

Case Study 32

Secluded Pupil

AA is a 56-year-old Asian woman who presented with pain and loss of vision in her left eye. The history was hard to determine with accuracy, but she felt that it had all occurred within the past couple of weeks. Examination found bare light perception in that eye and in inflamed eye with 2+ conjunctival injection and moderate corneal edema. The anterior chamber could not be visualized centrally but appeared quite shallow peripherally. Intraocular pressure was recorded as 53 mm in that eye. Echography showed a normal posterior segment, but immersion scan with a 20-MHz probe showed a secluded pupil with iris bombe (Fig. 1) and a large intumescent lens. Peripheral iridotomies were performed with some deepening of the anterior chamber and reduction of pressure to 27 mm.

A chronic aching pain in the eye can be caused by a sulcus-fixated intraocular lens. This is especially true with single-piece acrylic lenses.

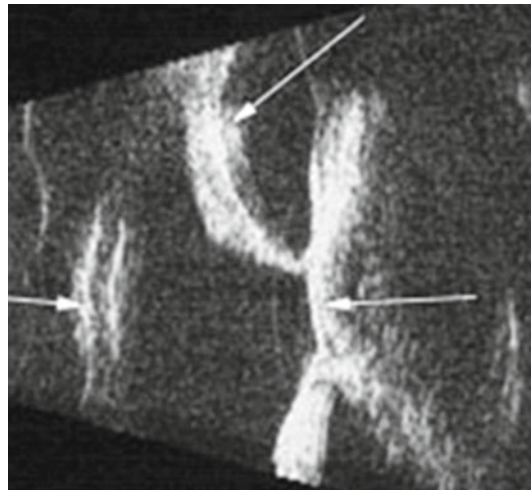


FIG. 1 Cornea (*first arrow*), iris bombe (*second arrow*), and anterior lens capsule (*third arrow*)