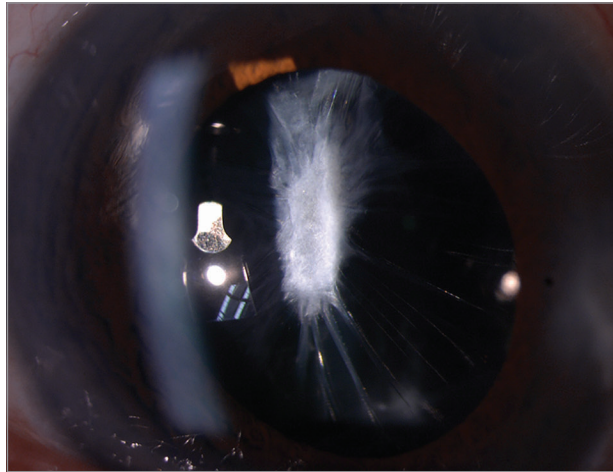


Ophthalmic Images

Rapid Anterior Capsular Phimosis in a Patient Without Risk Factors for Anterior Capsule Contraction Syndrome

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A Slitlamp ophthalmoscopy, anterior segment before capsulotomy



B Slitlamp ophthalmoscopy, anterior segment after capsulotomy

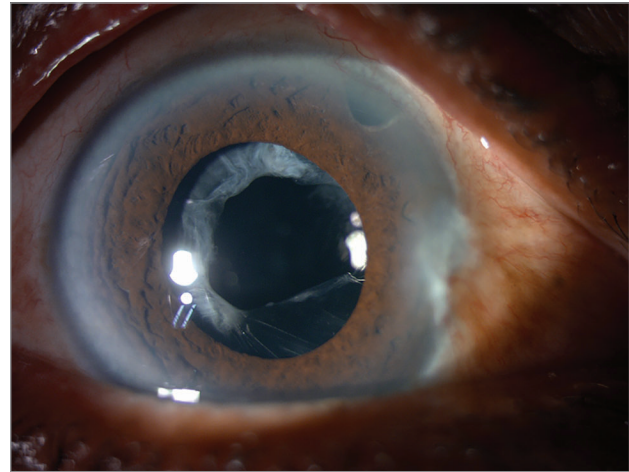


Figure. A, Capsular phimosis occluding the visual axis. B, Clear visual axis after laser anterior capsulotomy.

A 60-year-old female patient with primary angle-closure glaucoma and cataract underwent combined phacoemulsification with hydrophobic acrylic intraocular lens implantation and trabeculectomy with mitomycin C in the right eye. Surgery was uneventful. At 2 weeks follow-up, her best-corrected visual acuity (BCVA) was 20/20 OD, and intraocular pressure was 14 mm Hg in the right eye. Slitlamp examination of the right eye showed a diffuse conjunctival bleb, clear cornea, quiet and deep anterior chamber, patent surgical iridectomy, and posterior chamber intraocular lens. Six weeks after her surgical procedure, she presented

with decreased vision in the right eye. Her BCVA was 20/80 OD, and slitlamp examination showed anterior capsular phimosis, occluding the capsular opening (**Figure, A**). She did not have any of the risk factors associated with anterior capsule contraction syndrome such as pseudoexfoliation, uveitis, myopia, zonular weakness, small capsulorhexis, silicone intraocular lens, retinitis pigmentosa, and diabetes. The patient underwent Nd:YAG laser anterior capsulotomy. At 2 weeks follow-up, her visual acuity improved to 20/20 OD, and the visual axis was clear in the right eye (**Figure, B**).

ARTICLE INFORMATION

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