SURGICAL MANAGEMENT OF CONGENITAL CATARACT: THE CHALLENGES

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The authors have no financial interests.
INTRODUCTION

Surgical management of cataracts in children is different from adults:

- General anesthesia
- Smaller eyes
- Anterior capsule more elastic
- Lower scleral rigidity
- Increased vitreous pressure
- Unstable anterior chamber
- Higher rate of posterior capsule opacification
- Increased postoperative inflammation
- Difficult follow-up

*The younger the child the most marked are the differences.*
# Surgical Management of Congenital Cataract: The Challenges

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METHODS

Micro-incision Cataract Surgery
✓ Anterior chamber collapse and iris prolapse

Bimanual Surgery
✓ Anterior chamber instability
METHODS

Anterior Capsule Management
METHODS

Lens Substance Removal
SURGICAL MANAGEMENT OF CONGENITAL CATARACT: THE CHALLENGES.

METHODS

Management of the Posterior Capsule, Anterior Vitreous and IOL Implantation

Acrylic Hydrophobic
3 pieces IOL
12.5mm / 5.5mm
RESULTS

Intraoperative Results

- 2 IOL implanted in the ciliary sulcus - insufficient capsular support in the bag
- No other major intraoperative complications
RESULTS

Postoperative Results

✓ Immediate postoperative course uneventful, quiet eyes, no corneal edema

✓ Intracameral triamcinolone injection did not affect intraocular pressure

✓ No visual axis obstruction

✓ No other adverse postoperative results
RESULTS

Postoperative Complications

- Inflammatory reaction to the corneal suture in all cases, which resolved with the suture extraction
- Iris synechiae in 2 eyes, 1 with the need of synechiolysis
CONCLUSIONS

✓ Several techniques reported to avoid major intra- and postoperative complications but there is still no consensus
✓ Our approach to pediatric cataract has shown good surgical outcomes
✓ Longer follow-up period is needed to further evaluate our options
✓ First step
BIBLIOGRAPHY

• Lloyd IC, Ashworth J, Biswas S, Abadi RV. Advances in the management of congenital and infantile cataract. Oct;21(10):1301-9
THANK YOU FOR YOUR ATTENTION.