

Anterior luxation of rollable intraocular lens

Dear Editor,

Bimanual microincisional phacoemulsification surgery is a safe procedure with a very short learning period for an experienced cataract surgeon and rollable ultrathin intraocular lenses eliminate the need for enlargement of corneal incision.¹ We report a rare case of late anterior subluxation of rollable plate haptic intraocular lens following an uncomplicated surgery.

A 63-year-old female patient was operated for right eye cataract surgery by bimanual microphacoemulsification using stop and chop technique and an acrylic rollable plate-haptic intraocular lens (Micriol, Eyeol, UK) was implanted in the bag. The surgery was uneventful. The size of the capsulorhexis was small and so at the end of the procedure a relaxing incision was made on the superonasal part of the anterior capsule to prevent capsular phimosis. Postoperatively, the patient had best corrected visual acuity of 20/20 (on Snellen) at six weeks.

Three months postoperatively; the patient came back with complaint of decreased vision in the operated eye. The patient had no history of trauma to the eye and the symptoms of blurred vision developed spontaneously over a period of few days.

On examination, the visual acuity was reduced to 20/200.



Figure 1: Anterior subluxation of plate-haptic intraocular lens with peaked pupil

The slit-lamp examination revealed anterior subluxation of the nasal part of the lens with peaked pupil [Fig. 1]. This resulted in an unacceptably high astigmatic error. The patient was posted for dialing of the lens under topical anesthesia and the lens was dialed back in the bag with haptic lying away from the relaxing incision. Following the procedure the patient regained her best-corrected vision of 20/20 from day 1 and has continued to maintain her vision.

The posterior dislocation of the plate haptic intraocular lens has been known to occur after Yag capsulotomy.² Anterior subluxation of the plate haptic lens is rare but has been reported in the past.³

A thin plate haptic rollable intraocular lens can get subluxated in the anterior chamber through the relaxing incision of the anterior capsulorhexis. Therefore an intact continuous curvilinear capsulorhexis and in the bag implantation is essential to prevent such a complication.

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