depth (ACD). The diameter is based on the white-white measure. The superiority of this lens has been verified in what concerns visual results, safety and effectiveness in the treatment of high and moderate ametropia.

To date, one case has been reported involving treatment of refractive errors in eyes with corneal scar.

Clinic case reports

Case 1

In 2010, a 48-year-old male visited the practice of the authors requesting surgery. Manifest RE refraction was -5 ; $-0.75 \times 100^\circ$ with a visual acuity of 1 and in LE -7.75 ; $-4 \times 160^\circ$ reaching 0.3. Corneal topography (Orbscan II version 3.0 Orbtek Inc., Bausch & Lomb, Munich, Germany) showed irregular astigmatism in LE (Fig. 1).

The RE anterior segment was normal. LE under slit lamp showed linear scar in superotemporal to inferonasal direction, involving the central cornea, from the epithelium up to Descemet (Figs. 2 and 3). In LE, ACD (Alcon OcuScan RxP Ophthalmic Ultrasound System, Fort Worth, TX, United States) was 3.32 mm, Km of 49.5 ($-4.75 \times 160^\circ$), endothelial cell count (ECC) measured with contact-free mirror microscope (SP-2000P, Topcon, Japan) was 2975 cells/mm²; corneal thickness was 595 μ m (Alcon OcuScan RxP Ophthalmic Ultrasound

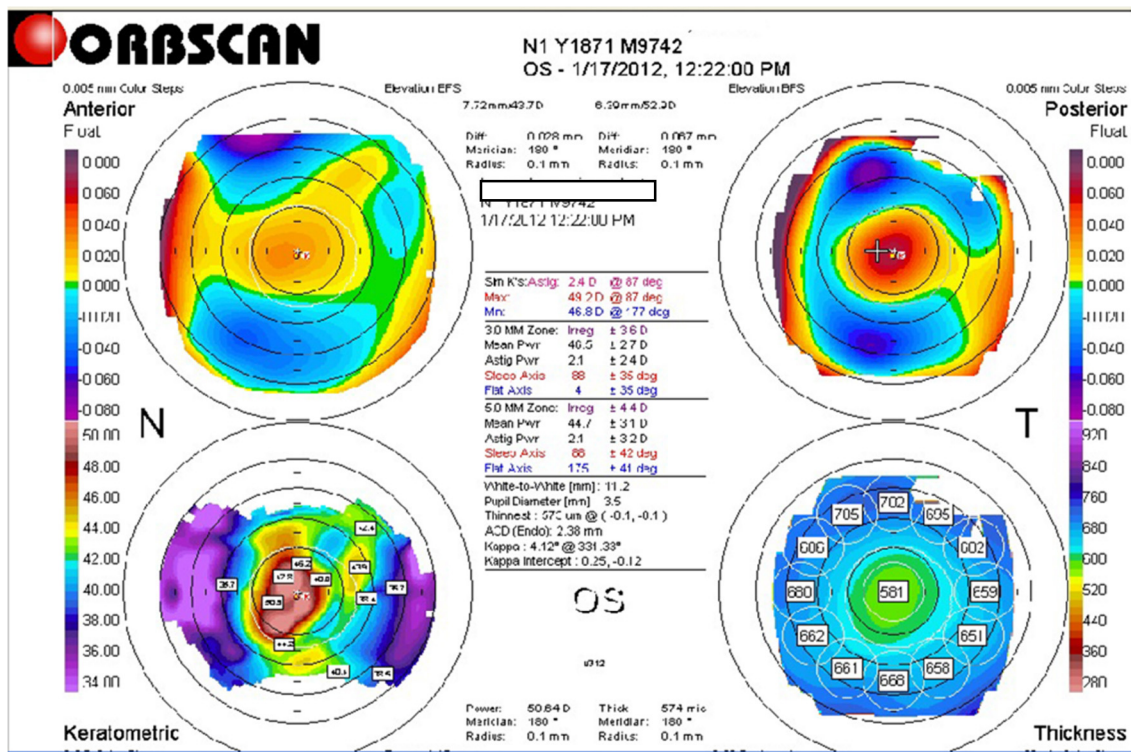


Fig. 1 – Irregular astigmatism in the LE anterior side of patient 1.

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