Bilateral spontaneous in-the-bag anterior subluxation of PCIOL managed with glued IOL technique: A case report.

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Abstract:

OBJECTIVE: Management of in-the-bag spontaneous bilateral subluxation of posterior-chamber intraocular lens(PCIOL) with sutureless fibrin-glue-assisted PCIOL implantation.

METHODS: A patient of retinitis pigmentosa with spontaneous bilateral anterior in-the-bag subluxation of PCIOL was managed by IOL explantation followed by fibrin-glue-assisted sutureless PCIOL implantation. Two partial thickness limbal-based scleral flaps were created about 1.5 mm from the limbus under which sclerotomies were made. Intraocular lens explantation along with capsular bag was performed through the corneo-scleral tunnel incision. Single-piece rigid polymethylmethacrylate 6.5-mm optic IOL was introduced through the limbal wound with a McPherson forceps, both the IOL haptics were externalized under the scleral flap. The haptic ends were tucked in the scleral tunnel made with the 26G needle. Scleral flaps and the conjunctiva were closed with the fibrin glue.

RESULTS: Preoperative best corrected visual acuity was 20/80 in the right and 20/120 in the left eye. Patient gained a best corrected visual acuity of 20/30 in both the eyes, with a bilateral stable PCIOL and clear cornea.

CONCLUSIONS: Severe capsular contracture causing in-the-bag IOL subluxation in retinitis pigmentosa can be effectively managed with this new technique of sutureless fibrin-glue-assisted

PCIOL implantation.