ABSTRACT

PURPOSE: To present a case of traumatic dislocation of an Ophtec Artisan phakic intraocular lens (PIOL) and an analysis of the endothelial cell count.

METHODS: The patient presented with blurred vision in his left eye after sustaining a brow laceration. History included uncomplicated bilateral implantation of an Artisan PIOL to correct myopia.

RESULTS: The brow laceration was sutured and topical dexamethasone 0.1% qid was prescribed. One week after presentation, the PIOL was relocated. Postoperatively, endothelial cell count analysis was performed in both eyes.

CONCLUSIONS: A decrease in the hexagonality of the endothelial cells was noted in both eyes, which was substantially lower in the injured eye. [J Refract Surg. 2006;22:102-103.]

Iris-claw lenses were developed to treat aphakia following cataract surgery. Other indications for use include secondary implantation as stand-by lenses and in traumatized eyes with anterior synechiae. These lenses have also been used in phakic eyes for the management of high myopia, hypermetropia, and astigmatism.

CASE REPORT

A 47-year-old man presented to the emergency department after an assault. He had been repeatedly punched in the face with no loss of consciousness. His injuries included a left eyebrow laceration and extensive bilateral lid and soft tissue swelling with bruising. Immediately after the episode he became aware that the vision in his left eye was blurred. Ophthalmic history included uncomplicated bilateral implantation of an

From the Department of Ophthalmology, Royal Free Hospital NHS Trust, London, United Kingdom.

The authors have no proprietary interest in the materials presented herein.

Correspondence: A. Ioannidis, MRCOphth, Dept of Ophthalmology, Royal Free Hospital NHS Trust, Pond Street, London NW3 2QG, United Kingdom. Tel: 207 7940500; E-mail: alexioannidis@hotmail.com

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This followed a non-penetrating injury with a roll of packing tape. Generally, these lenses are believed to be well tolerated with early reports of minimal endothelial cell loss over a 2-year period. These lenses have been shown to achieve stable attachment to the iris.

In this case, although the endothelial cell counts were within the normal range, a substantial decrease was noted in the hexagonality of the endothelial cells in the two eyes—being particularly low in the eye that was injured. Mild associated corneal haze was also noted in the injured eye.

The long-term significance of these findings has yet to be determined. As no endothelial counts were taken before the original implantation, it is impossible to establish whether the traumatic dislocation of the PIOL resulted in these specific changes.

This case suggests a need for follow-up in patients who have sustained severe ocular trauma with implanted PIOLs, as there is a risk of injury. Young adults who are more likely to sustain violent trauma and sporting injuries. It is, however, reassuring that these lenses can be successfully repositioned.

REFERENCES


Anterior Stromal Puncture in the Treatment of Loose Epithelium After LASIK

Harilaos S. Brilakis, MD; Edward J. Holland, MD

ABSTRACT

PURPOSE: To describe anterior stromal puncture, with or without a bandage contact lens, as a means to treat LASIK epithelial defects and potentially reduce the likelihood of secondary diffuse lamellar keratitis (DLK).

METHODS: Six eyes of five LASIK patients had their microkeratome pass complicated by loose epithelium, central in one case. After repositioning the flap, a 25-gauge needle on a tuberculin syringe was used to puncture the anterior corneal stroma to just beneath Bowman’s layer in the affected area of irregular epithelium. A bandage contact lens was placed on two eyes, including the one with loose epithelium centrally.

RESULTS: Normal appearance of the corneal epithelium was noted by postoperative day 1; no eye developed DLK or significant epithelial ingrowth postoperatively. All eyes achieved 20/20 vision.

CONCLUSIONS: By obviating, in select cases, the need for bandage contact lenses, anterior stromal puncture could increase patient comfort and remove a potential source of infection.


Figure 2. The Ophtec Artisan PIOL in the left eye in situ following successful re-enclavation.

From the University of Cincinnati & Cincinnati Eye Institute, Cincinnati, Ohio.

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Correspondence: Edward J. Holland, MD, Cincinnati Eye Institute, 10494 Montgomery Rd, Cincinnati, OH 45242. Tel: 513.984.5133; E-mail: eholland@faye.net

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