

Interaktivna predstavitev posterjev in odmor za kavo, Thursday, May 15 2025, 15:30-17:00

Location: avla

Session: Interaktivna predstavitev posterjev / Interactive poster session

Chairs: Mojca Urbančič and Alenka Lavrič Groznik

PO-04

Traumatic cataract – a case series

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Purpose: Secondary surgical approach to traumatic cataract in a case series of open globe injury and anterior lens capsule tear.

Methods: Prospective follow-up of patients after primary surgery at the hospital department, secondary procedure, and postoperative management.

Results: 6 eyes, 6 patients, aged 17–46 years (mean 28.6, SD 12.8), suffered an open globe trauma with cornea and anterior lens capsule injury. Primary care was performed within 4-12 hours and included: corneal suturing 5/6 eyes, fibrin glue 1/6, intracameral vancomycin 6/6; and was followed by i.v. ceftazidime, 7 days. The main postoperative issues were swelling (2 eyes) or clouded lens (5 eyes), high IOP (1 eye), prolapse of lens material (1 eye). Secondary cataract surgery was performed 2-7 days later; in 1 case, it was not needed. The techniques used: intraoperative mydriasis, anterior lens capsule staining, cohesive viscoelastics, lens capsule cutting, dry aspiration of lens material, IOL implantation (4/5 eyes) IOL was calculated based on optical biometry and fellow eye data. At 1 month follow-up, the visual acuity ranged from FC to 0.7; patient who did not develop cataract 1.0.

Conclusions: Anterior lens capsule injury often (not always) leads to rapid development of traumatic cataract, which complicates the open eye injury. Secondary cataract surgery, which was performed in 2–7 days in the presented series, with IOL implantation possible in 80%, was successful.

An open globe injury involving the lens is defined as severe, multiple procedures and proper patient management with endophthalmitis prevention are necessary to restore vision.

Tavmatska katarakta – serija kliničnih primerov

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Namen: Sekundarni kirurški prisotop k travmatski katarakti pri seriji bolnikov s penetrantno poškodbo zrkla in poškodbo sprednje lečne ovojnice.

Metode: Prospektivno sledenje na oddelku po primarni oskrbi, predoperativna priprava, poseg, pooperativno spremljanje. **Rezultati:** 6 oči, 6 bolnikov, strosti 17-46 let (povprečno 28.6, SD 12.81), po poškodbi, ki je zajemala roženico in sprednjo lečno ovojnico. Primarna oskrba je bila narejena v 4-12 urah: pri 5/6 obeh šivanje roženične rane, 1/6 fibrinsko lepilo, vsi Vancomycin intrakameralno. Pooperativno so vsi prejeli sistemsko Cefotazidim 7 dni, glavne težave so bile nabrekanje leče (2 oči), skaljena leča (5 oči), visok IOP (1 oko), prolaps lečnih mas (1 oko). Sekundarna operacija katarakte je bila narejena 2-7 dni po primarni oskrbi, v 1 primeru ni bila potrebna. Tehnike pri posegu: intraoperativna midriaza, barvanje lečne ovojnice, uporaba kohezivnih viskoelastikov, rezanje sprednje lečne ovojnice, suha aspiracija lečnih mas, implantacija IOL (4/5 oči), IOL je bila izračunana na osnovi optične biometrije in podatkov iz drugega očesa. Po 1 mesecu je bila vidna ostrina od prsti na 1 m do 0,7 p, pri bolniku, ki ni potreboval operacije katarakte pa 1.0.

Zaključki: Poškodba sprednje lečne ovojnice pogosto (ne pa vedno) vodi do hitrega nastanka travmatske katarakte, ki oteži potek odprte poškodbe očesa. Sekundarna operacija katarakte, ki je bila v seriji narejena po 2-7 dneh, z implantacijo IOL v 80 %, je bila uspešna.

Odprto poškodbo zrkla s poškodbo leče opredelimo kot težko, potrebnih je več posegov ter primerno vodenje bolnika s preventivo endoftalmitisa in obnavljanjem zapletov.