17 TH INTERNATIONAL CONFERENCE OF THE RESEARCH INSTITUTE OF OPHTHALMOLOGY

RIO 2025

Anterior Segment Eye Diseases
Current Status & Future Directions

Surgical considerations in Pediatric Cataract

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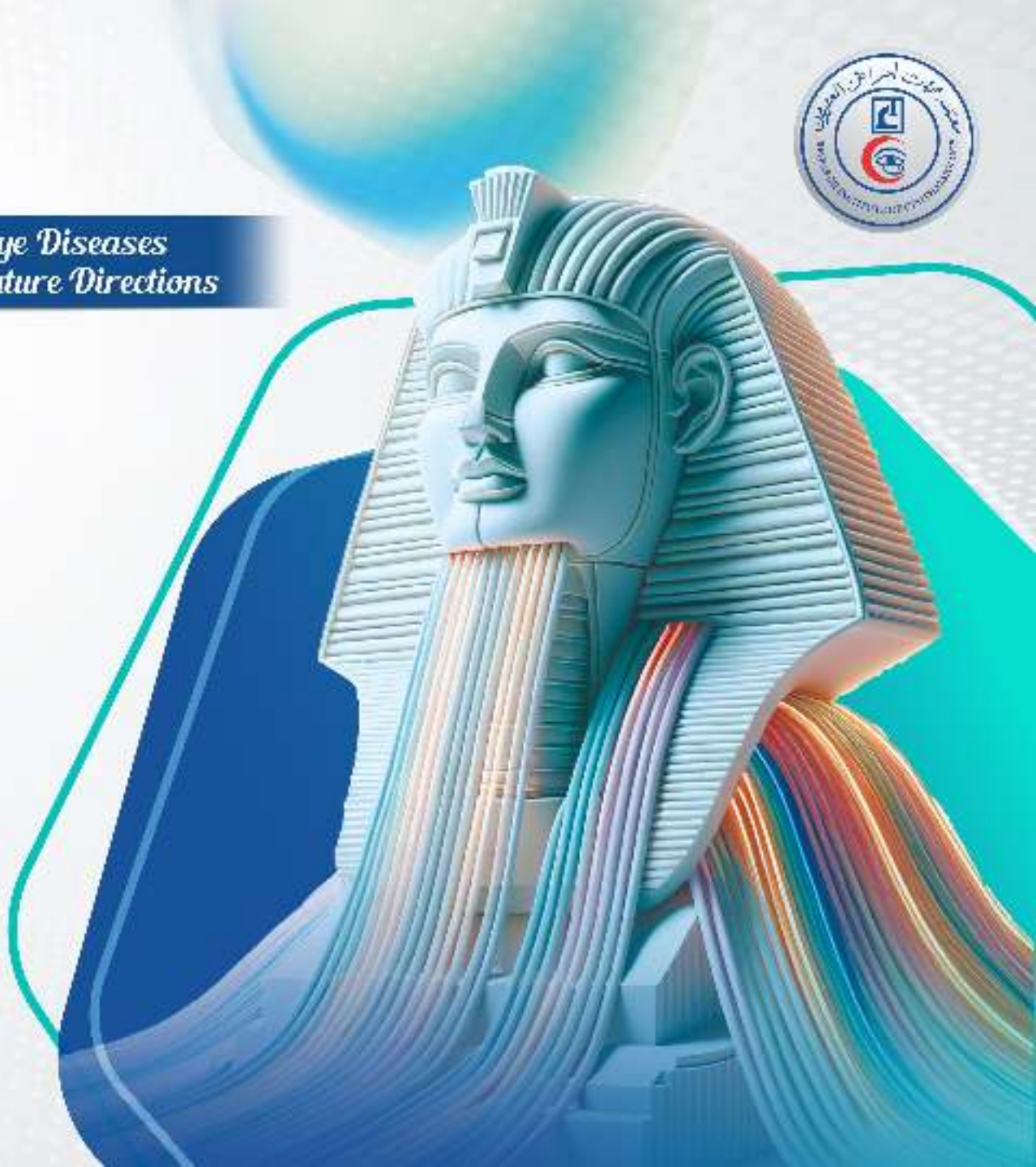
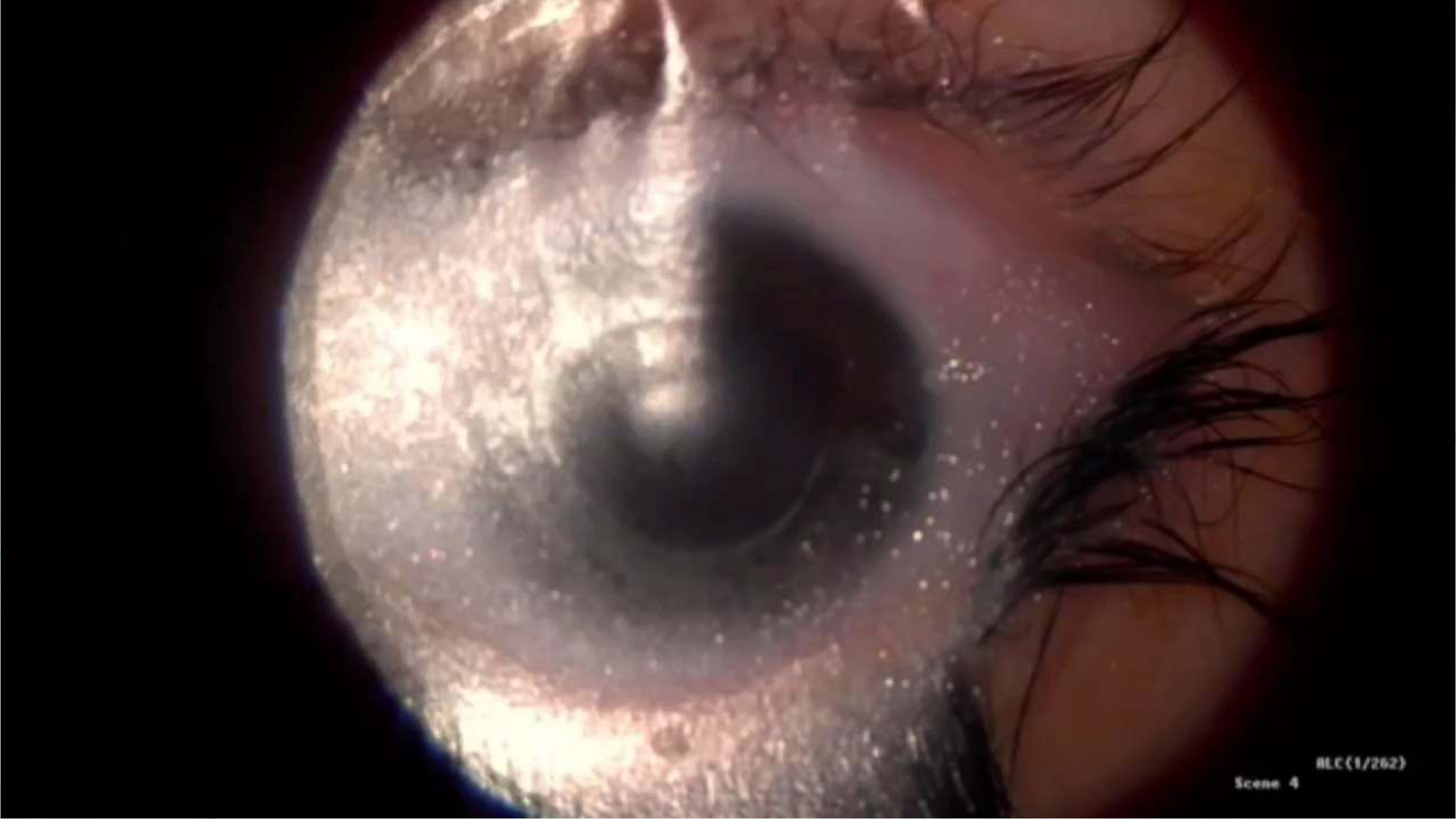
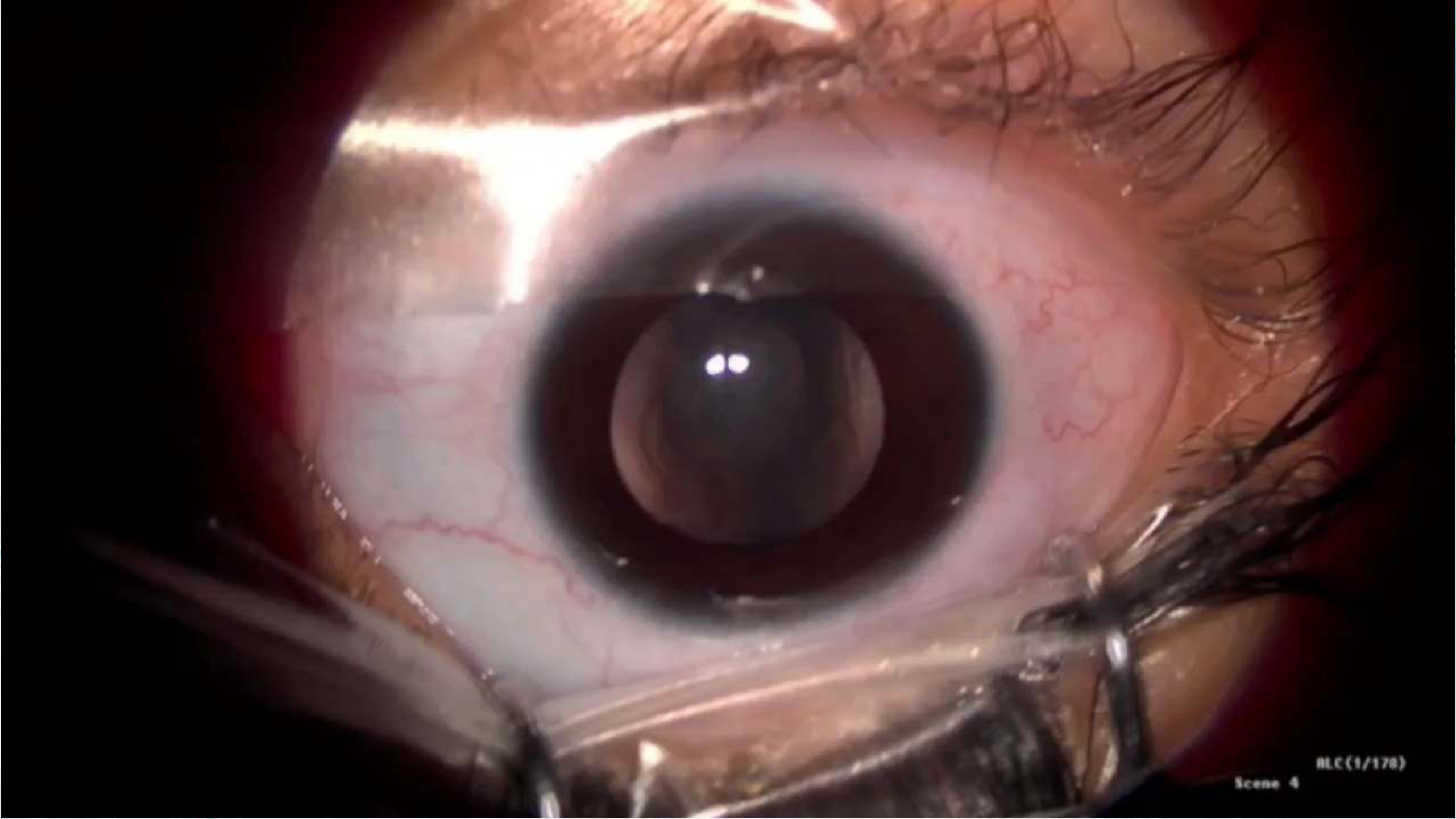


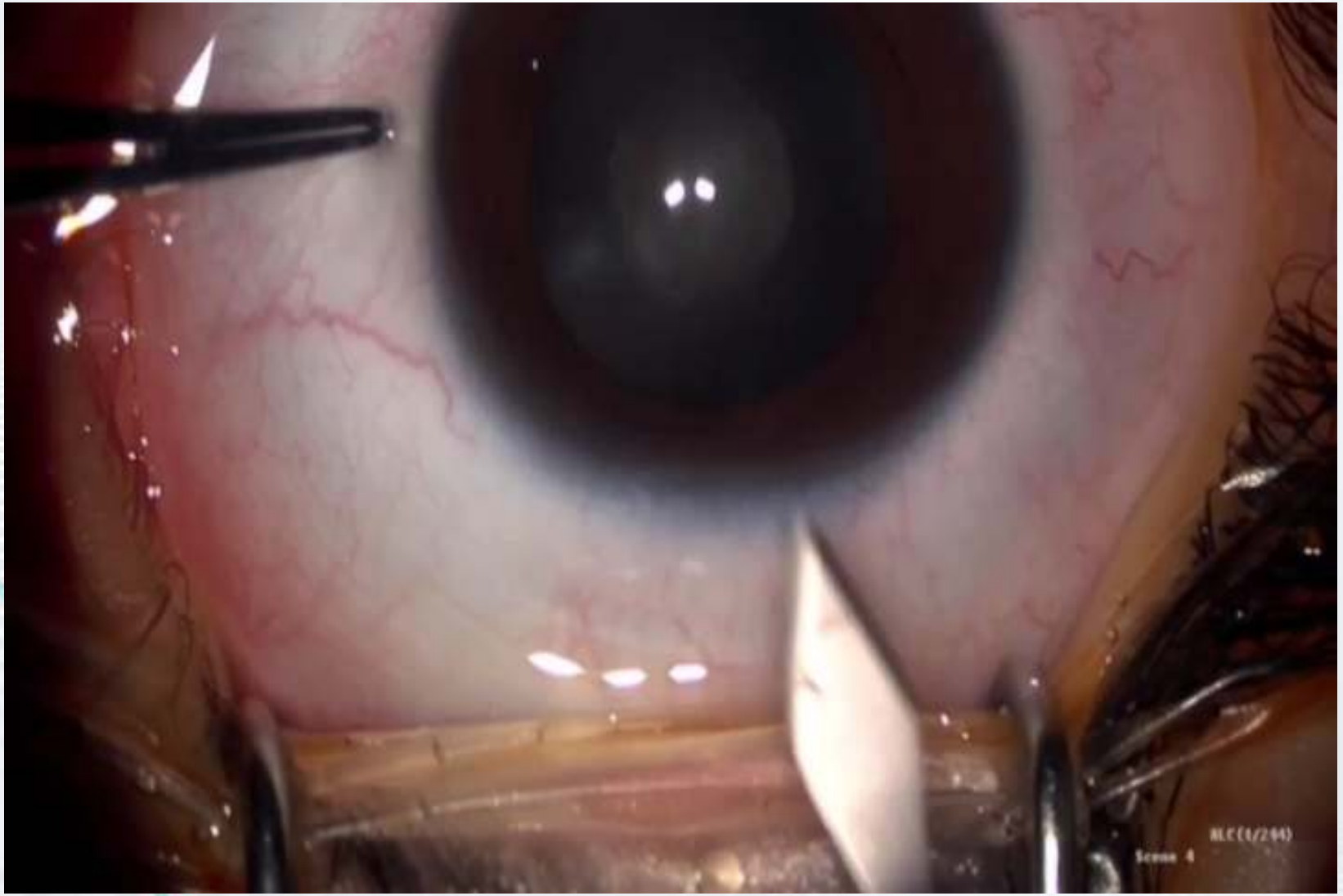
Are pediatric eyes different?

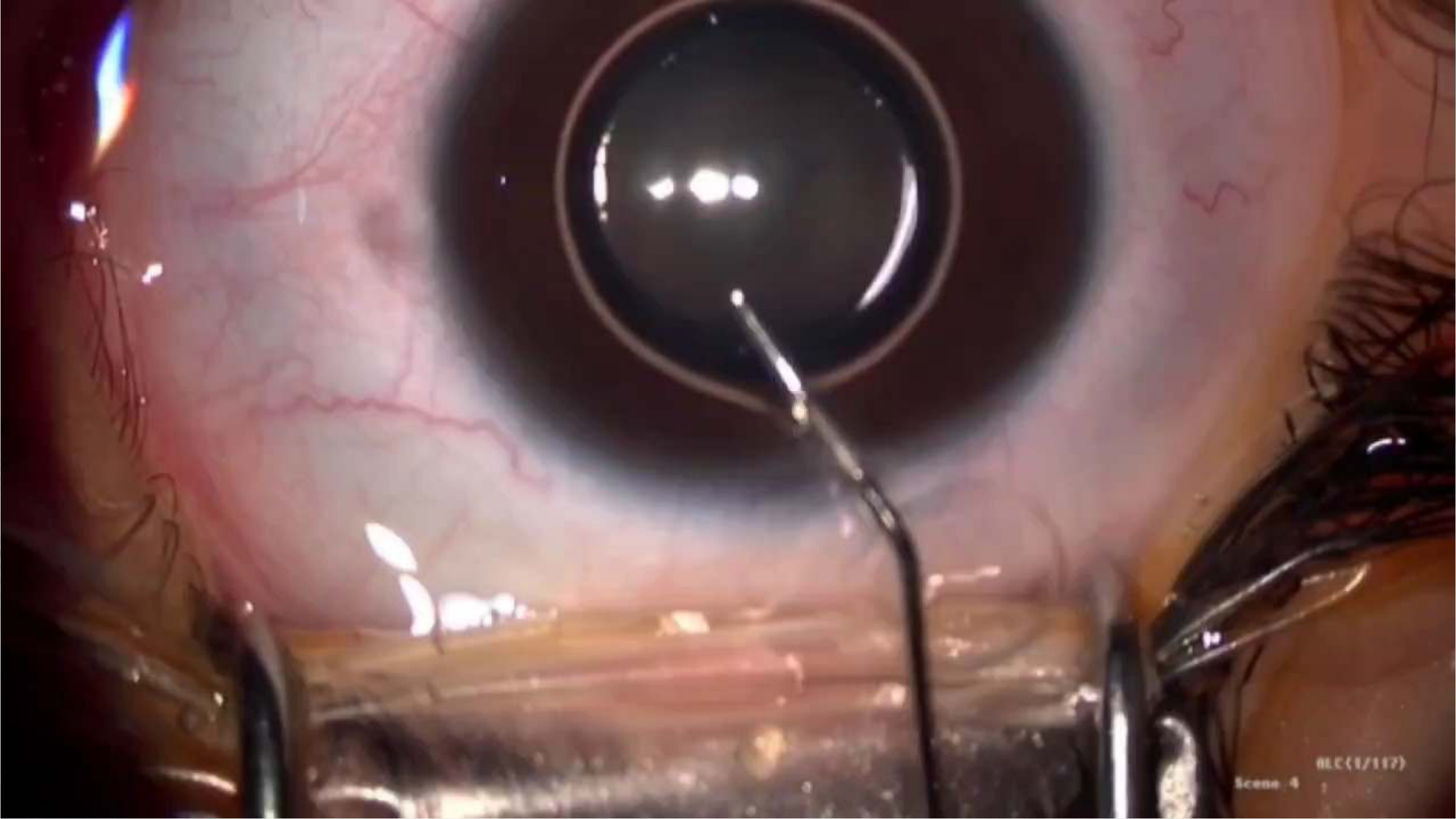
- Greater elasticity of the lens capsule
- Lower scleral rigidity
- Mitotically active lens epithelial cells
- Thicker vitreous gel


ALC(1/262)
Scene 4

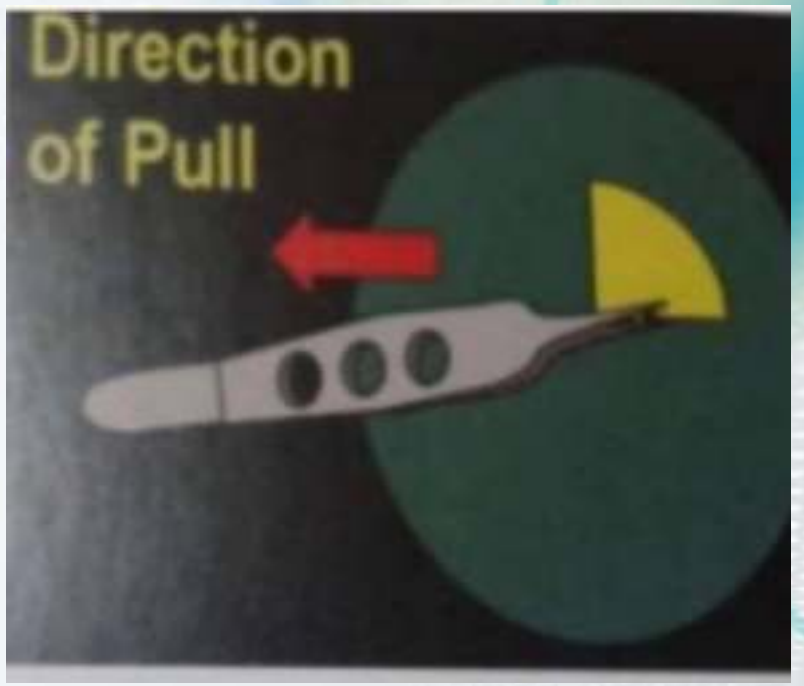

ALC(1/170)
Scene 4

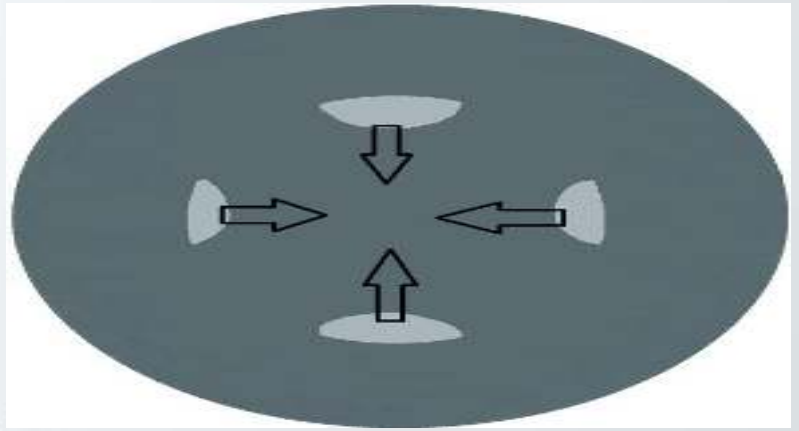
Corneal incision

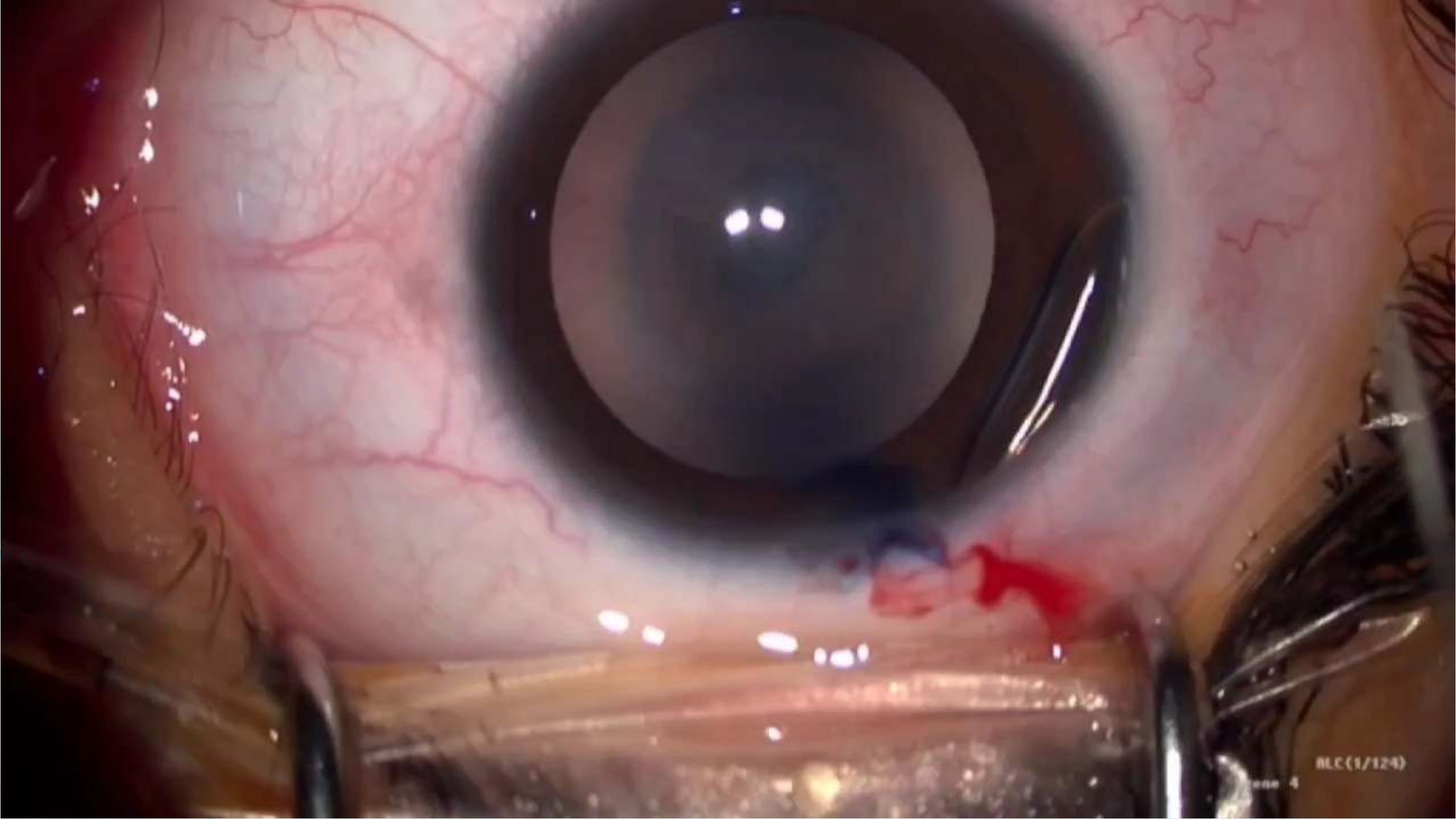



Scene 4

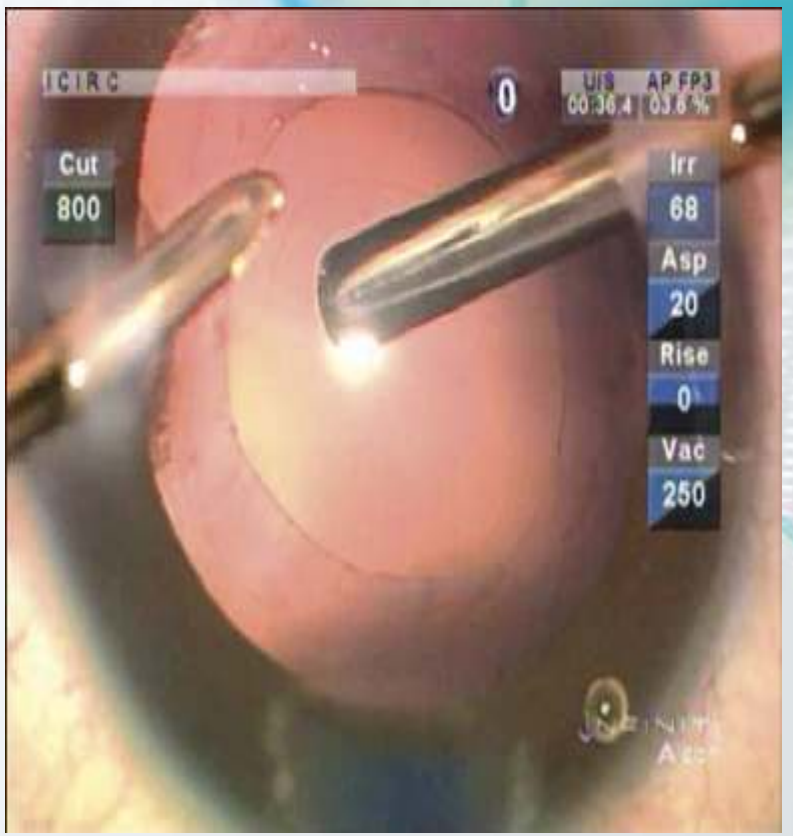
- ***Always using the rhexis forceps.***
- ***Capsular flap should be frequently released to inspect the shape, size & direction of the tear.***
- ***More pull is needed <u>centripetally</u> most of the time to avoid extension.***

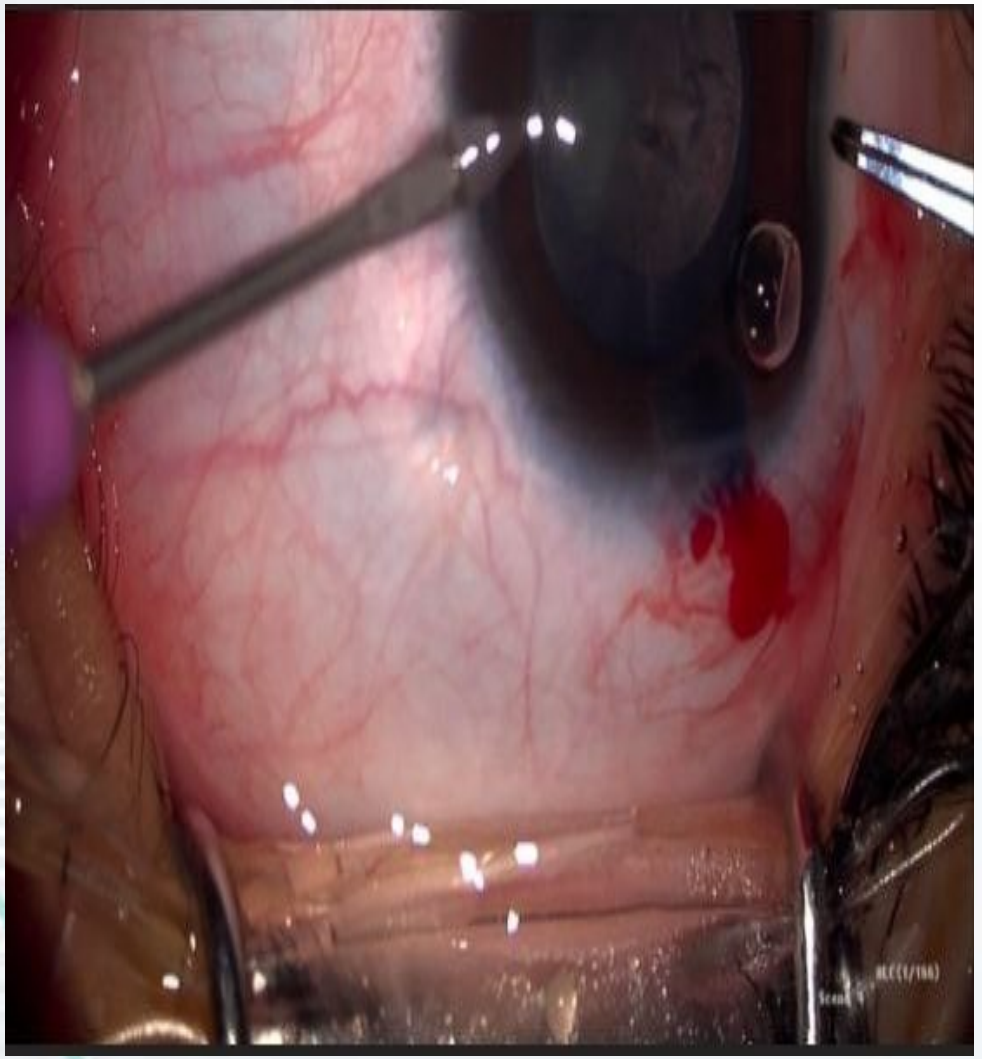


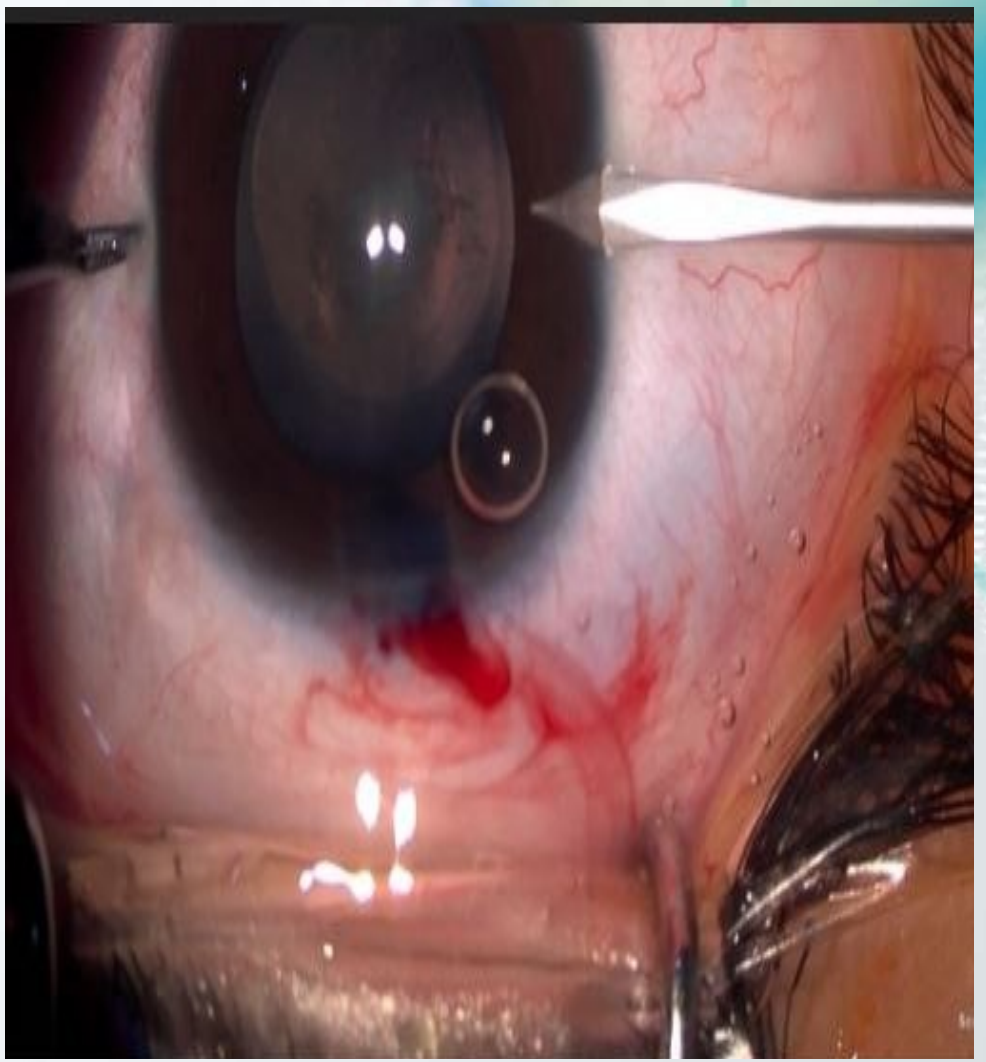



BLC(1/124)

- Vitrectorhexis is an easier alternative to perform and is a good option for children when anterior vitrectomy is planned.
- High vacuum and low cutting rate.



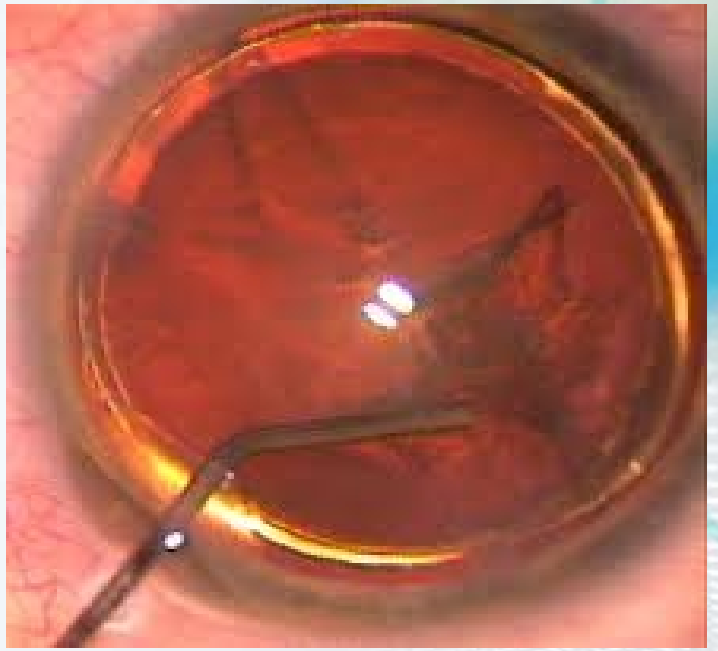


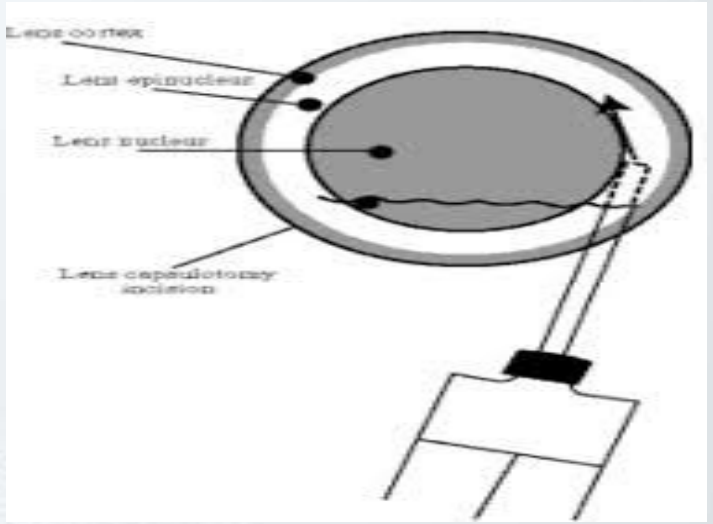


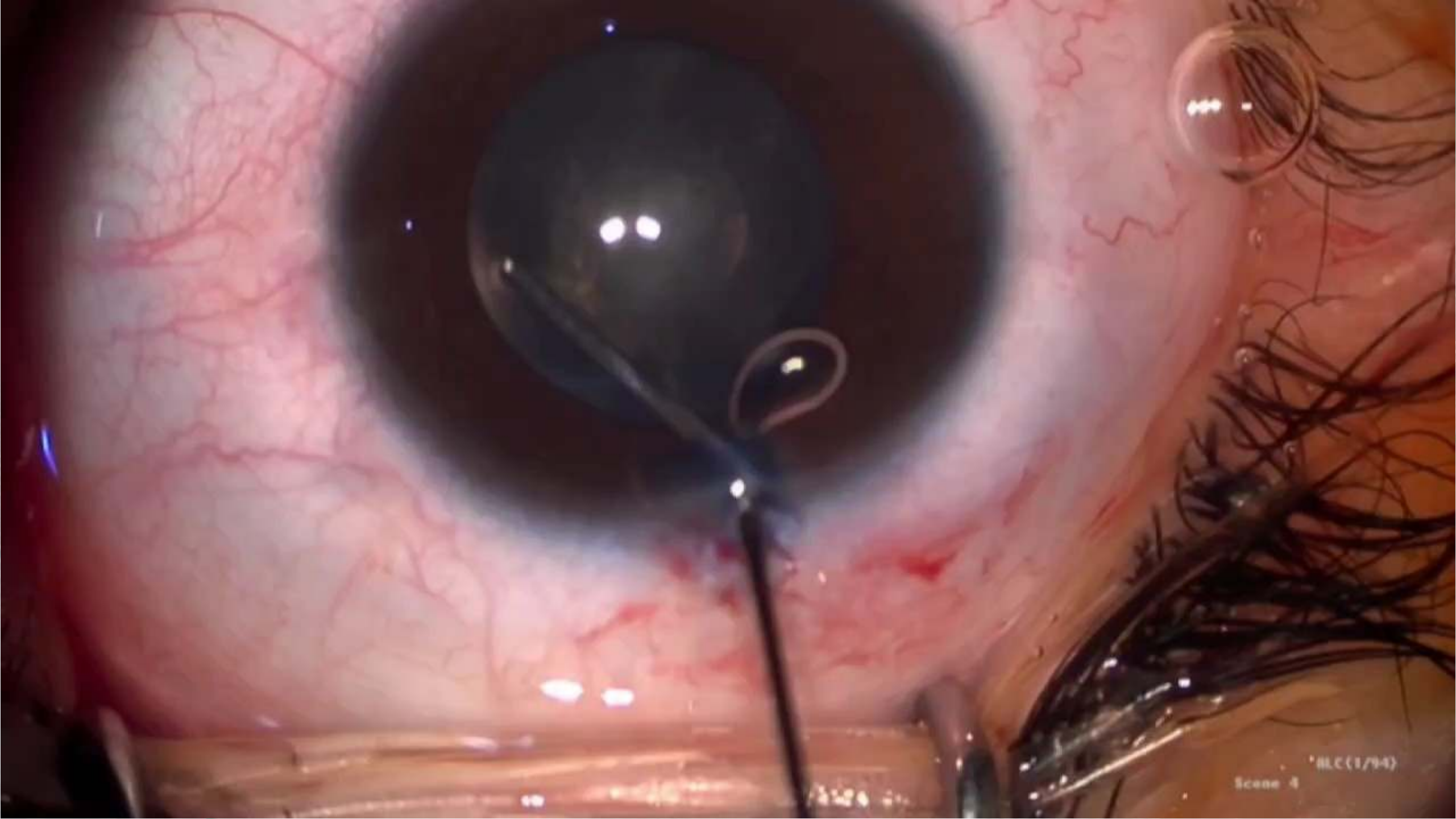
Cortical hydrodissection

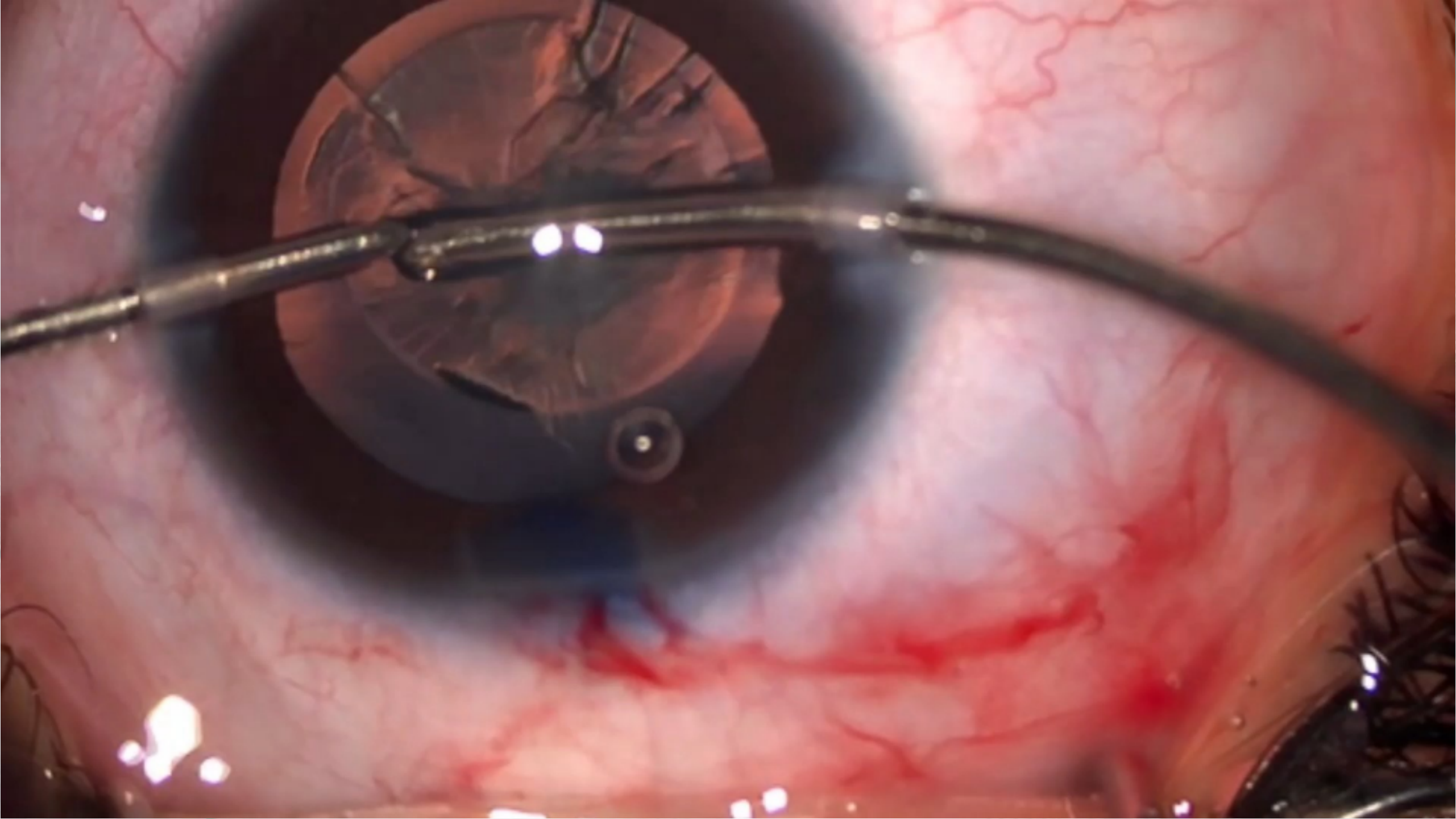
- A mandatory step in adult cataract surgery to facilitate nucleus rotation and cleavage.

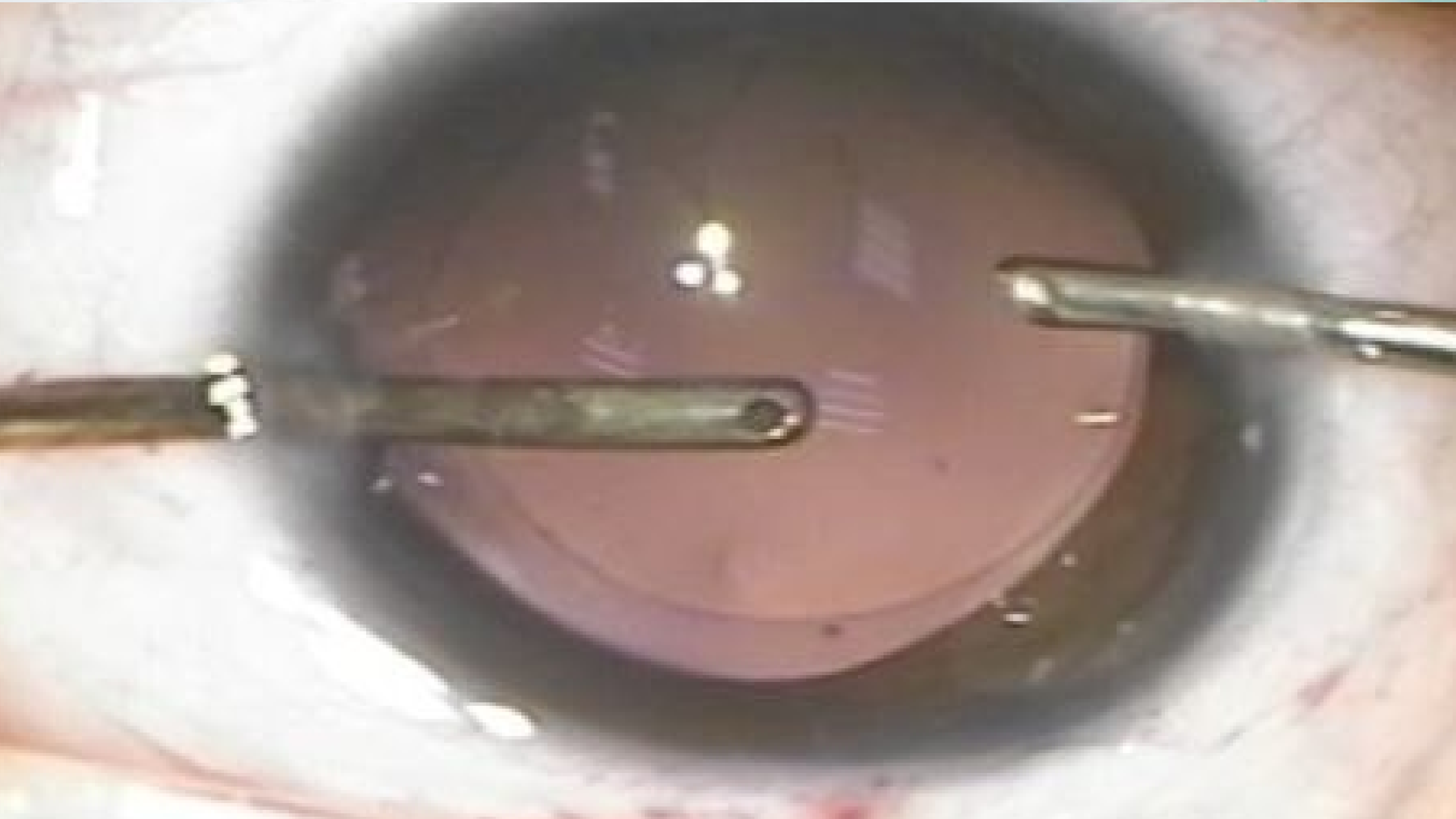
- Some surgeons don’t believe in its importance in pediatric cataract because it’s easy to handle the soft lens material without any need to rotate,

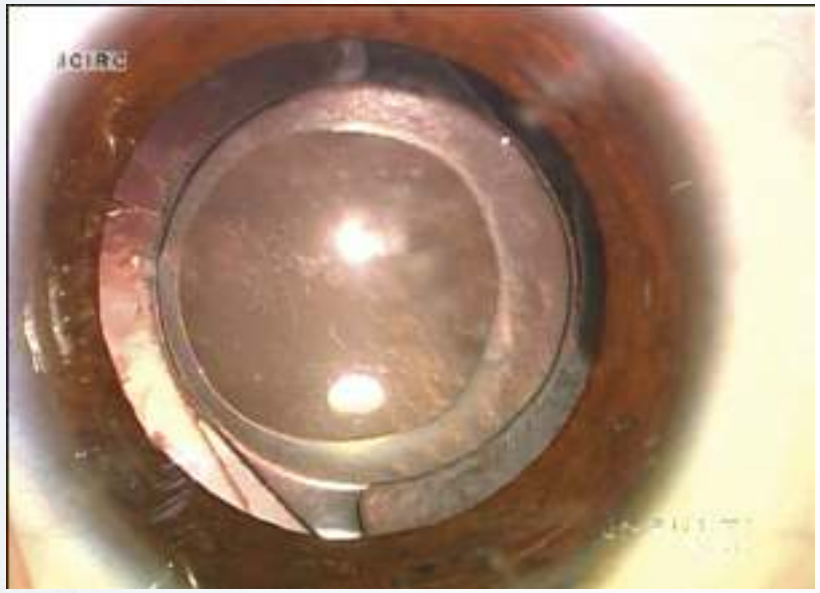


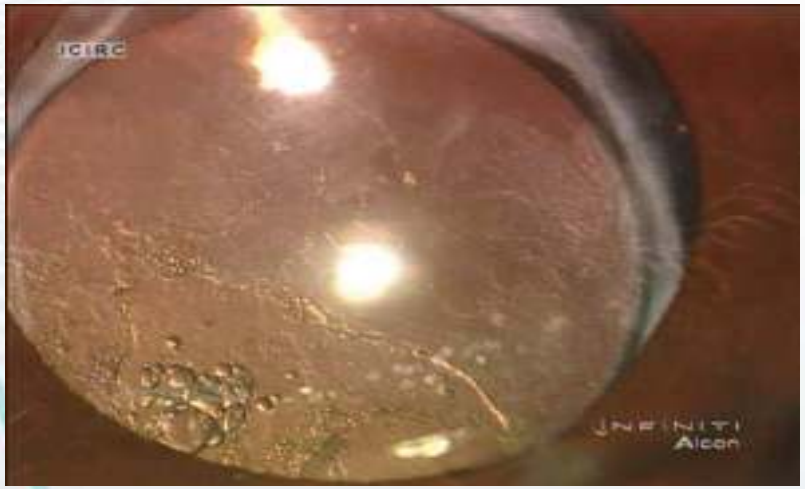



Scene 4





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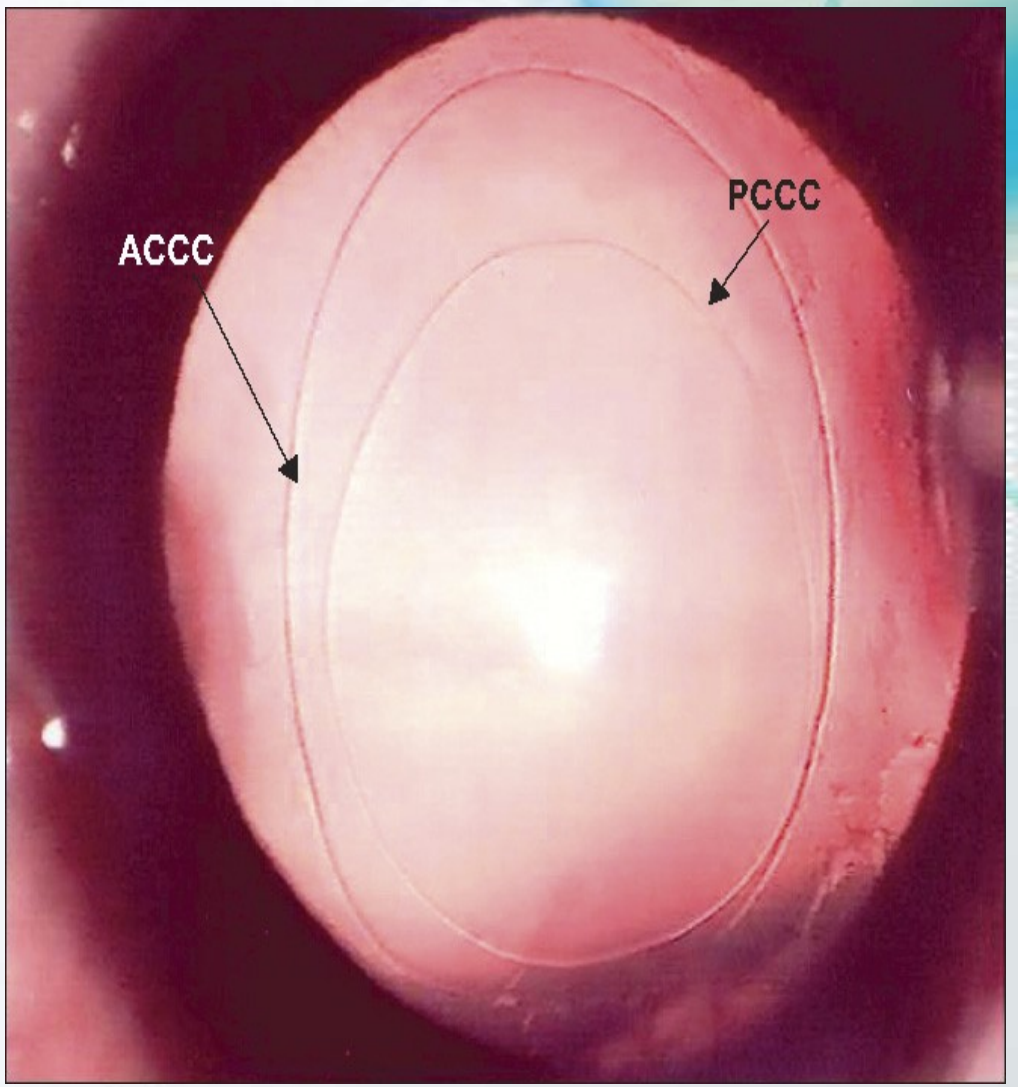
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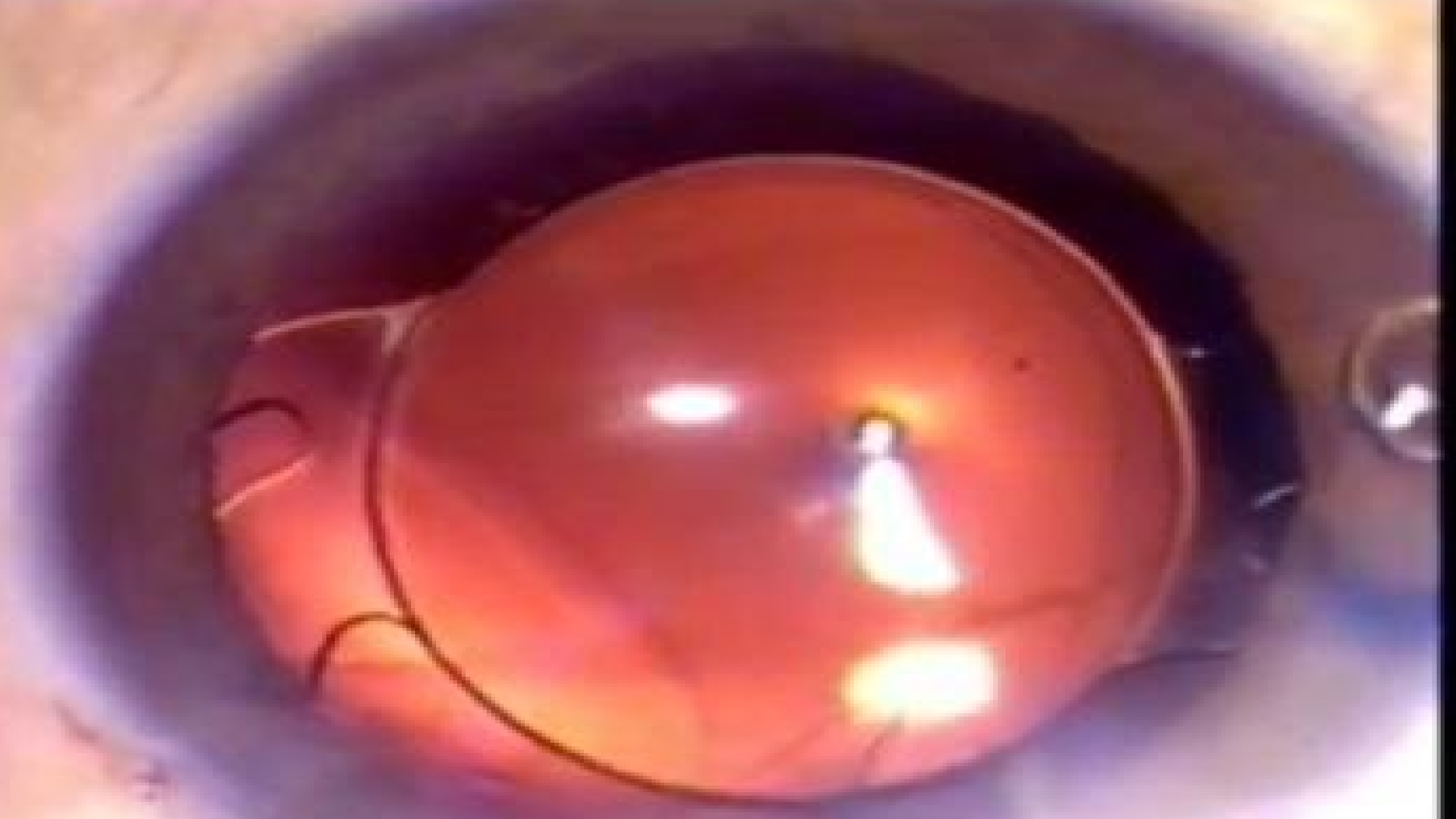


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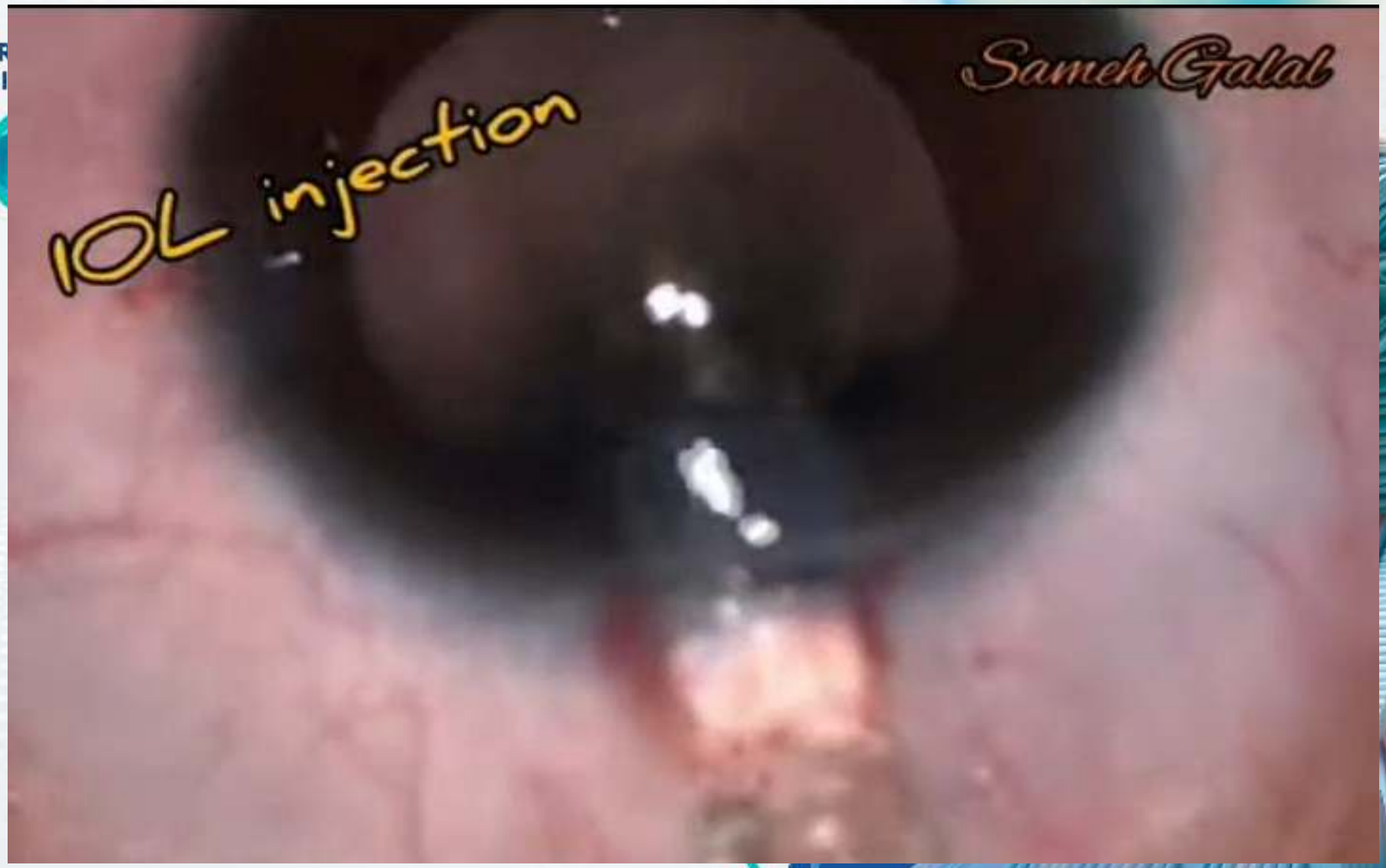
IOL injection
Sameh Galal


Thank
you