

Phacoemulsification in True Exfoliation of the Lens Capsule

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The authors have no financial interest in the subject matter of this poster

Purpose



Report a case of true exfoliation of the crystalline lens in a 75-year-old men, diagnosed at the same moment of the surgery, and the following cataract surgery technique





1.- Continuous Curvilinear Capsulorhexis (CCC) with Trypan Blue





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- Trypan Blue was introduced and helps to clearly differentiate the CCC edge from true exfoliation, avoiding a partial-thickness capsulorhexis.
- Clinically, the capsule that was removed during the capsulorhexis appeared to be of normal thickness.
 - No zonular weakness and no radial extension of capsulorhexis were noted



2.- Phacoemulsification and in-the-bag intraocular lens (IOL) implantation







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- Nucleus phacoemulsification using our rutine surgery with a divide-and-conquer technique was uneventful
- Acrylic IOL was safely inserted in the capsular bag with final stability



3.- Concurrent and casual Descemet detachment during the surgery



Results



The postoperative recovery was a little incidence in relation with concurrent and casual **Descemet detachment** during the surgery. At 2 month, with a treatment of steroids and hypertonic agents, the **uncorrected Snellen visual acuity was 20/30** in the right eye.

The capsulorhexis remained circular with *minimal fibrosis*, the posterior capsule was clear, and there was *no evidence of exfoliation materia* on the capsule surface or in the anterior chamber.

Conclusions

True exfoliation of the crystalline lens with delamination of the anterior lens capsule is *an uncommon disorder*. It is characterized by splitting or delamination of the anterior lens capsule and curling of a thin transparent membrane floating into the anterior chamber.

The exact mechanism of the disease process remains uncertain. It has been postulated that external damage to the epithelial layer and the subsequent vesicular degeneration—induced capsule dehiscence may result in wrinkling and splitting of the anterior lens capsule. In the same way, the association between glaucoma and true exfoliation of the anterior lens capsule is uncertain too.

True exfoliation of the lens capsule *could masquerade as a partial capsulorrhexis* and should be looked before capsulorrhexis to avoid creating a partial thickness capsulorrhexis and its *related surgical complications*.