

Vision Restored: Tackling Dislocated IOL and Pupillary Capture

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Abstract

A 60-year-old male presented with diminished vision in the right eye one year post-cataract surgery. Examination revealed a dislocated intraocular lens with pupillary capture and incarcerated vitreous. The patient underwent IOL explantation, anterior vitrectomy, and implantation of a retropupillary iris claw lens. Postoperatively, visual acuity improved to 6/6. This case highlights prompt surgical intervention for dislocated IOL and the efficacy of iris claw lenses in restoring vision.

Keywords: Dislocated Intraocular Lens, Pupillary Capture, Iris Claw Lens, Anterior Vitrectomy, Pseudophakic Complications

A 60-year-old patient presented with diminished vision in Right Eye (OD) post-cataract surgery 1 year ago. Anterior segment examination showed a dislocated intraocular lens (IOL) with pupillary haptic capture and cat's eye pupil (Figure 1) due to pupil stretch by the IOL haptic, with remnant cortex and prolapsed, incarcerated vitreous. The anterior capsular rim was fibrosed. Best Corrected Visual Acuity (BCVA) in OD was 1/60, with media haze and a near-normal foveal reflex on fundus examination; B-scan was normal.¹⁻³ Surgery revealed inadequate capsular support, leading to explantation of the IOL, anterior vitrectomy, and implantation of a retro-pupillary iris claw lens with enclavation. Post-operative BCVA OD was 6/6.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

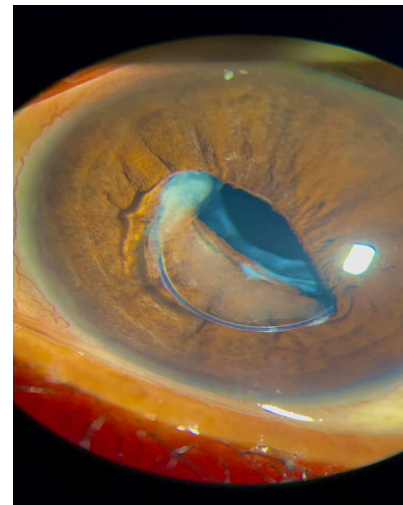


Figure 1: Anterior segment photograph showing a dislocated IOL with pupillary haptic capture and cat's eye pupil.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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How to cite this article: Singh A, Krishna M P N, Azad A, Vaishali Ramesh S. Vision Restored: Tackling Dislocated IOL and Pupillary Capture. Ocul Res J 2024;1(2): 24-25.

Received: 14/05/2024

Accepted: 27/05/2024

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