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Small eyes big problems: Cataract or not cataract surgery in nanophthalmos

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A 36 year old hypermetropic female from Middle East was referred to Moorfields Eye Hospital, London with uncontrolled intraocular pressure, headaches and eye ache. She was on maximum topical medication with left eye uncontrolled intraocular pressure (IOP). Clear lens extraction was performed with post-op development of malignant glaucoma. She subsequently had vitrectomy with complications. The nanophthalmos is a form of microphthalmos in which the axial length of a grossly normal globe is <20.5 mm. The size of lenses in nanophthalmos is within normal ranges. The lens/globe volume ratio, which is 4% for normal, increases up to the pathological level of 10–30%. Cataract surgery in a nanophthalmic eye is technically difficult with high risk of complications such as posterior capsular rupture, uveal effusion, choroidal hemorrhage, vitreous hemorrhage, malignant glaucoma, retinal detachment and malignant glaucoma. Thickening of the sclera has been implicated in the pathogenesis of uveal effusion and serous retinal detachment in patients with nanophthalmos. The sudden lowering of the IOP when the globe is opened surgically contributes to the rapid progression of the uveal effusion in patients with nanophthalmos. Cataract surgery deepens the anterior chamber and widens the anterior chamber angle in nanophthalmic eyes but is not risk free; therefore, care should be taken with appropriate planning. Lens surgery should be done for intractable raised IOP, PAS>270, significant cataract and prophylactic surgery before development of primary angle closure glaucoma (PACG). In cases of post-operative malignant glaucoma, hyaloido-zonulectomy and peripheral iridectomy can be performed.

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