

Abstract 142

INOPERABLE CATARACT – BUT NOT FOR THE VR SURGEON

Fiser I.*

JL Eye Clinic ~ Prague ~ Czech Republic

Introduction: In Europe, especially during the 21st century, the aim of cataract surgery is mostly to achieve a better than perfect vision. In Europe, where both the cataract surgery and vitrectomy is more than easily available, there is not much evidence about eye surgery on blind eyes. The literature more frequently refers about the benefit of cataract surgery on blind eyes in developing countries. The results of vitrectomy on eyes with no light perception after ocular trauma are well known even in Europe but still many ophthalmologists refuse surgical interventions in eyes with NLP or with LP only.

Methods: a case report of a blind patient is showing the importance of close understanding between the patient and the surgeon, stressing the meaning of the patient's introspection and the surgeon's empathy and reliance on the patient's confidence.

A female patient born in 1977, showing extremely poor vision, was diagnosed with "ablatio retinae falciformis", today known as familial exudative vitreoretinopathy. Her visual acuity (VA) was 0.04. She received school education for visually impaired children and with compensation aids she finished the secondary school. At the age of 19 she suffered from acute keratoconus and secondary glaucoma; even after keratoplasty and trabeculectomy and her vision dropped down to CF. Still, she could finish her university studies and became a psychotherapist. At the age of 35 the worsening of keratoconus and cataract caused bilateral blindness with LP only in her left eye. She suffered from corneal decompensation, worsened by the contact of the cornea with the lens. She successively asked for help at five different eye clinics but even respected cataract surgeons refused the surgery. However, vitreoretinal surgeons are naturally better prepared to face the risk of failure, which brought the patient to our clinic.

The condition of the eye was really very poor; almost opaque vascularized cornea, anterior synechiae, pupillary membrane and white cataract did not provide much hope, however, the patient, exceptionally gifted with introspection, convinced me that she could see something. In 2019 the surgery was performed. Through a poorly transparent cornea the lens was removed using pars plana phacofragmentation and vitrectomy was accomplished, enabling to visualize the retina with the falciform traction, thankfully not affecting her macula. During the surgery, the patient emotively reported seeing the instruments in her eye. Even more emotive were her comments the other day when she could see trees, faces, including her own face again – after several years of blindness. She could get back to work, to reading, biking and skiing.

Let us not give up even in almost hopeless cases. Let us trust the patient's feelings. Cataract surgeons, if you are too afraid of failure, ask vitreoretinal surgeons for help, namely EVRS members.

1. Reasonableness of surgical interventions in eyes with no light perception after severe ocular trauma. Wilfried Glatz, Marlene Glatz, Esther Halbwirth, Wolfgang List, Domagoj Ivastinovic and Andreas Wedrich, Department of Ophthalmology, Medical University of Graz, Graz, Austria 2021
2. Visual Outcomes in Eyes with No Light Perception Prior to Vitrectomy. Anza Rizvi; Asad Farooq Durrani; Bitá Momenaei; Fatima Rizvi; Hana A. Mansour; Carl Regillo. Investigative Ophthalmology & Visual Science June 2024, Vol.65, 4440.

3. Kuhn, Ferenc & Morris, Robert & Gini, Giampaolo. (2024). Vitreoretinal Surgery in Ocular Trauma.
4. Birmingham Eye Trauma Terminology (BETT): terminology and classification of mechanical eye injuries. Kuhn F, Morris R, Witherspoon CD. Ophthalmol Clin North Am. 2002.