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Fallen Yet Beautiful

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Abstract:
Iridodialysis can occur due to blunt trauma or intraocular surgeries. Symptoms include glare, photophobia, eye pain, Diplopia. Signs include elevated Intraocular Pressure , Hyphema. In this report, we describe a case of total Iridodialysis during manual small incision cataract surgery. The disinserted Iris was left insitu and on postoperative day 1, the Iris was in place without getting crumpled or obstructing the visual axis. The postoperative 6 week follow up has the same picture where Iris tissue remained the same without getting necrosed. This is an unusual presentation of the Iris tissue.

Keywords: *Manual SICS, Iridodialysis, Iatrogenic, Fibrosis*

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I. Case Report:

A 73 year old female underwent Right eye Manual Small Incision Cataract Surgery. There was a total Iridodialysis during the nucleus delivery by a trainee surgeon. Mentor has taken over the case and found the bag intact and proceeded with cortical wash.The IOL was placed in the bag and the Iris was left insitu. On postoperative day 1 ,there was elevated Intraocular Pressure -35mmof Hg with Rebound tonometry with Iris tissue being in place without obstructing the visual axis and without getting crumpled. Pupil showed no reaction to light. Patient was maintained on systemic Carbonic anhydrase inhibitors and topical alpha agonist and beta blocker. On Post operative 1 week follow up , the Iris tissue remained in place and Intraocular ocular pressure came down to normal- 20mmhg with Rebound tonometry. IOP lowering medications were discontinued. On postoperative 6 week follow up the eye is quiet and iris tissue remained in place without getting necrosed. Fundus examination was normal. Patient's Best Corrected Visual Acuity was 6/9 and was prescribed Photogrey glasses to help with the glare.

II. Discussion:

Iridodialysis is disinsertion of the Iris root from the scleral spur[1] .The prevalence of Iridodialysis due to cataract surgery is 0.2%[2].This results in elevated IntraOcular Pressure, glare, Diplopia, Visual impairment[3].When the iris is disinserted from it's root, the tissue gets devoid of blood supply and becomes non viable.The iris tissue undergoes necrosis leading to complete Iris absorption. The macrophages block the Trabecular Meshwork and cause elevated IntraOcular Pressures. Studies recommend observation for small Iridodialysis and surgical removal of Iris in subtotal and total Iridodialysis to prevent secondary glaucoma from necrotic inflammation[4]. A case of Iatrogenic total iridodialysis was reported where Primary repair was done by preserving Iris tissue in cold balanced solution for 8 hours [5] . In this case, we have deferred primary Iris repair due to inflammation and the Iris tissue was left in it's natural habitat. Surprisingly, the tissue maintained it's morphological state. This could have possibly been due to the diffusion of nutrients from the aqueous. On Gonioscopy superonasally, no gap was seen between ciliary body and Iris probably due to fibrosis.

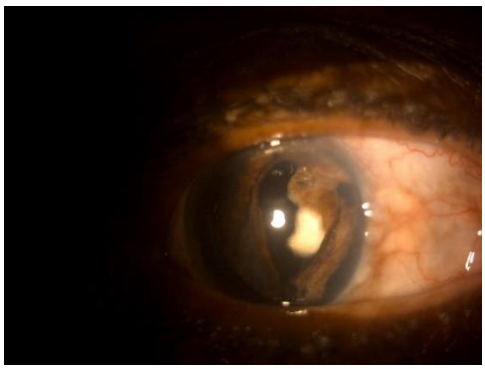

Fig 1: Postop 1week

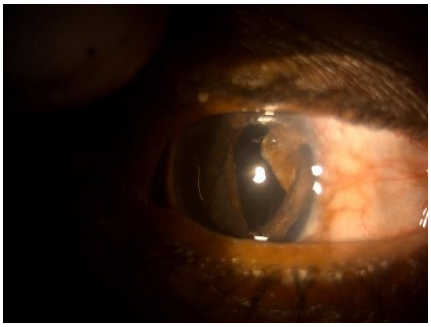

Fig 2: Postop 6 Weeks

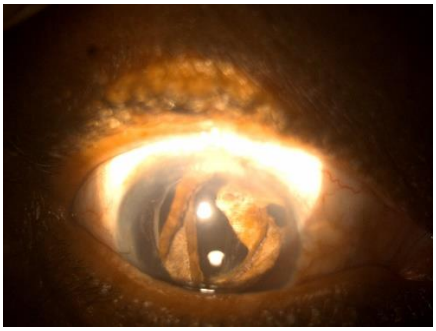

Fig 3: Postop 6 Weeks

III. Conclusion:

The morphological stability of Iris tissue is unique in this case. Iris Angiography was planned to look for the probable blood supply but patient has lost to follow up.Long term follow up is necessary in these cases to rule out the atrophic changes in the Iris.

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