A 53-year-old woman presenting with a unilateral mild cortical and nuclear cataract associated with 20/32 visual acuity in her left eye was planning to undergo phacoemulsification. A few days before surgery, she noticed a sudden decrease in her left visual acuity measured at 20/80. Her eye specialist then observed a reverse pupillary block in her left eye and referred the patient to our department. At presentation, no other remarkable medical history was recorded and no precipitating factors identified. Slitlamp examination showed a unilateral deepening of the anterior chamber associated with signs of anterior uveitis (ie, keratic precipitates and severe aqueous flare, 3+) and posterior synechiae between the iris and the lens. In addition, fundus examination revealed an inferior retinal detachment without any associated visible tear. Intraocular pressure was 15 mm Hg in the right eye and 9 mm Hg in the left eye. Anterior segment optical coherence tomography images and fundus photographs of both eyes are shown in Figure 1.

What Would You Do Next?

1. Perform peripheral iridotomy
2. Perform full-thickness sclerectomy
3. Administer intravenous corticosteroids
4. Schedule combined phacoemulsification-vitrectomy surgery