2. CAPSULAR CONTRACTION SYNDROME WITH SECONDARY INTRAOCULAR LENS DISLOCATION ASSOCIATED WITH PIGMENTARY RETINOPATHY

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Introduction. Capsular contraction syndrome (CCS) is recognized as a postoperative complication of cataract extraction with centripetal constriction and capsule fibrosis. Extreme capsular phimosis and fibrosis affect the visual axis, followed by significant visual disability, pseudophacodonesis, and in-the-bag dislocation of intraocular lens (IOL). CCS can be caused by a number of factors: intraoperative factors – small size anterior continuous curvilinear capsulorhexis (ACCC), IOL material and design; pre-existing ocular pathologies - high myopia, chronic uveitis, pigmentary retinopathy, closed-angle glaucoma, etc.

Case presentation. We present the case of a 61-year old male with pigmentary retinopathy and high myopia from childhood who developed CCS after 9 years from cataract surgery with phacoemulsification both eyes at the distance of 9 months. All surgical procedures were uneventful with the ACCC size - 5.5-6 mm and with implantation in-the-bag of monobloc hydrophobic IOL with 2 haptics in the right eye (Alcon) and monobloc hydrophilic IOL with 4 haptics (Bausch) in the left eye. The patient's complaints were: gradual vision loss in both eyes at far and near distance, night blindness and narrowing of the peripheral visual field. The clinical examination showed: VA= OD / OS = 0.01/0.01 ; at biomicroscopy - OU iridodonesis, pupil deformation with IOL subluxation and the presence of haptics in the anterior chamber, phimosis and capsular contraction. The patient underwent surgery on both eyes - IOL reposition with scleral fixation of one of the haptics and iridoplasty (OS) with an interval of approximately 2 months. Postoperative VA = OD / OS = 0.2 / 0.1-0.2.

Discussion. In pigmentary retinopathy (PR) the intraocular microenvironment is exposed to the chronic inflammatory reaction, produced by retinal degenerative tissue that is suspected to be one of the main causes of capsular contraction syndrome even if the surgery was performed successfully. Another important cause of CCS is considered to be material and design of the IOL chosen in retinal pathology which is supposed to be an important factor to influence the clinical outcomes of cataract surgery. More recommendation in the literature specialty suggests hydrophobic acrylic implant because it produces a lower incidence of epithelial lens adhesion and proliferation than hydrophilic acrylic lens. The same in the literature was reported in the cases with less incidence of CCS in implantation of IOL with more haptics.

Conclusion. 1. In this reported case, the predisposing factors for SCC were the pre-existing ocular factors such as pigmentary retinopathy and high myopia. 2. CCS has developed in both eyes regardless of the type of IOL material and design.