

Surgical Management of Posterior Capsule and Complications in Congenital Cataract Surgery

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Abstract:

Aims: To assess the need for primary posterior capsulorhexis with limited anterior vitrectomy and the incidence of intra operative and post-operative complications in cases of congenital cataract.

Study Design: An interventional case series.

Place and duration of study: This study was carried out at the Department of Ophthalmology Combined Military Hospital Kharian from August 2010 to August 2013 and PNS Hafeez Islamabad from September 2013 to November 2014.

Subjects and Methods: In this study, 28 eyes of 21 children ranging in age from 2.5 to 14 years with congenital cataract of non-traumatic origin were operated. Anterior capsulorhexis, lens aspiration and IOL implantation were done in all cases while primary posterior capsulorhexis and limited anterior vitrectomy were done randomly on every alternate case. Foldable acrylic IOL was implanted in all cases and all surgeries were performed by the same surgeon. Results were analyzed using SPSS 17.

Results: The mean age of cases was 6 years (median 5 years and range 2.5-14 years). Unilateral to bilateral ratio was 2:1. The highest post-operative complication rate was of posterior capsular opacification 50% followed by iris+IOL synechae 25% and fibrinous uveitis 21%. Posterior capsular opacification with posterior capsulorhexis was seen in 14.28% of eyes and without posterior capsulorhexis was seen in 85.71% of eyes. Intra operatively vitreous prolapse/disruption of anterior vitreous face had the highest incidence of 21%.

Conclusion: Surgical approach adopted for congenital and developmental cataract should include a posterior capsulorhexis and primary posterior vitrectomy to prevent the formation of posterior capsular opacification which significantly increases the risk of amblyopia. *Al-Shifa Journal of Ophthalmology 2014; 10(2): 96-104. © Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan.*
