

Successful Cataract Surgery and Iridoplasty in Patient With Megalocornea

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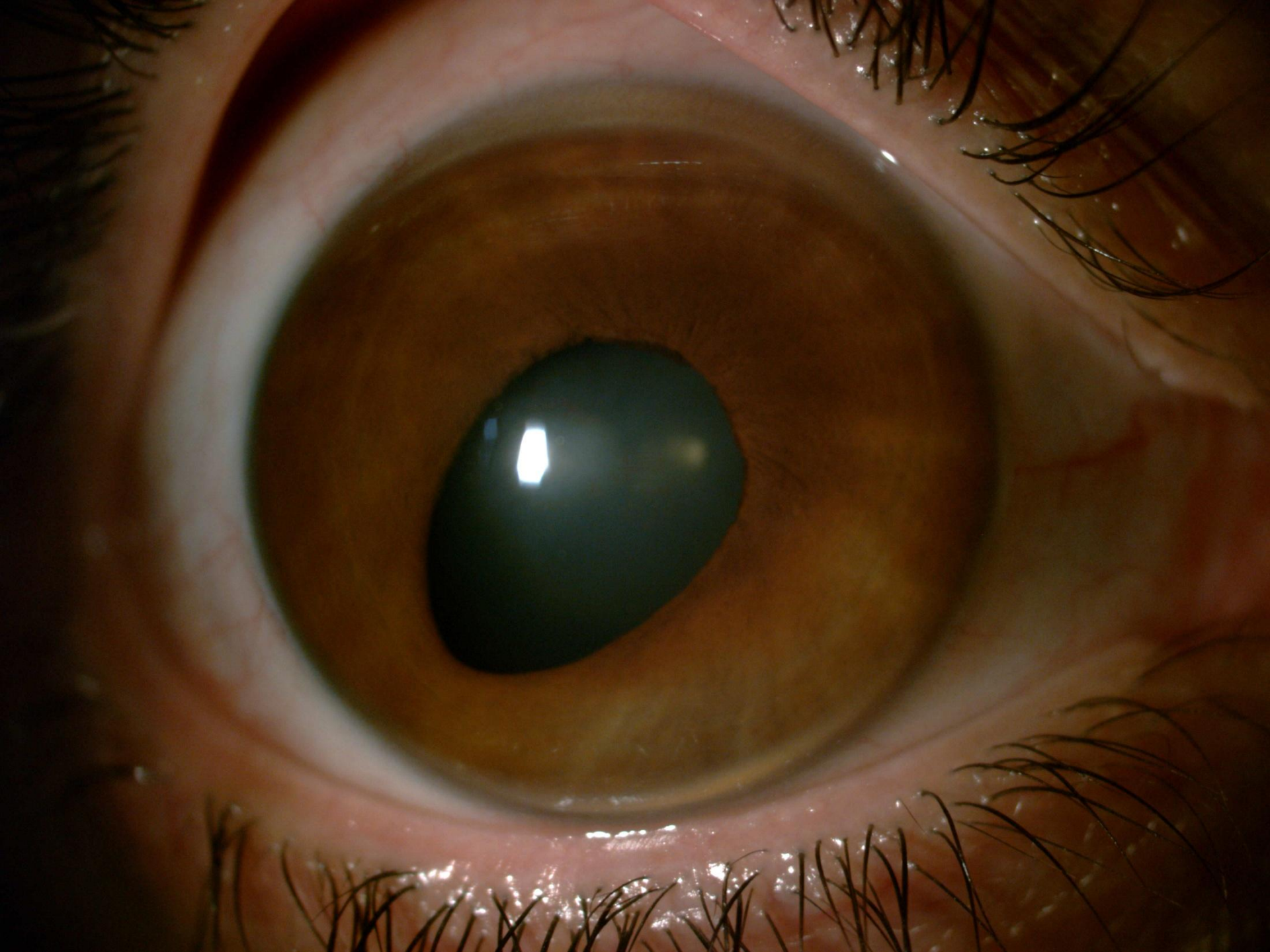
The authors have no financial interest to disclose

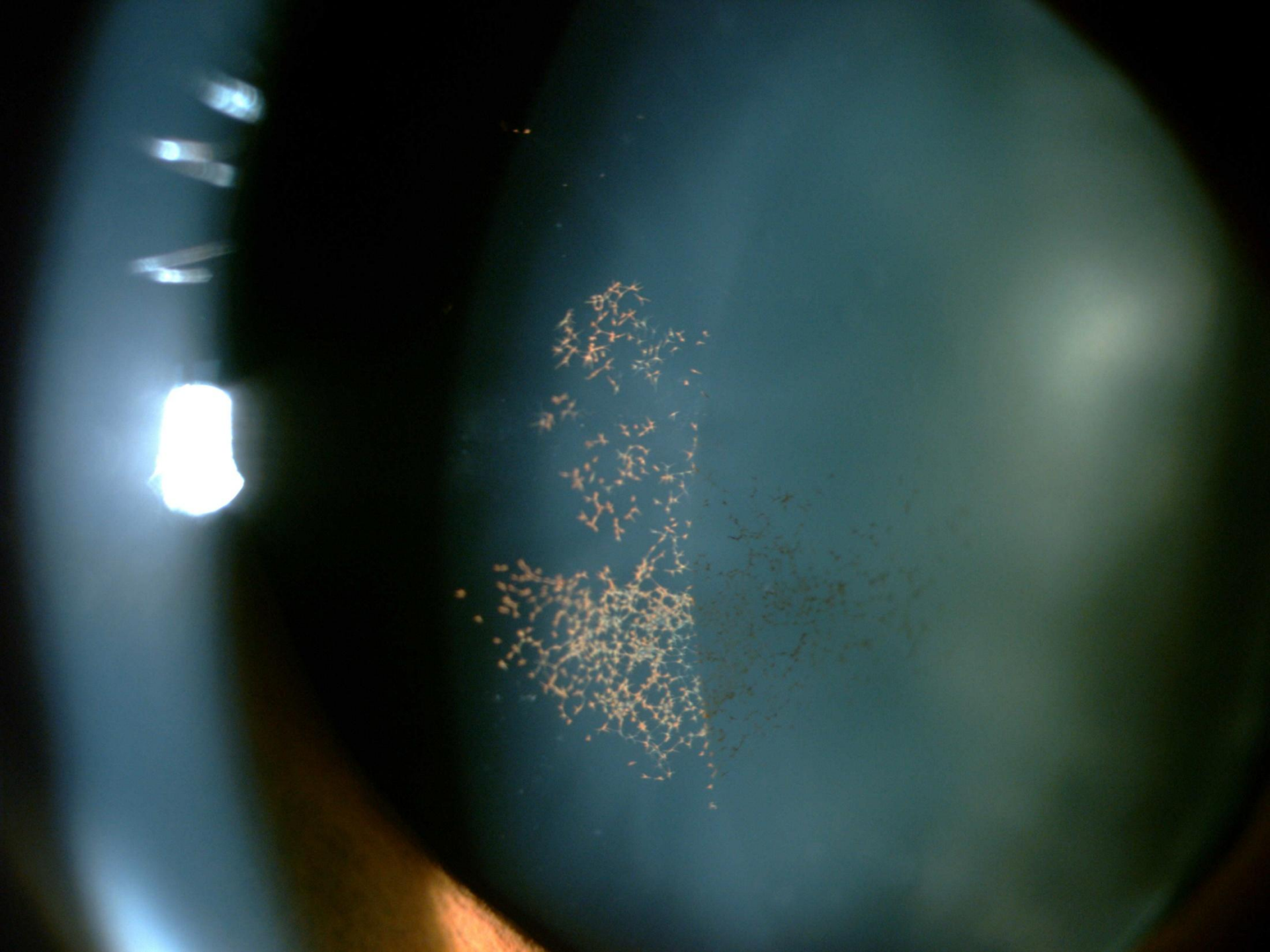
Introduction

- Megalocornea is a nonprogressive bilateral congenital enlargement of the anterior segment in the absence of raised intraocular pressure
- It can occur in three forms—simple megalocornea unassociated with other ocular abnormalities; anterior megalophthalmos with megalocornea; and iris and angle abnormalities as well as buphthalmos in infantile glaucoma
- Anterior megalophthalmos is a rare hereditary disorder characterized by presence of megalocornea (horizontal corneal diameter more than 13 mm) in association with enlarged lens iris diaphragm and ciliary ring
- Secondary complications include presence of iridodonesis, miosis, atrophy of iris stroma, and cataractous lens

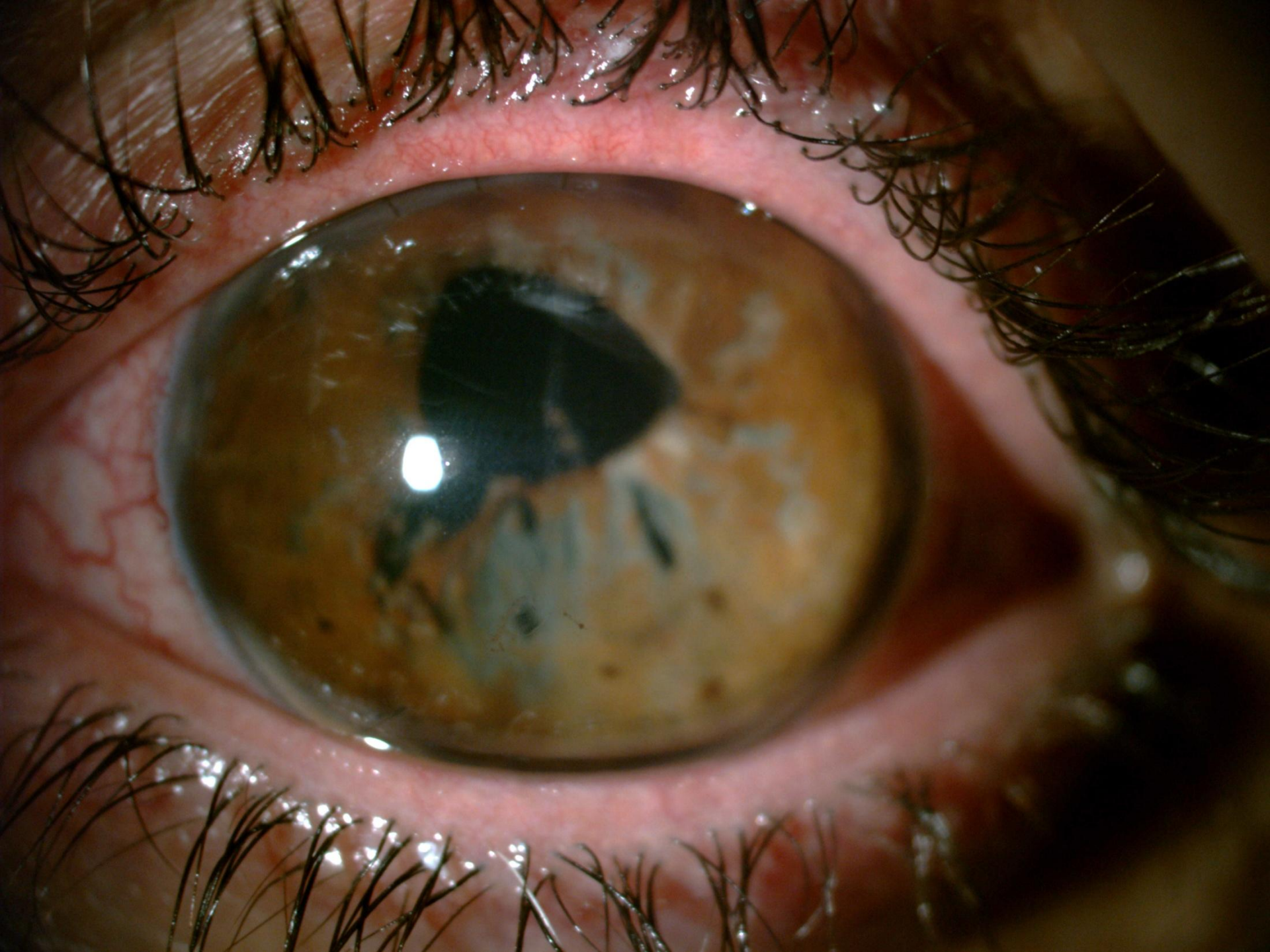
Case

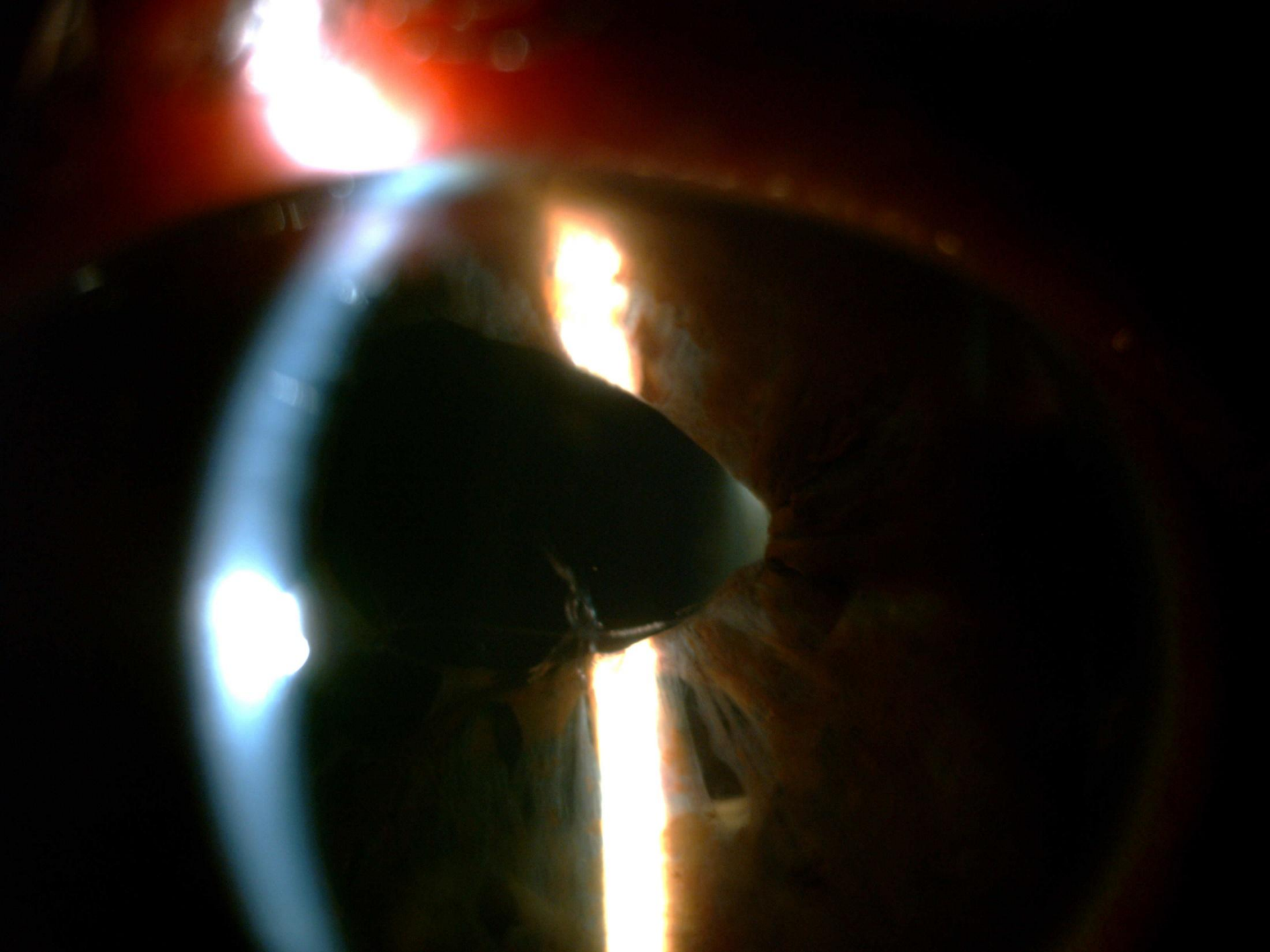
- A 41 years old man presented to our clinic with low vision in his both eyes
- Ocular examination showed presence of bilateral posterior subcapsular cataracts, bilateral megalocornea, iridodonesis, an undeveloped rudimentary iris and phacodonesis
- Corrected visual acuity was 30/100 in the right eye and 20/100 in the left eye
- The diameter of cornea was extremely wide in both eyes (22mm)





- Due to a large capsular bag, a standard posterior chamber intraocular lens could not be implanted
- First, we performed phacoemulsification in the left eye, then a pupil cerclage was performed and afterwards we implanted an aspheric scleral fixation intraocular +20D lens in the posterior chamber and also this lens was fixated to the iris
- The optic size of the lens was 6.50mm and the haptic size was 13.75mm
- The standard phacoemulsification instruments were too small for him, so we had to use microforceps and microscissors during surgery
- The IOL refractive power was calculated with IOL Master and with standard contact ultrasound biometry





Discussion

- Postoperatively the intraocular lens was well centered and the visual outcome was good but 2 days later the patient developed choroidal detachment due to hypotony which resolved in 8 days' time
- He did well during the rest of the follow up
- Cataract surgery in megalocornea is challenging and ocular hypotony may be observed especially in the cases where iris is manipulated