

IOL Pitting in an Opacified IOL Post Nd: Yag Capsulotomy

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ABSTRACT

The photo essay presents a case of a 73-year-old male facing vision issues after Nd: YAG capsulotomy for a suspected Posterior Capsular Opacity. Pitting on the surface of an opacified hydrophilic intraocular lens (IOL) was observed due to inadvertent laser shots, distinct from the typical YAG laser pitting when treating posterior capsular opacity (PCO). Glare and light reflection can be troublesome causes for a patient secondary to IOL pitting. This report emphasizes the need to differentiate opacified IOL from Posterior Capsular Opacity to avoid unnecessary or incorrect procedures.

Keywords: Eye, Intraocular Lens, Posterior Capsular Opacity, Anterior Segment, Laser.

INTRODUCTION AND CASE DISCUSSION

A 73-year-old male one-eyed patient, a driver by occupation, presented at our institute with complaints of difficulty in daytime driving for one month, with a BCVA of 20/40. He had undergone cataract surgery of the left eye ten years previously and a Nd: Yag capsulotomy one month ago. On looking at old records, it was noted that the IOL implanted was a hydrophilic one. On slit lamp examination, IOL pitting over an opacified IOL secondary to dense laser shots was observed, with no evident posterior capsular opacity (PCO) (Figure a & b). The fundus examination was within normal limits.

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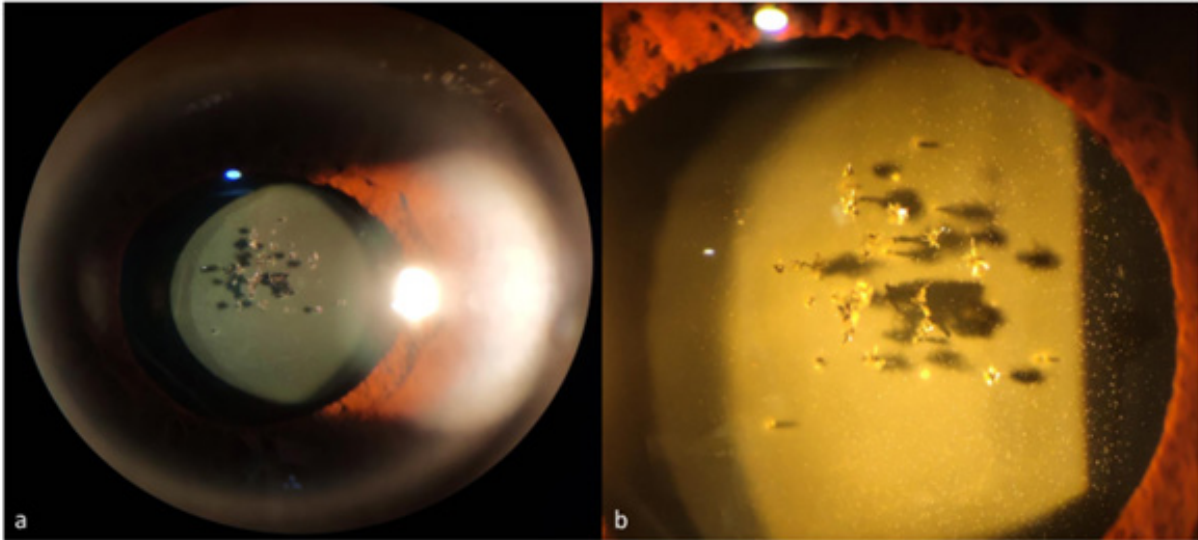


Figure (a & b). Anterior segment Slit lamp photo (captured with Smartphone camera) showing an opacified IOL with pitting noted in the central optical zone.

DISCUSSION

It is extremely pivotal to differentiate between posterior capsular opacity and an opacified IOL. Pitting of IOL is seen in 15–35% of eyes with ND: YAG laser posterior capsulotomy. It is highly recommended to focus the beam posterior to the IOL over the posterior capsule and use minimal shots of low energy, preferably in a cruciate or circular manner, to create a 3–4 mm opening. Defects in hydrophilic IOLs look like drilled holes and can cause glare due to the reflection of light, especially during the daytime [1-3]. This patient was advised to undergo an IOL exchange after discussing the pros and cons of the surgery.

CONCLUSION

It is pivotal to distinguish between an opacified IOL and a PCO to avoid needless procedures inside the eye.

ACKNOWLEDGEMENTS

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CONFLICTS OF INTERESTS

None.

INFORMED WRITTEN CONSENTS

None.

FINANCIAL DISCLOSURE

None.

PATIENT CONSENT

Taken.

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