Causes

- Blunt or penetrating ocular trauma.
- Infrared energy (glass-blower's cataract)
- Electric shock
- ionizing radiation

Look for associated complications

- Hyphaema, vitreous /retrobulbur haemorrhage
- Glaucoma: phacolytic, phacomorphic, pupillary block, and angle-recession
- Uveitis, RD, Choroidal rupture, optic neuritis





Management

Capsule open:

 Primary lensectomy + IOL implanation +/vitrectomy

Capsule intact:

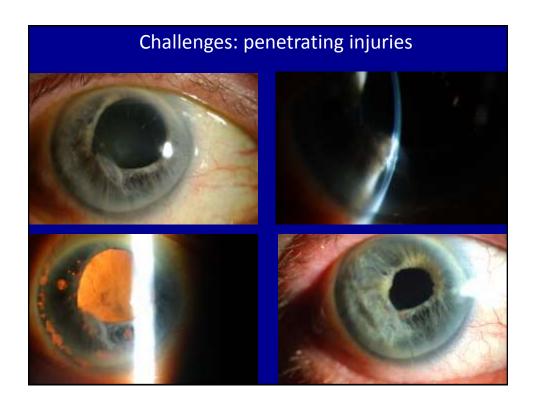
- Adult: multi step procedure
- Children: Primary repair with IOL implantation (risk of Amblyopia (< 50 % achieve good visual outcome)

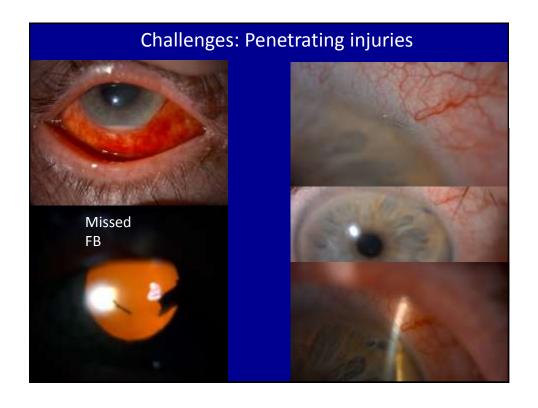
 Patients should be warned about the potential visual outcome and the high risk for intraoperative problems

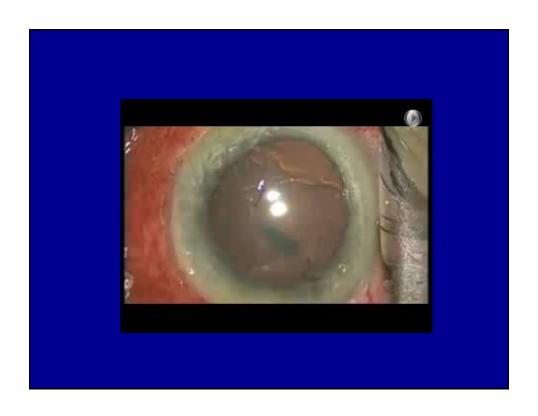
Surgical approach

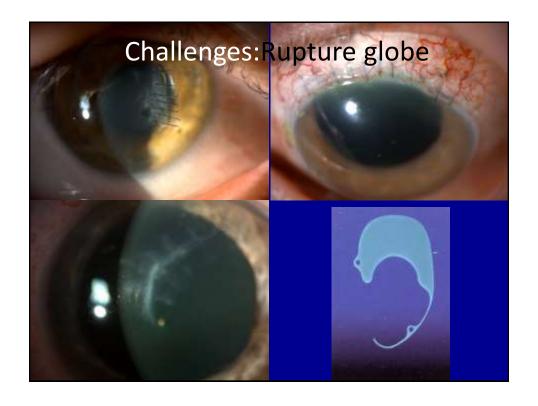
- Bimanual aspiration
- Limbal or pars plana membranectomy
- Phacoemulsification

Tension ring, sutured IOL, aniridia lens









Challenges: Blunt trauma





Rigid aniridia Lenses

- 67B: 3mm optic, 12.5 mm D
- 68: 4.5 optic, 12.5 mm D
- 67 G: 5 mm optic, 12.5 mm D
- 67 F: 5 mm optic,13.5 mm D
- 67L: 5 mm optic, 13.5mm D, peripheral iridotomy



- Bag, sulcus or suture fixated (9-0 Prolene)
- Standard or custom made

Rigid aniridia Lenses (sectoral iris defect)

- Intracapsular insertion incision >3.5mm followed by insertion of IOL
- · 3 clock hours defect
- Can insert 2 rings if larger defect



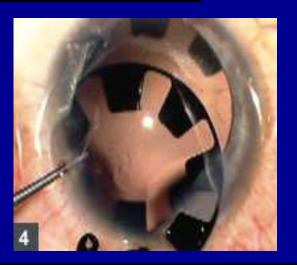


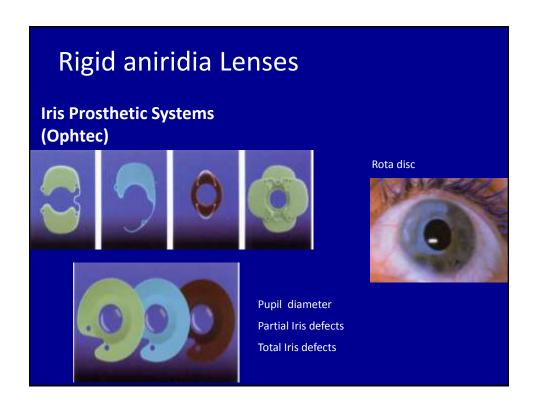
96 G

Rigid aniridia Lenses

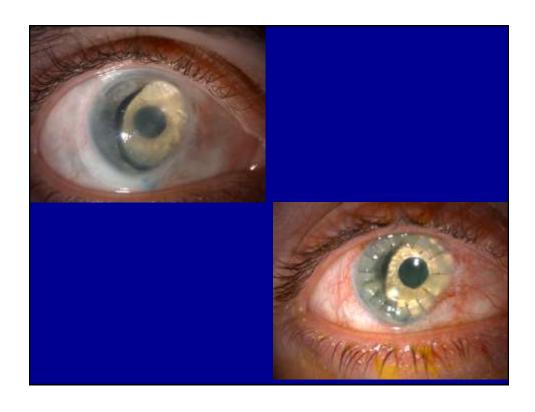
Artificial Iris Segments on Capsule Tension Rings

- In complete Iris defect
- Advantage: small incision
- Disadvantages: Brittle difficult to align, can misallign later with capsular contracture

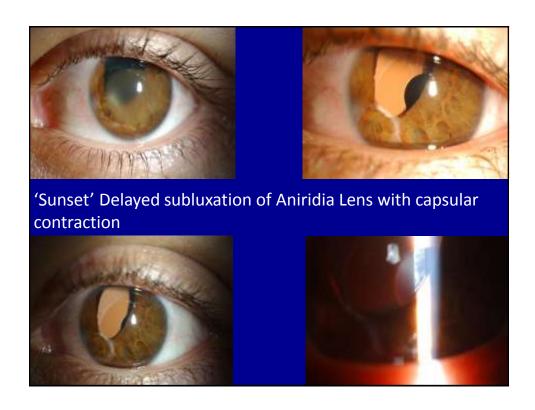


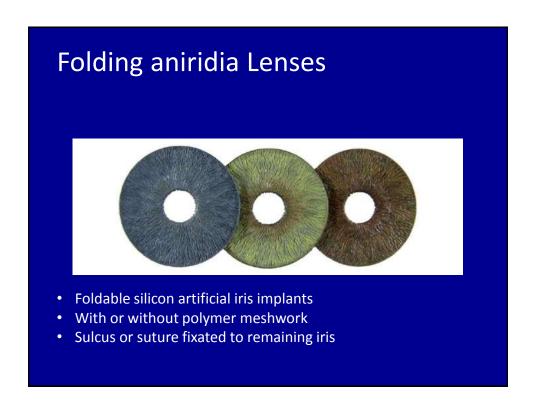












Folding aniridia Lenses



SUMMARY

- Traumatic cataract poses many challenges
- Surgical outcome depend on carful preoperative assessment
- Aniridia Lenses

For Partial or Total loss of Iris

Cosmetic and/or Visual Benefit

A variety of Options to choose from

Expense is an issue