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CASE SERIES OF CARLEVALE IOL IMPLANTATION WITH MODIFIED TECHNIQUE AND ASSOCIATED PROCEDURES

Oral

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Purpose:

The aim of this retrospective study is to present our experience with secondary intraocular lens (IOL) implantation using the Carlevale lens (I71 FIL SSF Carlevale Lens. Soleko IOL Division). We report on the implantation of 26 Carlevale IOLs by a single surgeon (PL).

Methods:

Dislocation of IOL and capsular bag into the vitreous chamber affected 20 eyes. Three eyes had IOL opacification. One patient presented post-traumatic aphakia and rhegmatogenous retinal detachment. Another patient had dislocation of nuclear fragments into the vitreous chamber following complicated cataract surgery with rupture of the posterior capsule. In all the cases except two, the IOL anchors were positioned subconjunctivally in the absence of scleral flaps, through two cannulas in the ciliary sulcus, using forceps. In 19 eyes, a posterior vitrectomy was performed via the same cannulas. DSAEK and PK were associated in two cases, due to concurrent corneal decompensation.

Results:

After a median follow up of two years (range 10 days – 42 months) all the IOLs are correctly positioned. In one eye, one of the anchors partially broke during implantation, with the postoperative occurrence of conjunctival granuloma, which was successfully excised. The broken anchor was covered with a scleral patch. No cases of conjunctival erosions have been reported so far. The intraocular pressure (IOP) remained normal in all the patients. The median visual acuity was 0.2 (range count fingers – 0.7) preoperatively and 0.5 (range count fingers – 0.9), postoperatively.

Conclusions:

In conclusion, this case series reports our experience with Carlevale IOL, which represents a useful tool when performing secondary IOL implantation. The described modified technique of implantation is safe and effective. Also, the association of other intraocular procedures as needed is successful.