

# Lens Sparing Cataract Extraction

**EOS Autumn 2019**

**Fathy Fawzy**

FRCOphth, FRCS Glasg.

# Case Presentation

A 5-year-old young boy was referred from uveitis clinic for bilateral cataract extraction surgery.

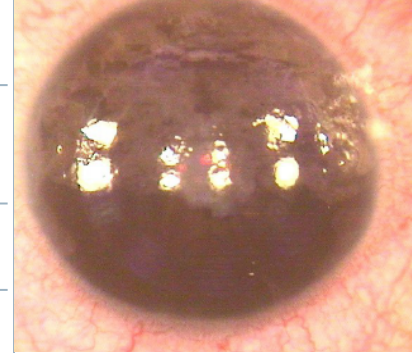
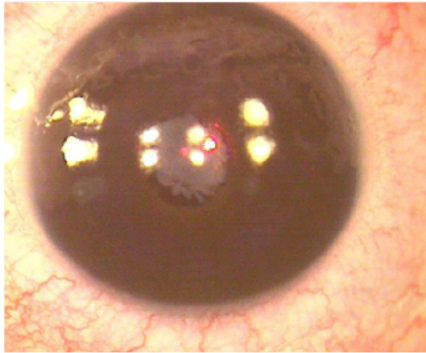
POH: Diagnosed as VKH

PMH: Poliosis Vitiligo



# On Examination

OD		OS
CF 10cm (good projection)	BCVA	CF (50 cm)
Not Reactive Irregular Shape	Pupil	Not Reactive Irregular Shape
22	IOP	18
Band shaped Keratopathy ++ Posterior Synechiae <b>White cataract</b>	AS	Band shaped Keratopathy+++ Posterior Synechiae <b>White cataract</b>
No View	PS	No View



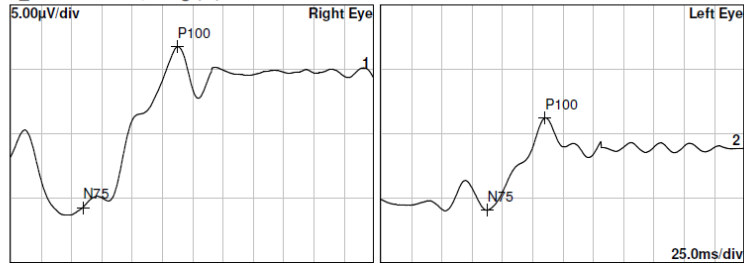
**FERG:** normal retinal function of both eyes.

**PVEP** was inconsistent (due to media opacity) .

**FVEP:** normal conduction function of the prechiasmal visual pathway of both eyes.

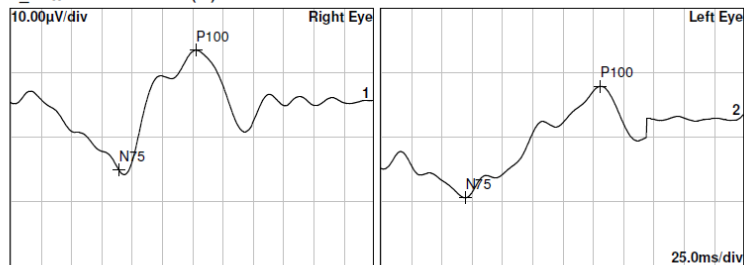
Diagnosis:

### 1\_Pattern-VEP 1,0 deg (M)



Normals	-	90-116	3.00µV-10.0µV
Channel	N75 [ms]	P100 [ms]	N75-P100
1 R-1 1,0 deg	59.9	138.0 (I)	12.5µV
2 L-1 1,0 deg	88.1	135.6 (I)	7.15µV

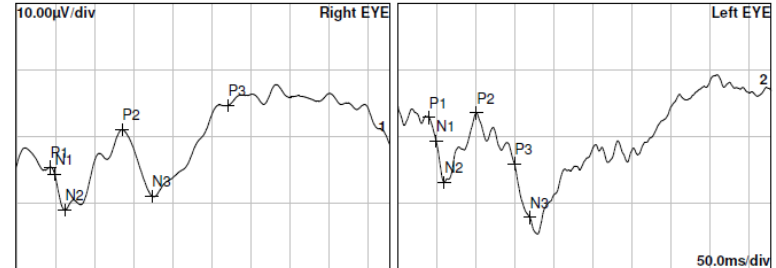
### 2\_Pattern-VEP 15 min (M)



Normals	-	90-116	3.00µV-10.0µV
Channel	N75 [ms]	P100 [ms]	N75-P100
1 R-1 15 min	89.8	153.2 (I)	18.6µV
2 L-1 15 min	69.9	181.4 (I)	17.3µV

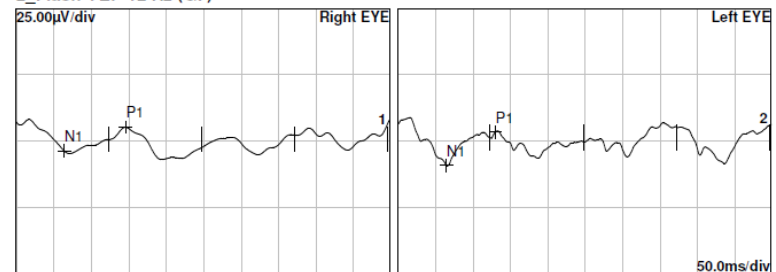
Diagnosis:

### 1\_Flash-VEP 1.4 Hz (GF)



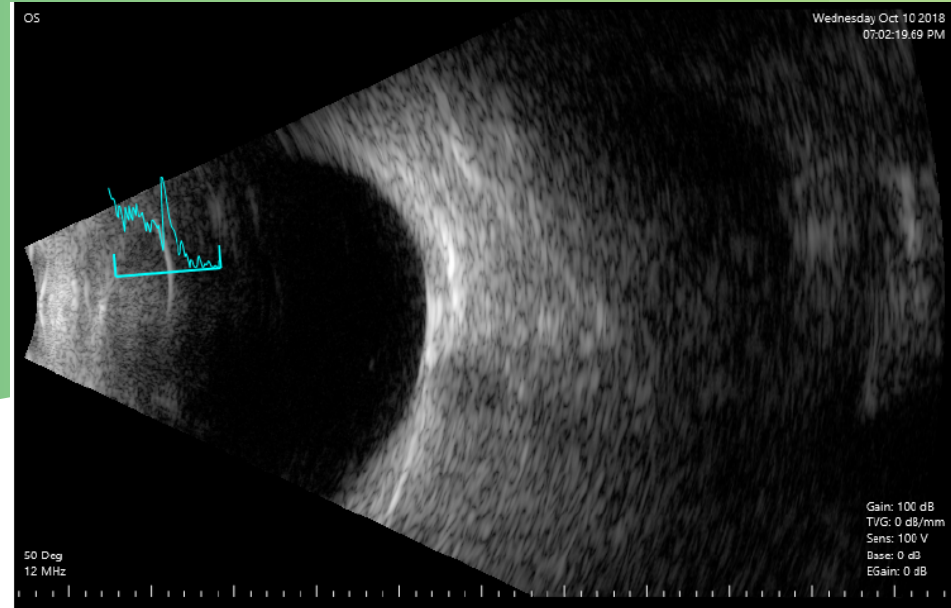
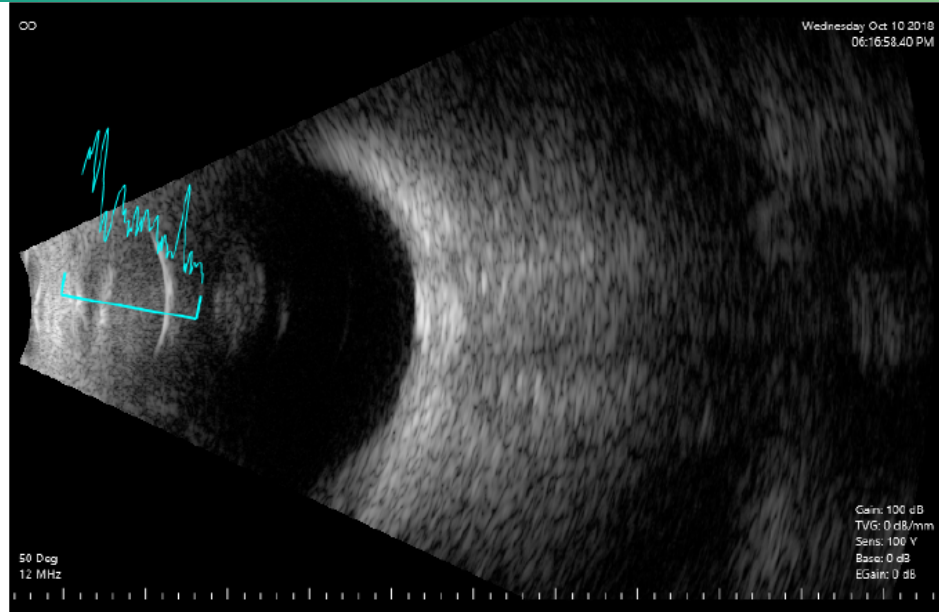
Channel	N1 [ms]	P1 [ms]	N2 [ms]	P2 [ms]	N3 [ms]	P3 [ms]	N1-P1	N2-P2	N3-P3
1 R-1 1.4 Hz	49.8	44.1	62.9	136.2	174.7	272.4	1.06µV	12.1µV	13.7µV
2 L-1 1.4 Hz	49.8	40.4	60.1	101.4	170.0	150.3	3.57µV	10.5µV	8.03µV

### 2\_Flash-VEP 12 Hz (GF)

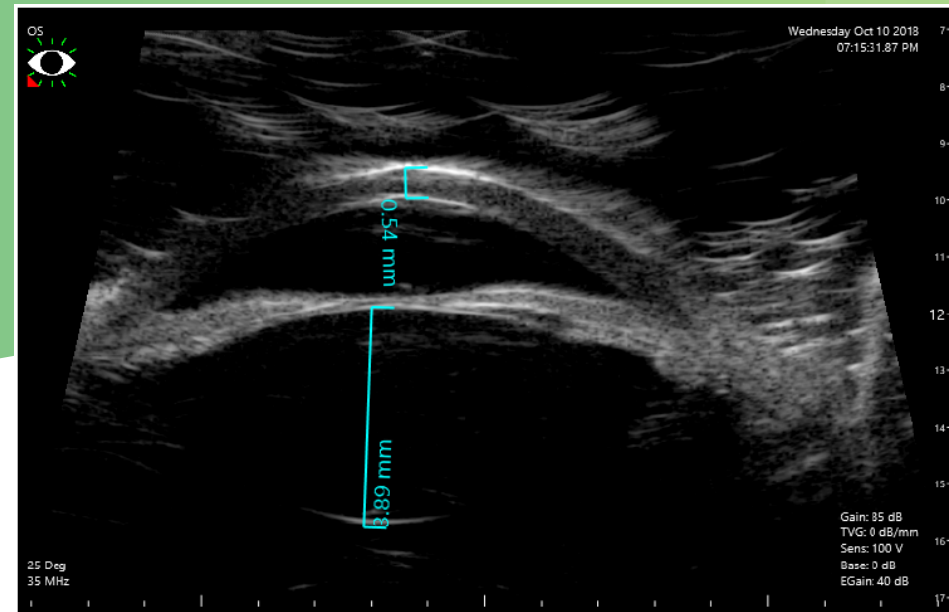


Channel	N1 [ms]	P1 [ms]	N1-P1
1 I-1 8 Hz	64.6	146.8	8.93µV
2 C3 8 Hz	65.6	131.1	12.5µV

- Bilateral acoustic evidence of **opaque lens** with well delineated posterior capsule.
- Bilateral few vitreous floaters with **no sign of active posterior uveitis**.
- Bilateral attached retina in all quadrants with increased choroidal layer thickness.



- Acoustic evidence of thickened iris with adhesion of the pupillary edge to the anterior surface of the lens (occlusio pupillae).
- Acoustic evidence increase Corneal internal reflectivity with central thickness measured 0.6 mm Band Keratopathy.



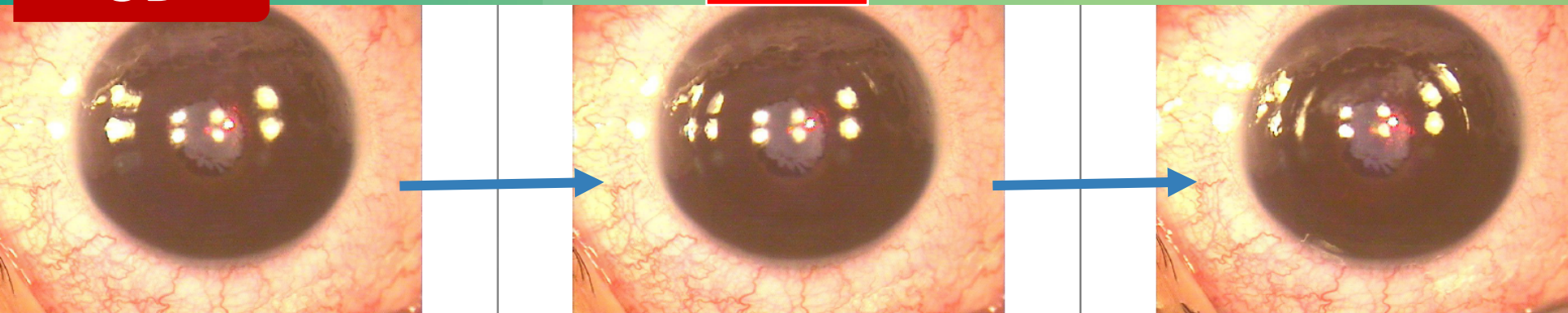
# **Decision:**

**Bilateral PTK simultaneously with  
OS cataract extraction surgery  
OD cataract surgery later**

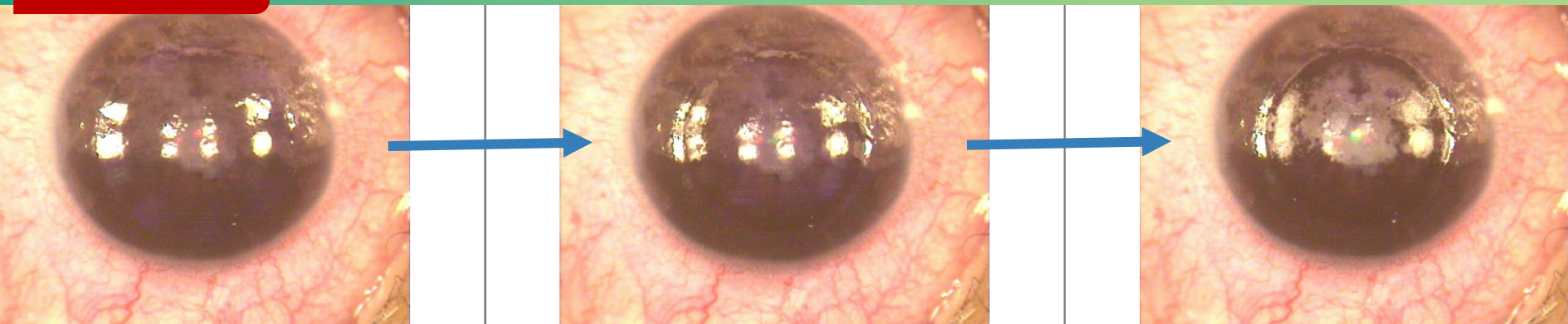


OD

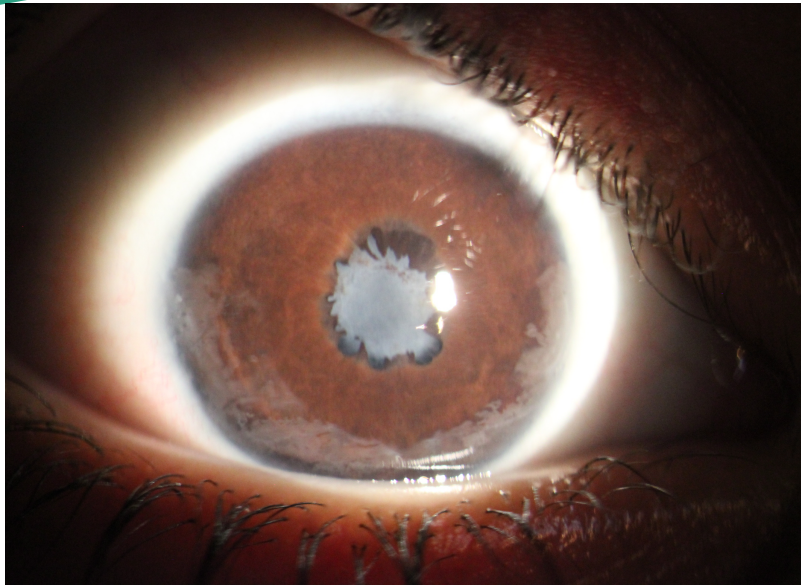
PTK



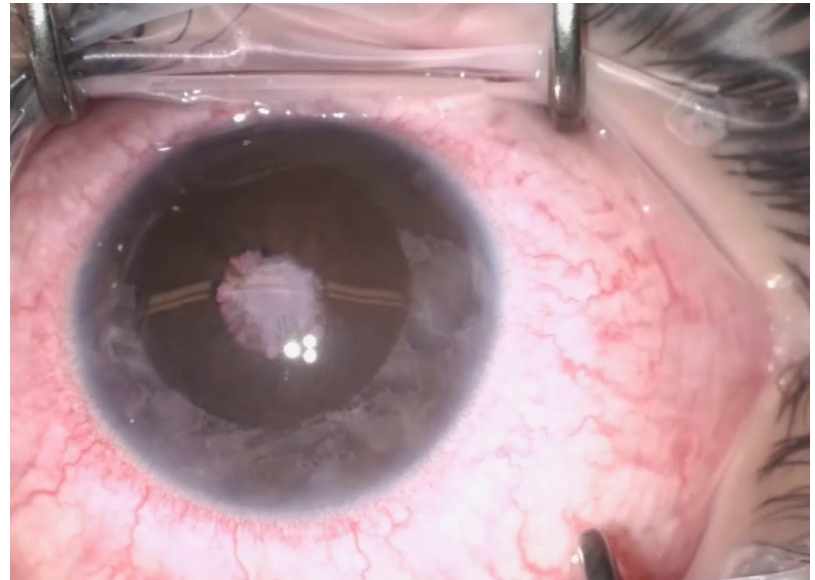
OS



# Immediately after PTK



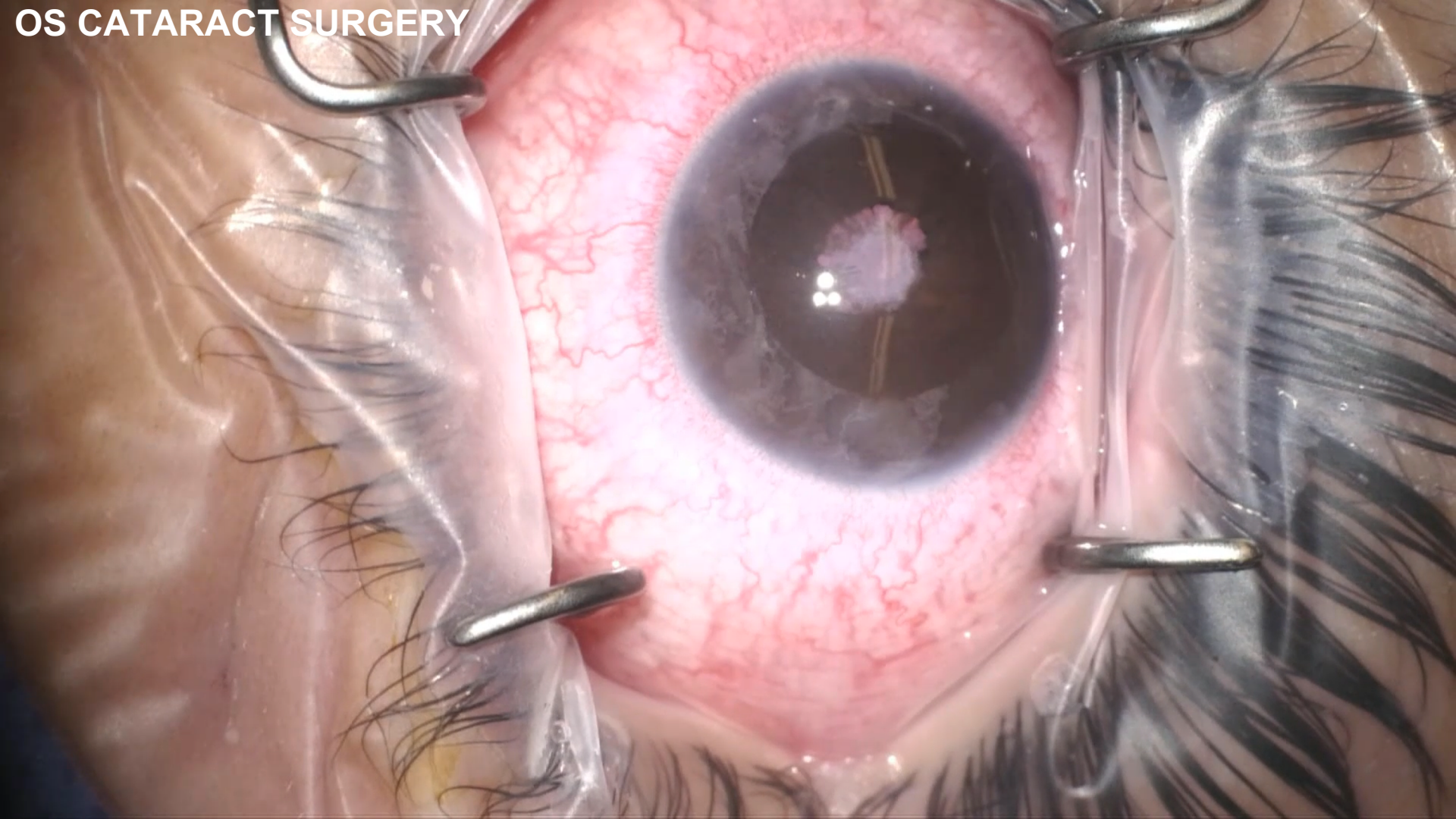
**OD**



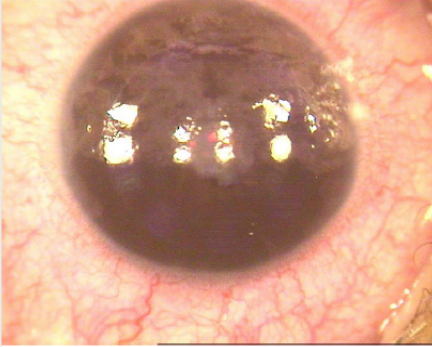
**OS**



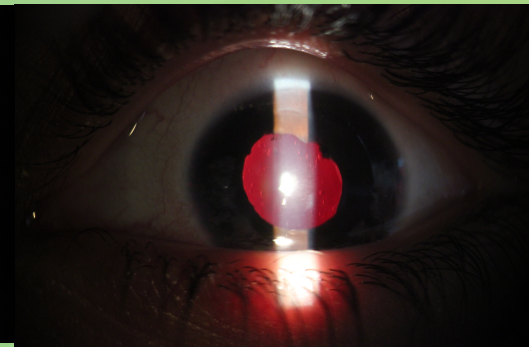
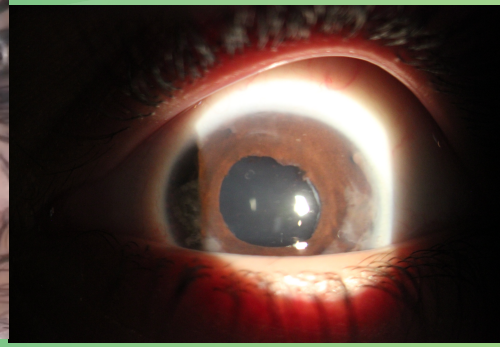
OS CATARACT SURGERY







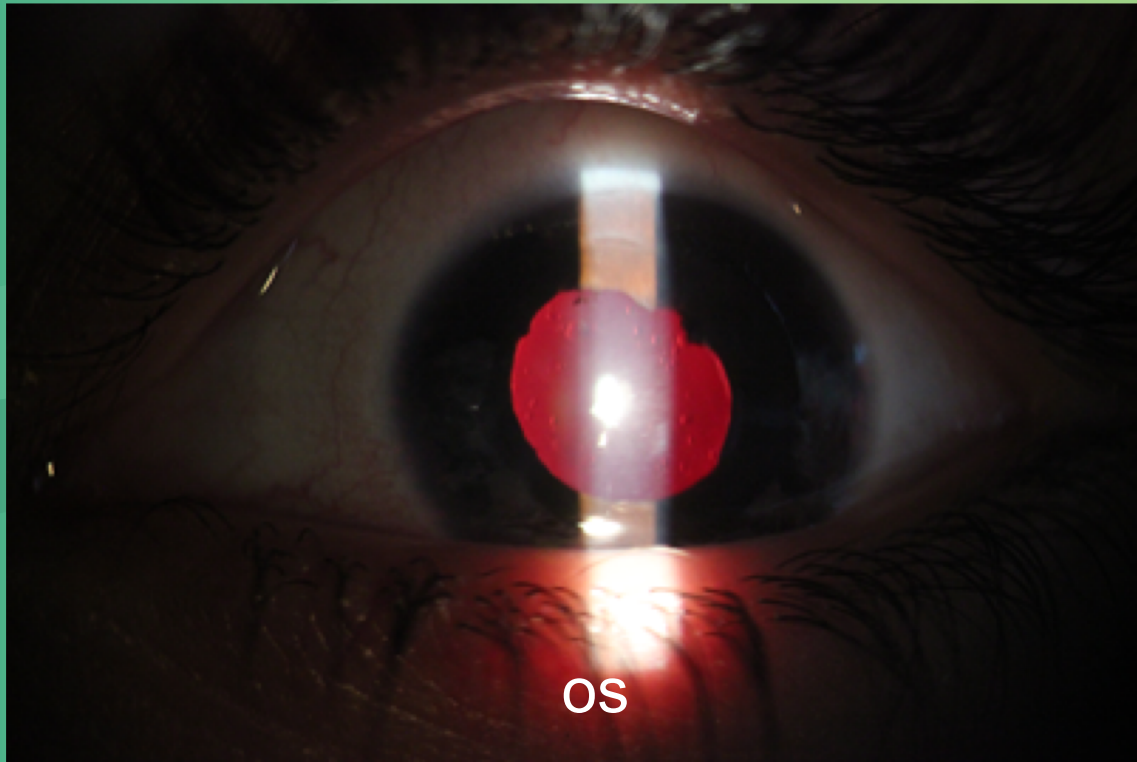
Immediately after PTK



## Preoperative

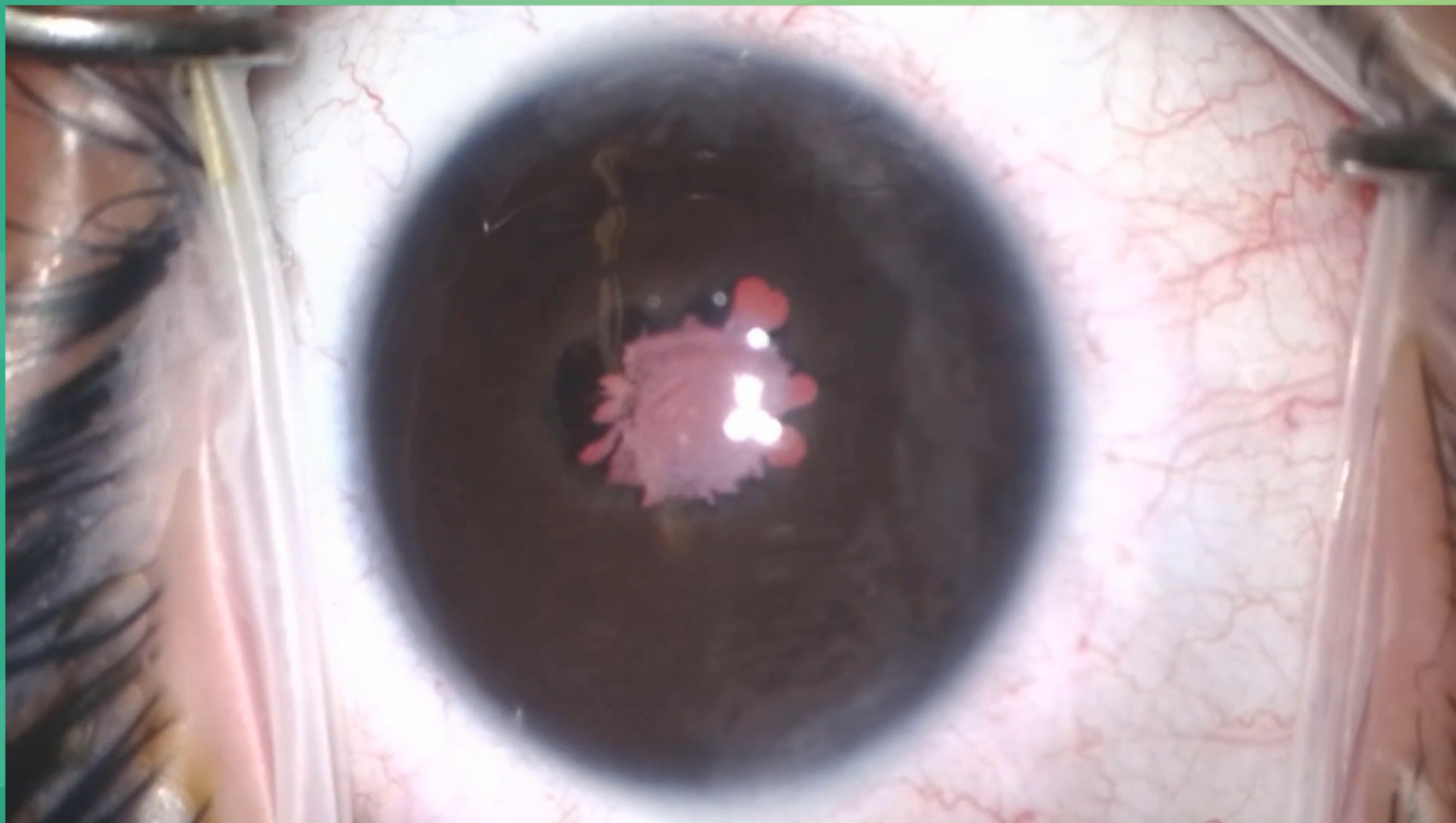
## Postoperative

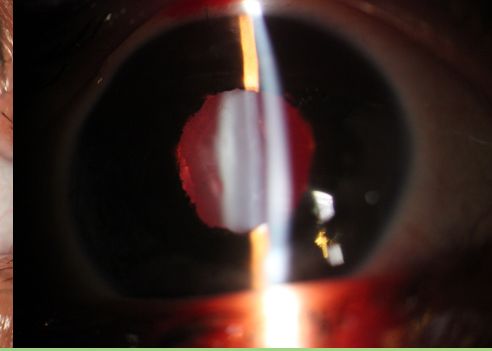
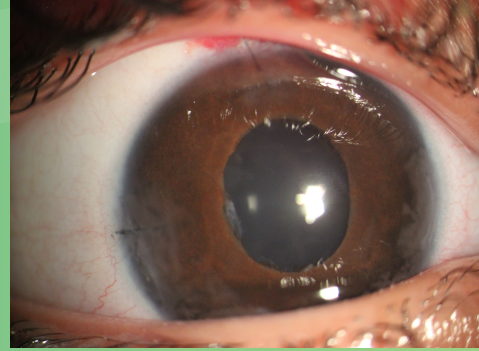
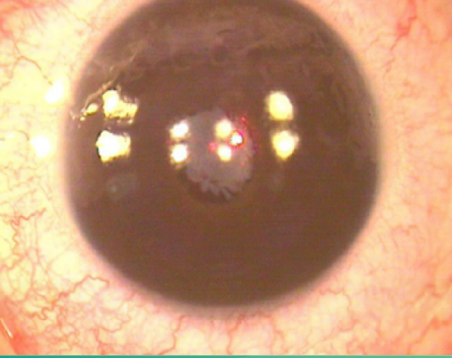
OS	
BCVA	0.5
AS	<ul style="list-style-type: none"> <li>- Clear Cornea</li> <li>- Clear AC</li> <li>- Natural lens preserved with intact AC and PC</li> </ul>



OS

## OD SURGERY



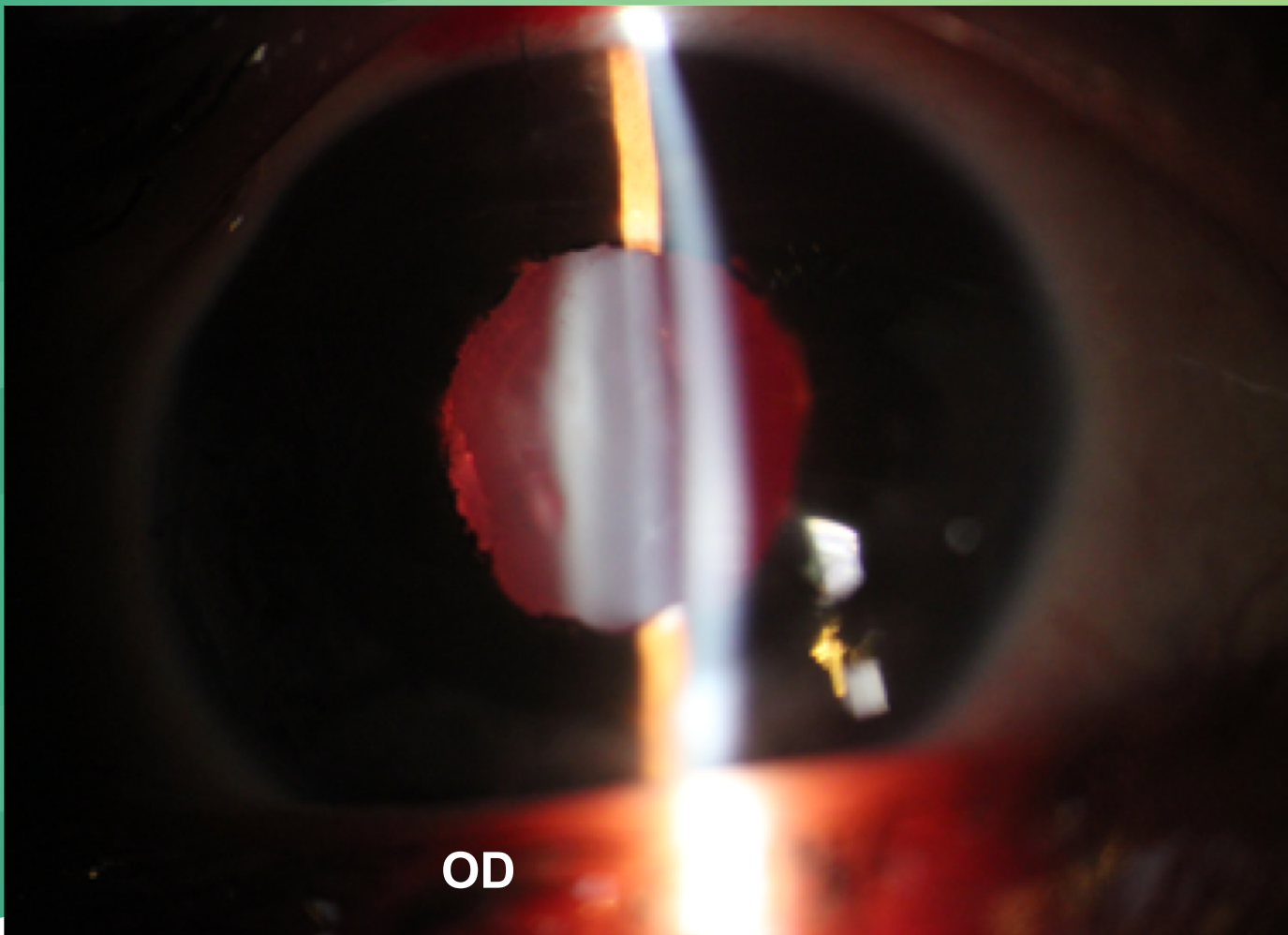


## Preoperative

## Postoperative

OD	
BCVA	0.5
AS	<ul style="list-style-type: none"> <li>- Clear Cornea</li> <li>- Clear AC</li> <li>- Natural lens preserved with intact AC and PC</li> </ul>





OD

# Take Home Message

In cataract surgery for uveitis cases expect many variations ,  
Before the lens is removed anterior lens surface should be cleared first ,  
The natural lens might still be clear

# Thank you for your attention

WOS 2019

