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MANAGEMENT OF TRAUMATIC SUBLUXATED CRYSTALLINE LENS
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Introduction/Purpose: To present our surgical techniques, visual outcomes and complications during and after cataract surgery with intraocular lens (IOL) implantation in traumatic subluxated lens. The authors show different approaches for the management of this challenging condition.

Materials and Methods: Retrospective analysis of 9 eyes (8 patients), with traumatic lens subluxation without damage of the cornea and retina, who underwent cataract surgery. The pre- and postoperative corrected distance visual acuity (CDVA), surgical techniques and associated complications were reviewed.

Results: Mean CDVA improved from 20/120 to 20/25 after surgery (p=0.012). In most cases, we performed stabilization andcentration of the capsular bag, for safe cataract phacoemulsification, placing capsular hooks associated with capsular tension ring/segment. Primary implantation of posterior chamber IOL was the preferred approach. In 1 case, IOL was implanted in the anterior chamber since it was impossible to preserve the capsular bag. In another, an extracapsular cataract extraction was necessary. The only complication was transient corneal edema.

Conclusions: A complete and centered capsulorhexis is a challenging surgical step, facilitated by use of micro-incision cataract surgery, which avoids the instability of the anterior chamber, frequent in these cases. Cataract extraction with IOL implantation provides a significant improvement in CDVA in patients with traumatic subluxated lens when the cornea and retinal remain healthy.

Our preferred approach is careful cataract phacoemulsification with bag preservation in order to be as minimally aggressive as possible, but these surgeries are a major challenge and the surgeon must be prepared to reconsider the approach depending on the surgical complications that may arise.