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Clinical results after pars plana vitrectomy and IOL exchange or implantation in patients with intraocular lens dislocation

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PURPOSE: To analyze the clinical outcomes of patients undergoing dislocated IOL exchange and repositioning with pars plana vitrectomy.
METHODS: Retrospective, consecutive, single-center, case series of 18 eyes of 18 patients were studied. All patients were operated by a single surgeon (M.M.). In all eyes pars plana vitrectomy was performed with IOL exchange using either scleral fixation (12 cases) or IOL sulcus implantation in case of capsular support (3 cases). In 3 aphakic eyes secondary IOL implantation was performed using scleral fixation technique. Pre- and post-operative best corrected visual acuity (BCVA), intraocular pressure (IOP), post-operative IOL centration, intra-, and postoperative complications were analyzed.
RESULTS: The most common indication was IOL dislocation (15 patients), 3 patients were aphakic. 66.7% were men; median age: 71 years. Mean uncorrected visual acuity significantly improved from 0.061 ± 0.018 (logMAR 1.22) preoperatively to 0.4 ± 0.06 (logMAR 0.4) at last follow-up ($P < 0.001$). 12 eyes (66.7%) met an refractive outcome within ±1.0 diopter, post-operative BCVA was 0.5 ± 0.05 (logMAR 0.3). Previous eye trauma was present in 4 patients, 7 patients had a history of glaucoma. Pre- and postoperative IOP was stable. Postoperative IOL centration was good in most cases (16/18), IOL optic capture was noticed in 2 cases. In 1 case IOL repositioned spontaneously with supine position and in the other case surgical iridectomy was performed. In 1 case we observed anterior nodular postoperative scleritis at the site of intrascleral IOL haptic, which was managed conservatively.
CONCLUSION: Dislocated IOL management with pars plana vitrectomy and either scleral fixation or, in case of capsular support, sulcus IOL implantation is safe with good postoperative IOL centration and improved visual acuity and good refractive outcomes.

Klinični rezultati po vitrektomiji pars plana in zamenjavi ali implantaciji IOL pri bolnikih z dislociranimi intraokularnimi lečami

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NAMEN: Analiza kliničnih rezultatov bolnikov po zamenjavi oziroma repoziciji dislociranih IOL s pristopom pars plana.
METODE: V retrospektivni študiji smo analizirali klinične podatke 18 zaporednih bolnikov. Pri vseh bolnikih je bila opravljena vitrektomija pars plana in zamenjava dislocirane IOL s skleralno fiksacijo (12 primerov) ali implantacija IOL v sulkus, v primerih kapsularne podpore (3 primeri); opravljena s strain istega kirurga (M.M.). V 3 primerih afakih oči je bila opravljena sekundarna implantacija IOL s skleralno fiksacijo. Analizirali smo pred in pooperativno vidno ostrino, očesni tonus, pooperativno pozicijo IOL in intra ali pooperatvne komplikacije.
REZULTATI: Glavna indikacija za poseg je bila dislokacija IOL v steklovinski prostor (15 pacientov) ali predoperativna afakija (3 pacienti). 66.7% je bilo moških, mediana starost 71 let. Povprečna pooperativna nekorigirana vidna ostrina 0.4 ± 0.06 (logMAR 0.4) je bila signifikantno izboljšana v primerjavi s predopertivno nekorigirano vidno ostrino 0.061 ± 0.018 (logMAR 1.22) ($P < 0.001$). Pri 12 očeh je bil pooperetivni refraktivni rezultat znotraj ±1.0 dioptrije, pooperativna najboljša korigirana vidna ostrina je bila 0.5 ±0.05 (logMAR 0.3). 4 pacienti so predhodno imeli poškodbo očesa, pri 7 je bil pridružen glavkom. Pred in pooperativni znotraj očesni tlak je bil stabilen. Pooperativno je bila v večini primerov prisotna dobra pozicija IOL, razen v 2 primerih, kjer je bila optika IOL delno pred zenico. V 1 primeru je spontano izzvenela s poleganjem bolnika, pri drugem je bila razrešena z opravljeno periferno iridektomijo. V 1 primeru smo ugotavljali nodularni anteriorni skleritis na mestu haptike IOL, ki je bil uspešno zdravljen s konzervativno terapijo.
ZAKLJUČEK: Zamenjava dislocirane IOL s pars plana vitrektomijo in implantacijo IOL s skleralno fiksacijo ali implantacijo v sulkus, v primeru kapsulrne podpore, je varna kiruška tehnika z dobro poopertivno pozicijo IOL, izboljšano vidno ostrino in dobrimi refraktivnimi rezultati.