

Aniridia and ruptured post-traumatic cataract in a child

Zyad LAFTIMI, Roukaya CHAHIR, Ghizlane DAGHOUI , Loubna EL MAALOUM, Bouchra ALLALI, Asmaa EL KETTANI.

Zyad LAFTIMI , Hassan II University of Casablanca, Department of pediatric ophthalmology, IBN ROCHD University Hospital of Casablanca, Morocco.

Corresponding author : Zyad LAFTIMI, MD, Service d'ophtalmologie pédiatrique, CHU IBN ROCHD de Casablanca 1, Rue des Hôpitaux Casablanca, Maroc. Cell phone: + 212 6 80 86 36 65, Email: roukaya.chahir@hotmail.fr

Legend: Axial corneal stain associated with aniridia and ruptured post-traumatic cataract.

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ABSTRACT:

This is a seven years old child with no notable history, victim of a severe penetrating trauma to his left eye following a trauma by a metal object causing an axial corneo-limbic wound associated with a ruptured post-traumatic cataract. The examination on admission revealed a visual acuity reduced to a luminous perception in the traumatized eye. At the slit lamp we noted a total absence of the iris, a broken post-traumatic cataract. Therapeutic management initially consisted of a suture of the corneolimbic wound in the emergency room with antibiotic treatment and local oral corticosteroid. Postoperative ocular ultrasound revealed a posterior hyaloid detachment with a flat retina. Secondly, the post-traumatic cataract on aniridia (Figure 1.) was operated by phacoaspiration with implantation in the crystalline bag. The postoperative corrected visual acuity was 5/10 with good clinical evolution (Figure 2.). Ocular trauma associated with iridocrystalline damage is frequent, but total aniridia is relatively rare and poses a management problem. Indeed, the management of aniridia depends on the residual iris tissue. In case of partial aniridia, a pupilloplasty can be considered and the iris can be used as an implant plane. In case of total aniridia, diaphragms can be used to alleviate the problem of photophobia, provided that the capsular plane is respected. A defective capsular bed makes this equipment more difficult. In this case, a scleral fixation implant with an artificial iris collar can be considered.

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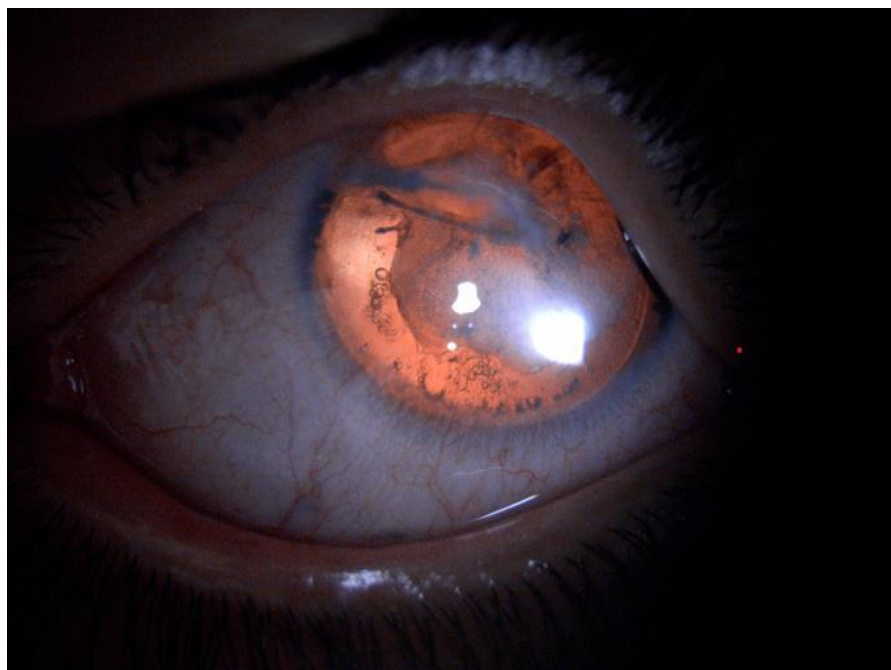


Figure 1: Axial corneal stain associated with aniridia and ruptured post-traumatic cataract.



Figure 2 : Axial corneal stain associated with aniridia and Iol in the bag

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