

Phacolytic Glaucoma, a Diagnostic and a Surgical Dilemma

**Fathy Fawzy
ESG MEETING
November 2019**

Case #1

Case Presentation

Salvaging vision in an Eye Scheduled for Evisceration

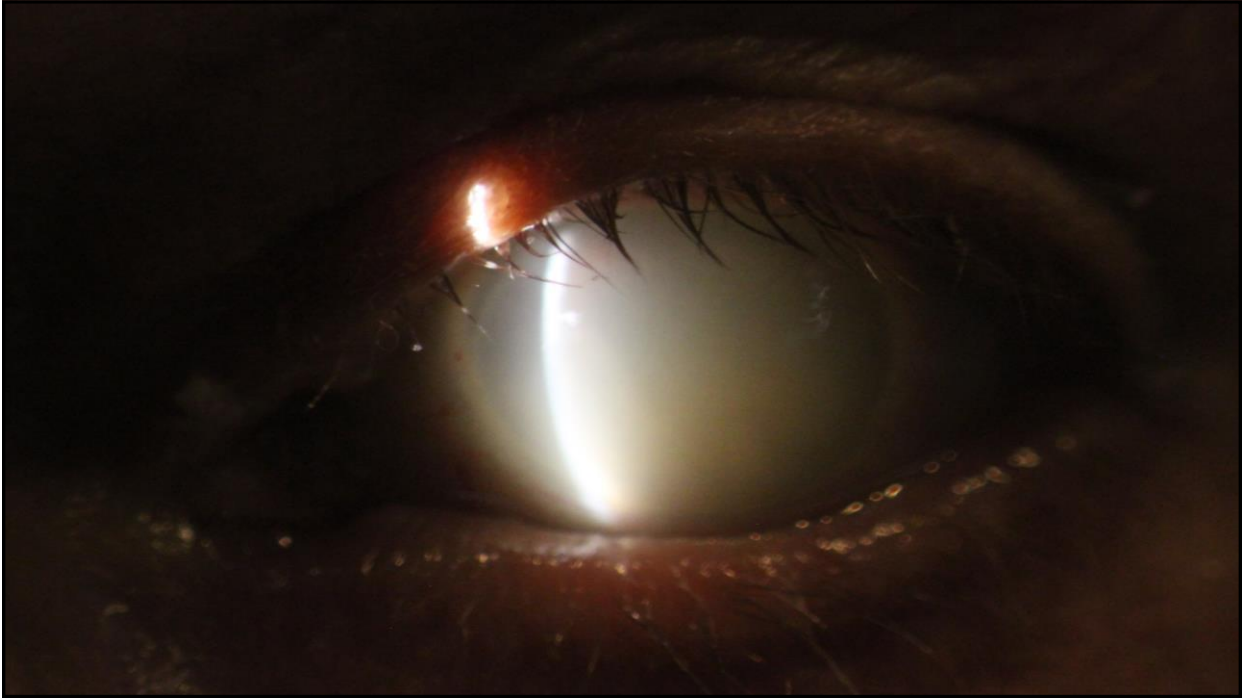
85 years old male presented seeking second opinion for his left eye, which was scheduled for evisceration

Case Presentation



History of present illness

- The patient had undergone Cataract extraction in the right eye 11 years ago
- Now left eye which is known to have had cataract for years , recently developed symptoms and signs of endophthalmitis:
 - Pain
 - Loss of vision
 - Hypopyon,
 - Corneal opacification
 - high IOP of 60 mmHg
- No trauma, recent surgical intervention or systemic infection



Case Presentation



Patient showed no response to various kinds of antibiotics

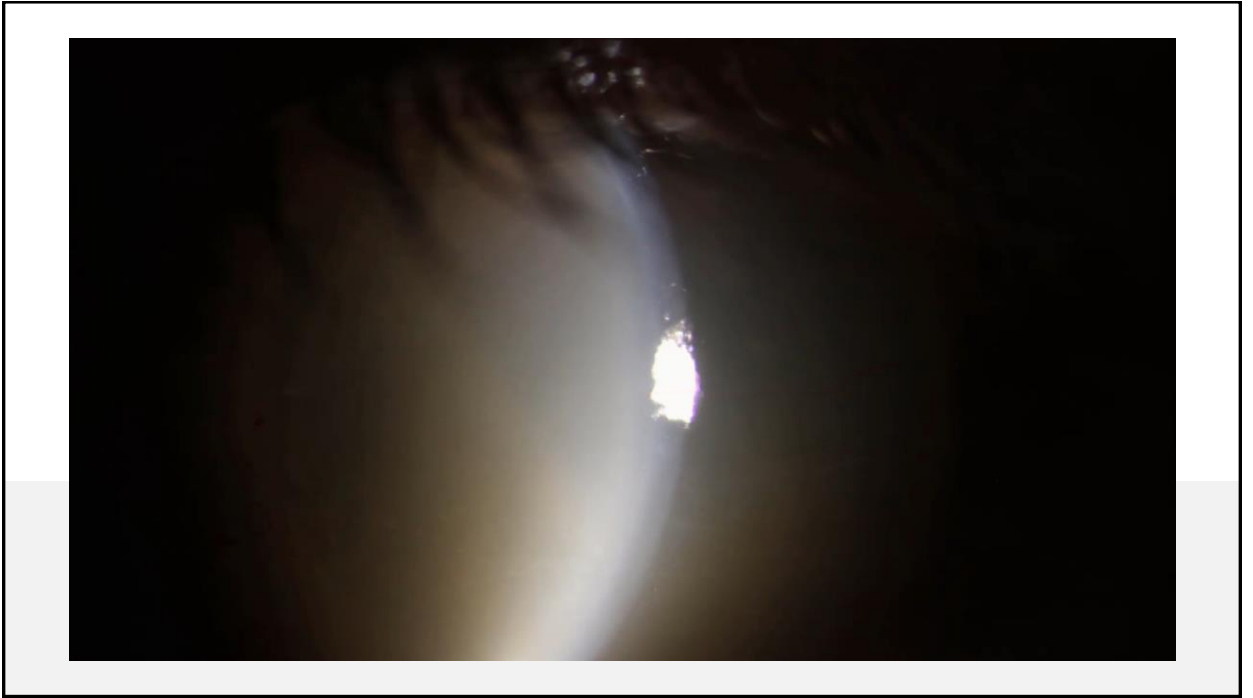
The treating consultant referred the patient for a second opinion before proceeding with the scheduled *Evisceration*

Case Presentation

O/E

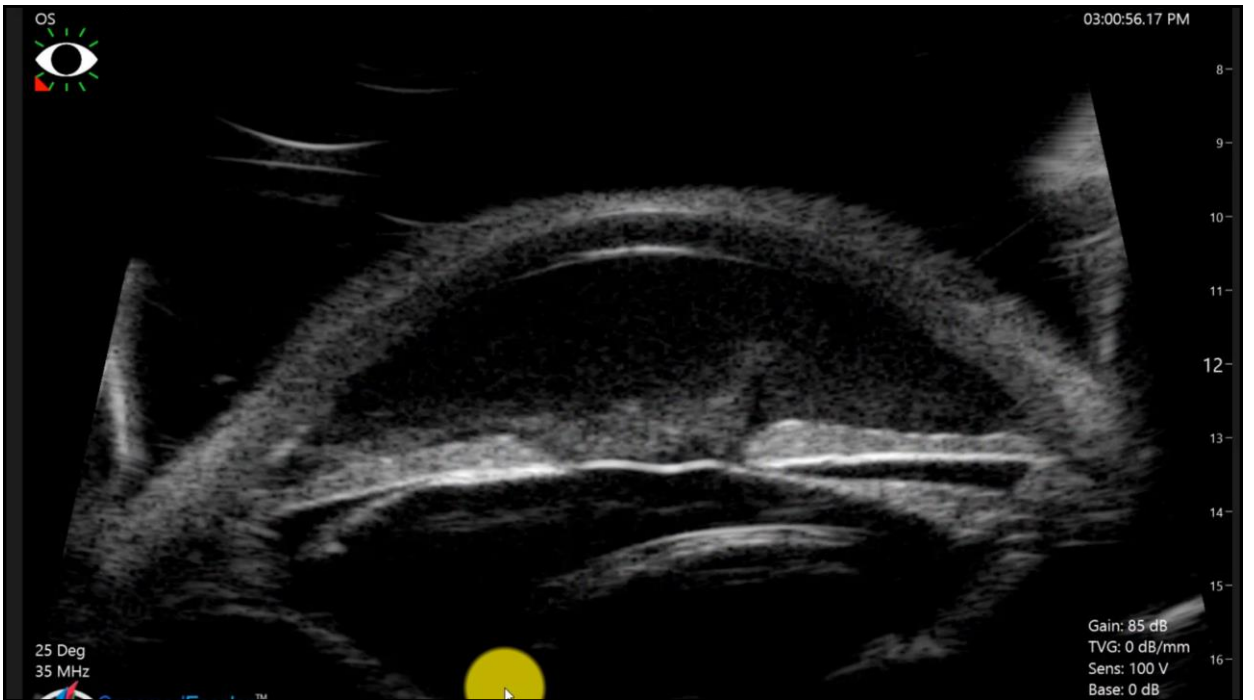
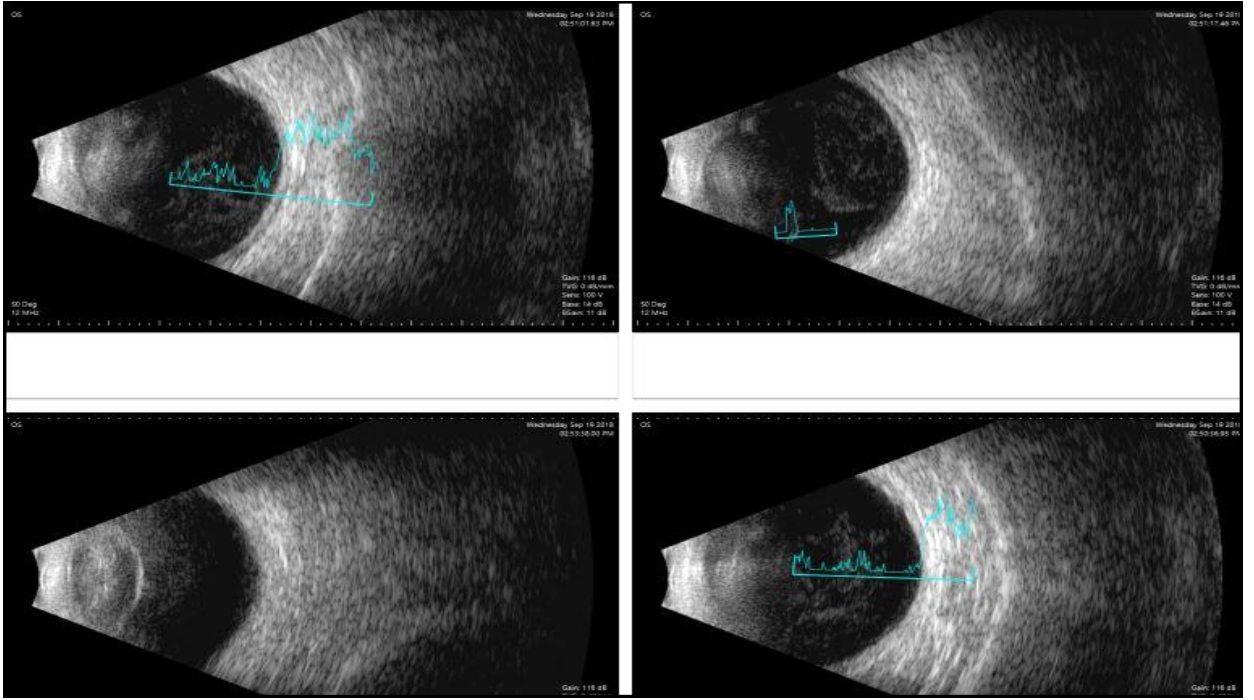
	OD	OS
VA	0.5	PL <i>with poor projection</i>
IOP	12	65
A.S	Pseudophakic	Opaque cornea, Hypopyon

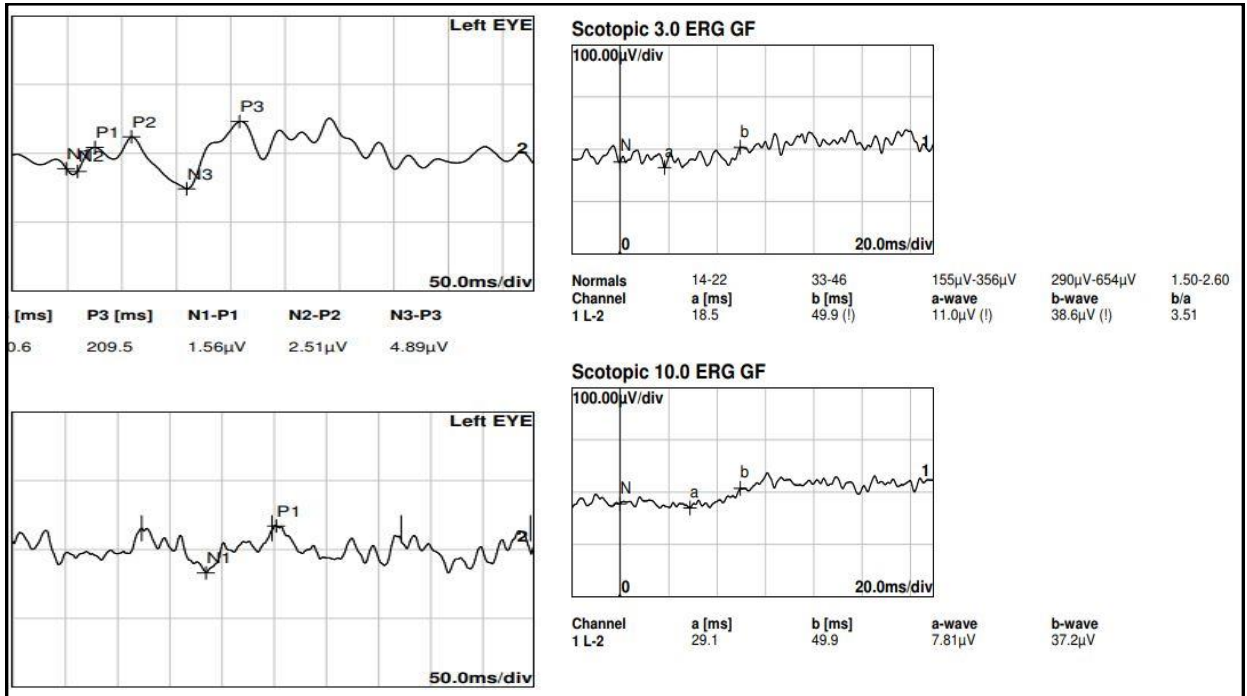




Investigations

- B-scan Ultrasonography
- UBM
- Electrophysiology

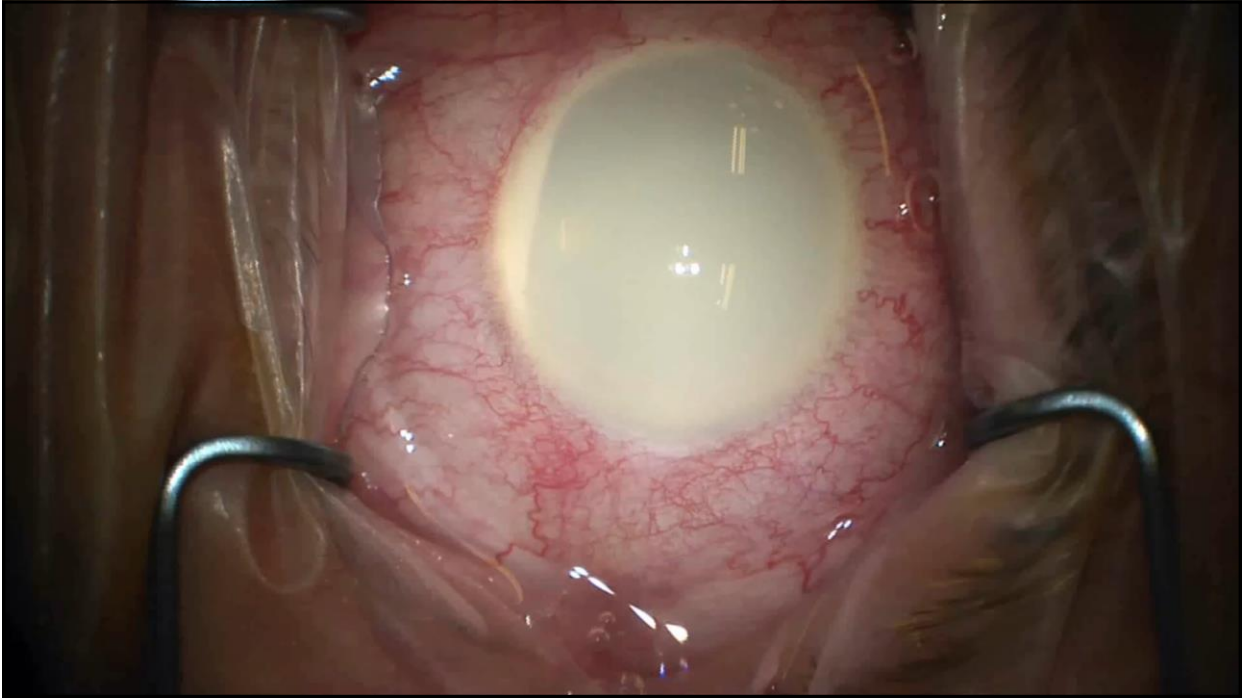




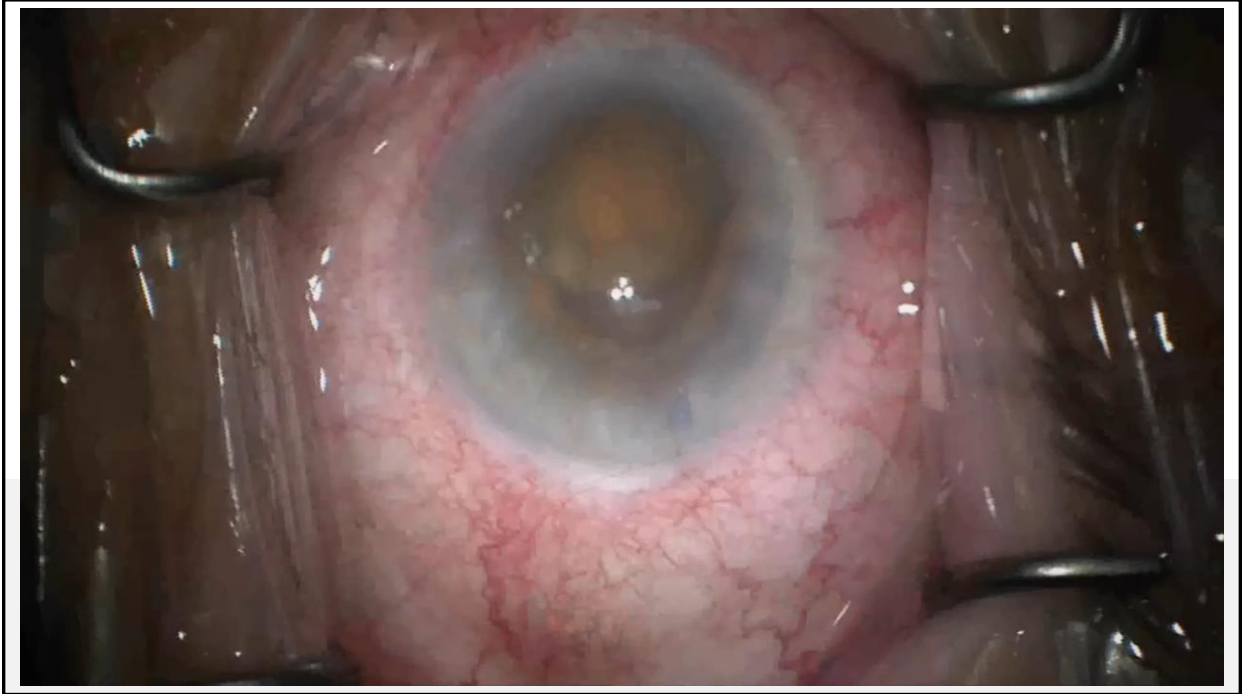
DIAGNOSIS

of an extreme case of **phacolytic glaucoma** was highly suspected

Decision was taken to proceed with cataract extraction, with vitreoretinal support at the OR (HIGH RISK CONSENT).



HOW WILL YOU CONTINUE?

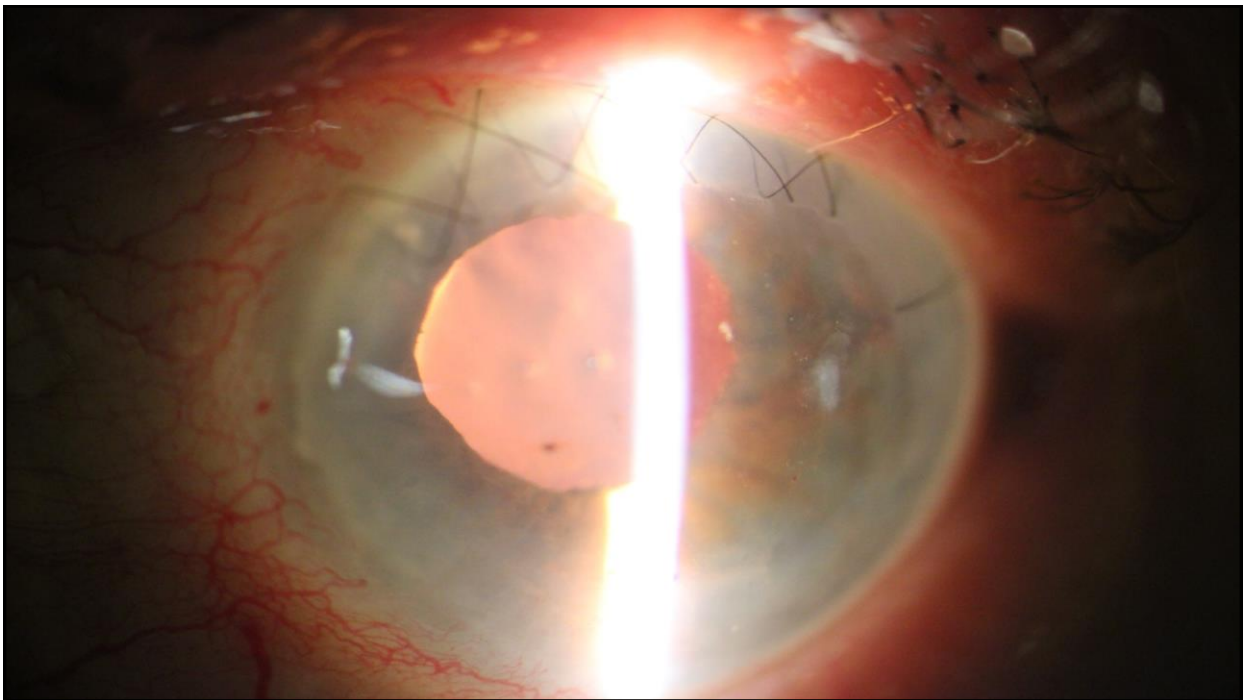
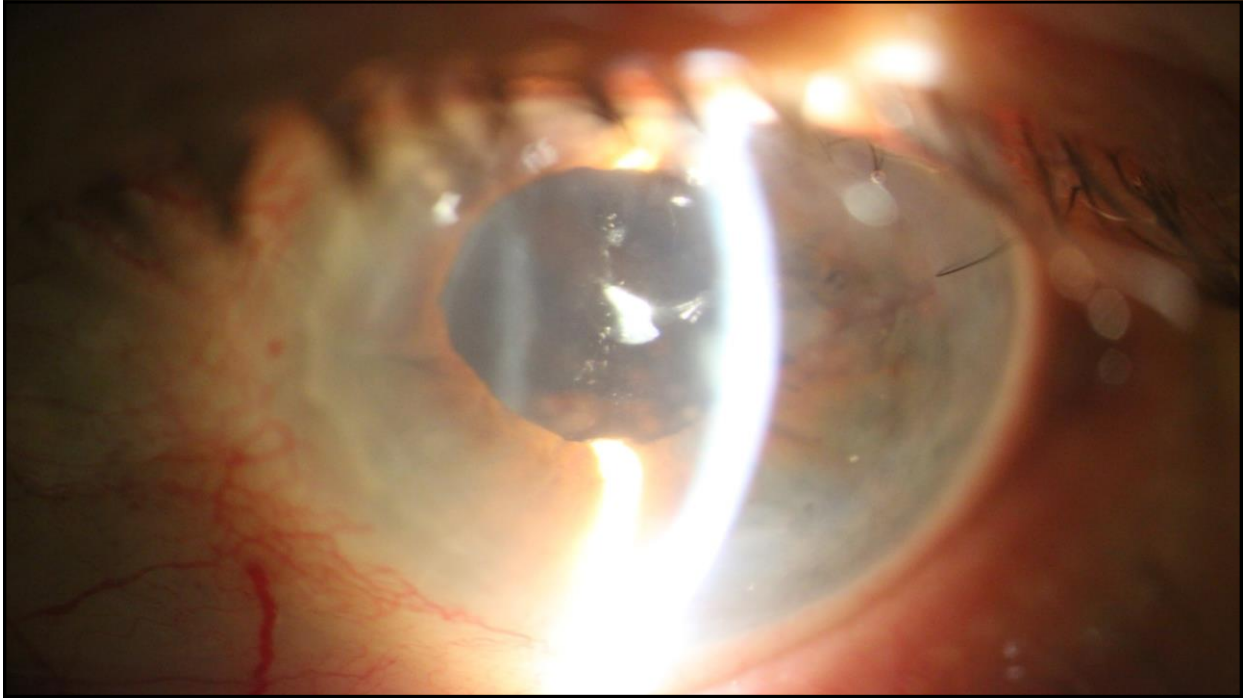


Post-Operatively



□ 4 days post operatively

- Visual acuity improved to CF 100 cm
- Cornea was reasonably clear
- IOP normalized
- Fundus well seen (pale disc)

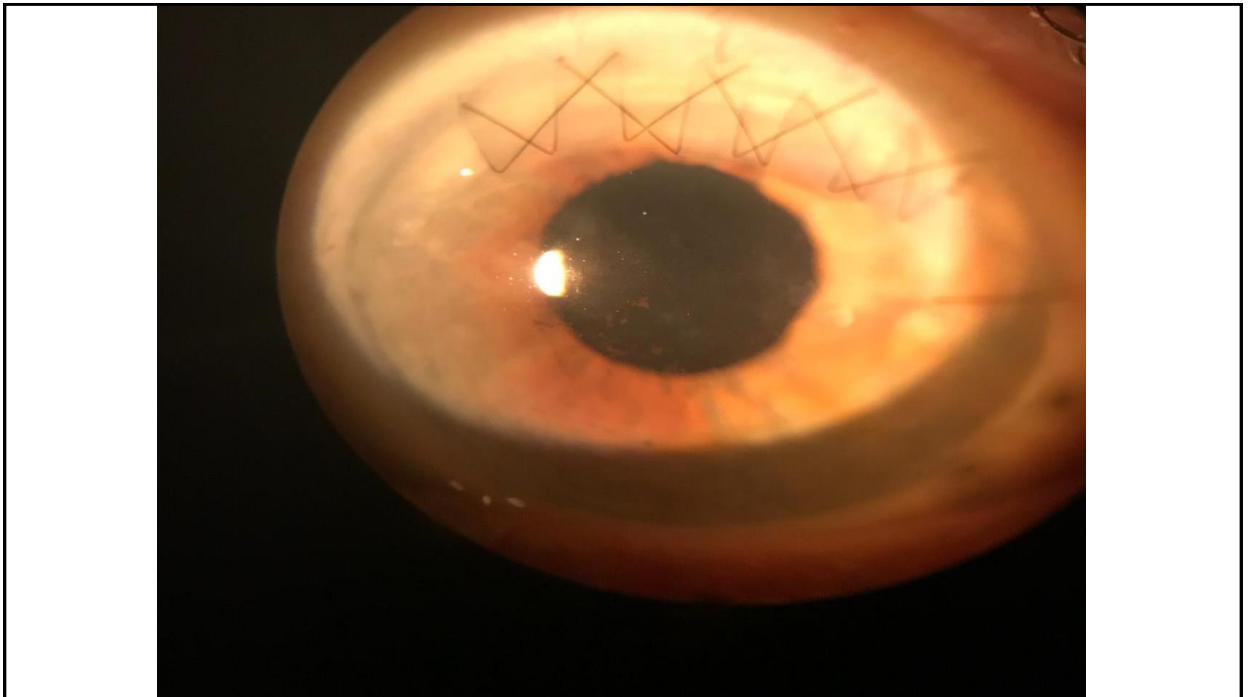


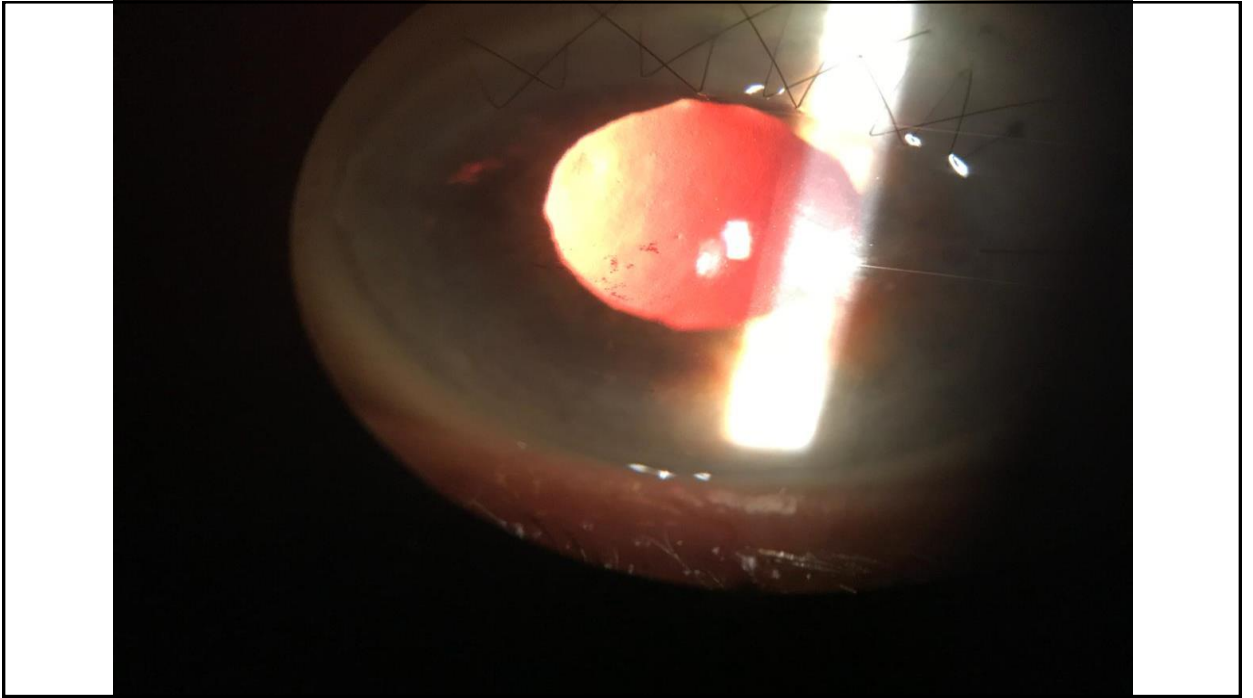
Post-Operatively



2 weeks post operatively

- Visual acuity improved to 0.1





Case #2

Case Presentation

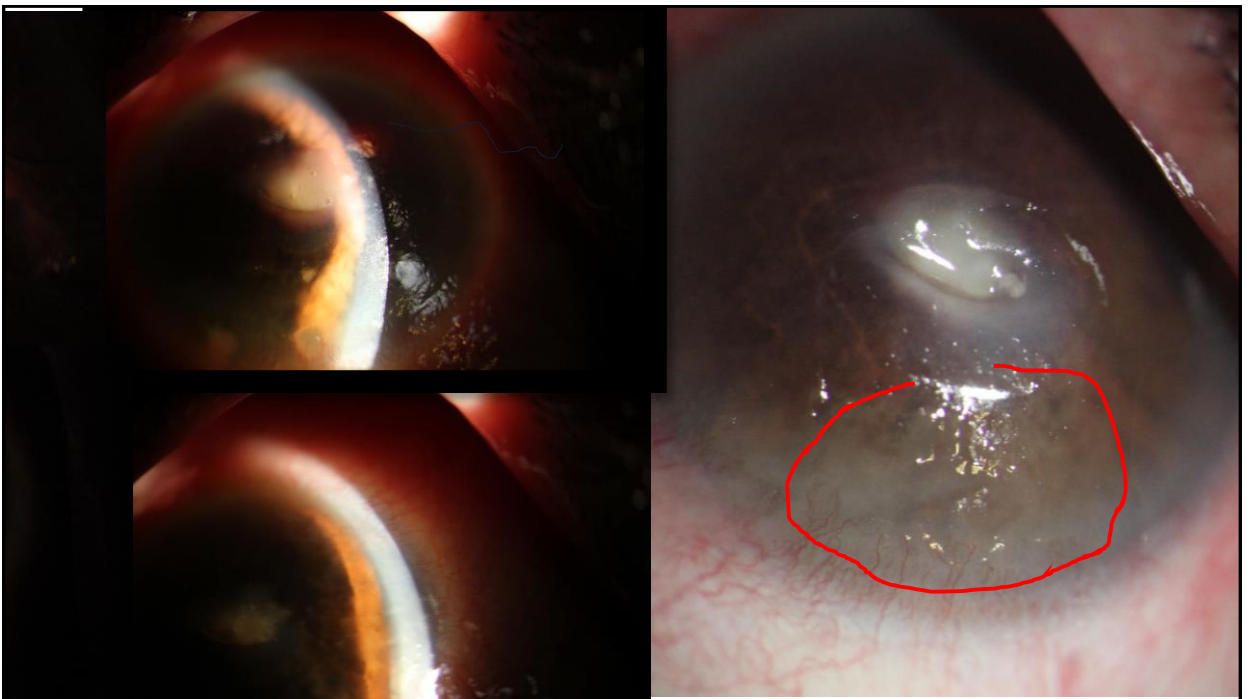
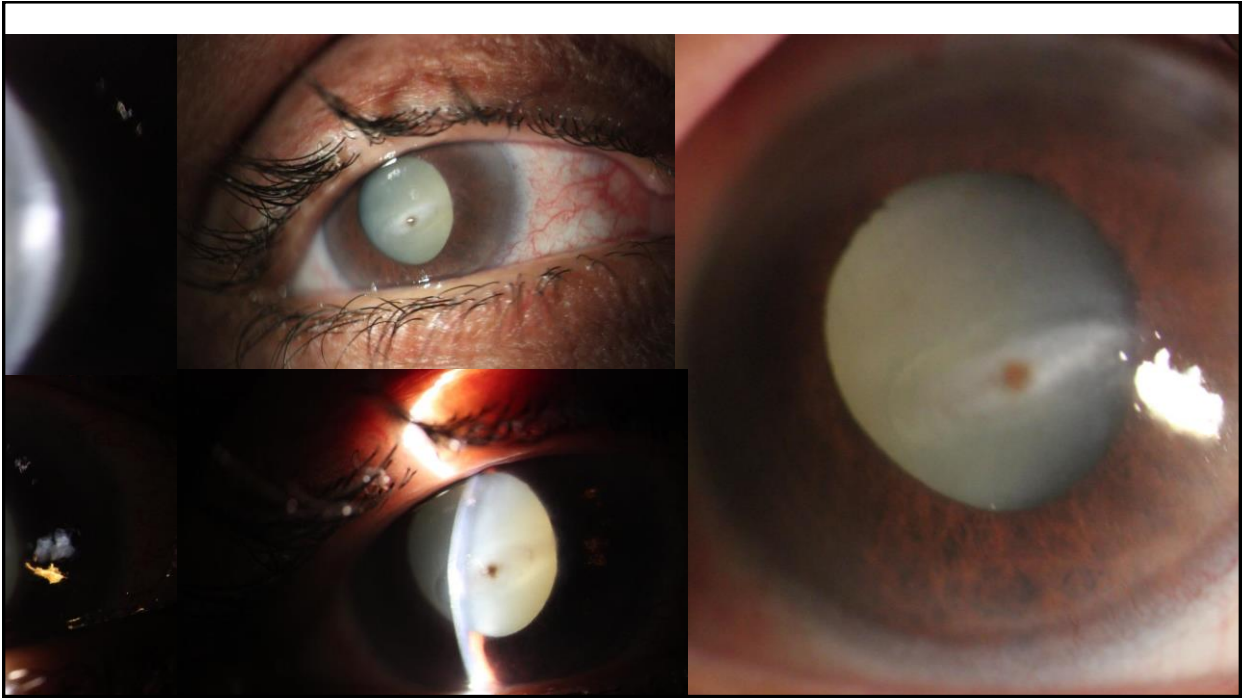
History of present illness

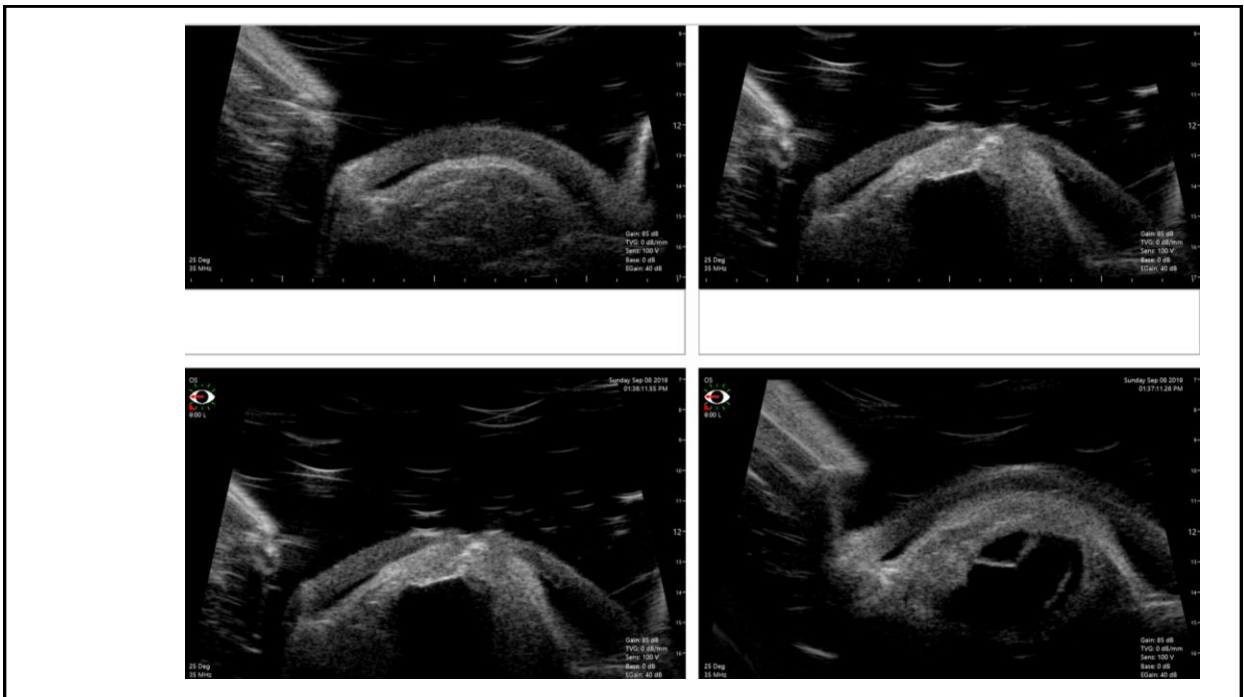
- 65 y old lady
 - Rapid loss of vision over last few weeks
- Diagnosed as bilateral microbial corneal ulcers**
- Very resistant to treatment

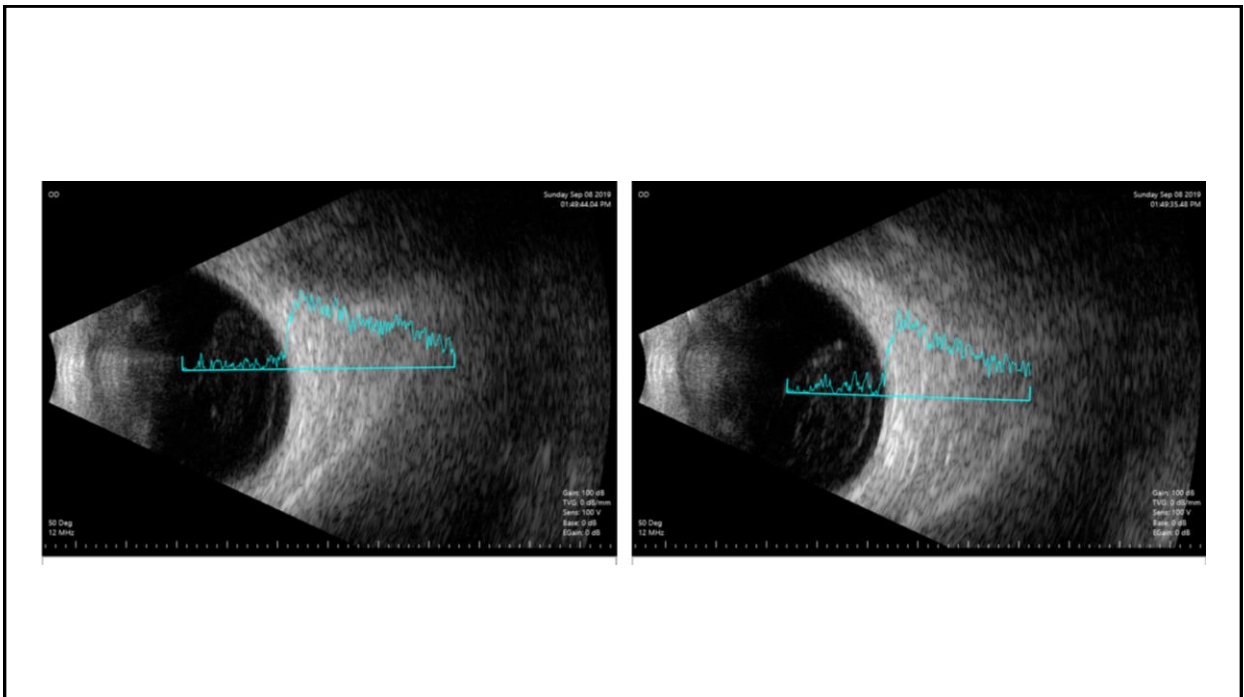
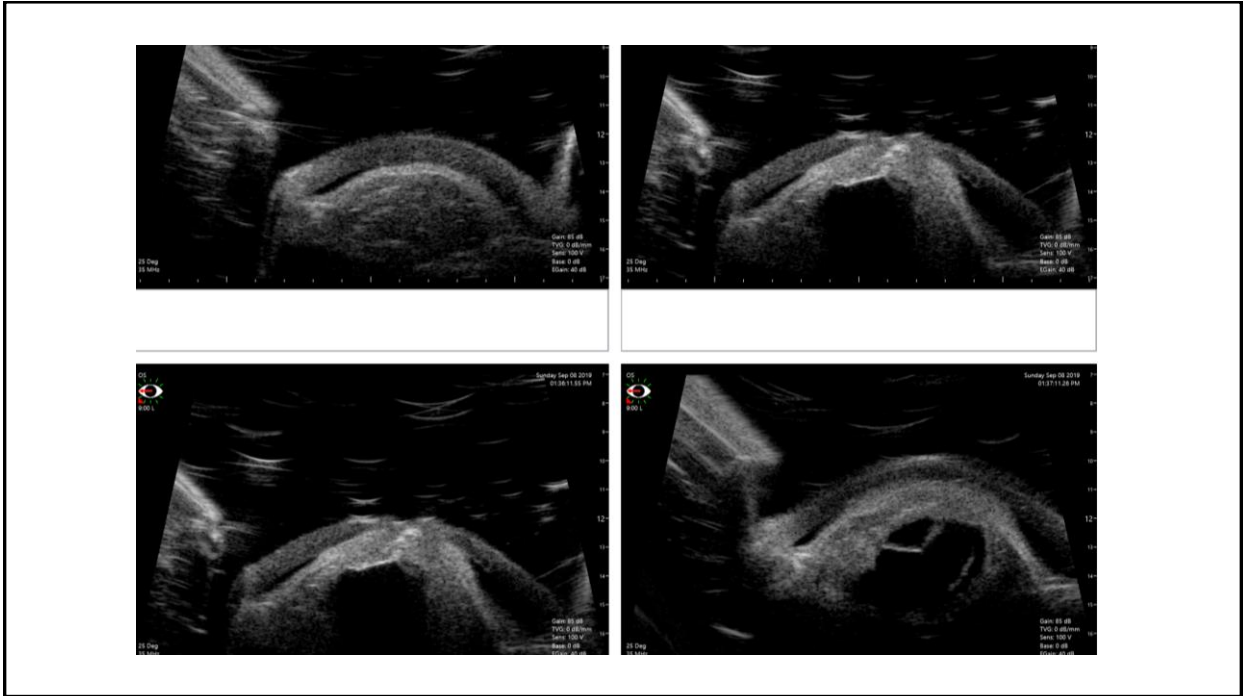
Case Presentation

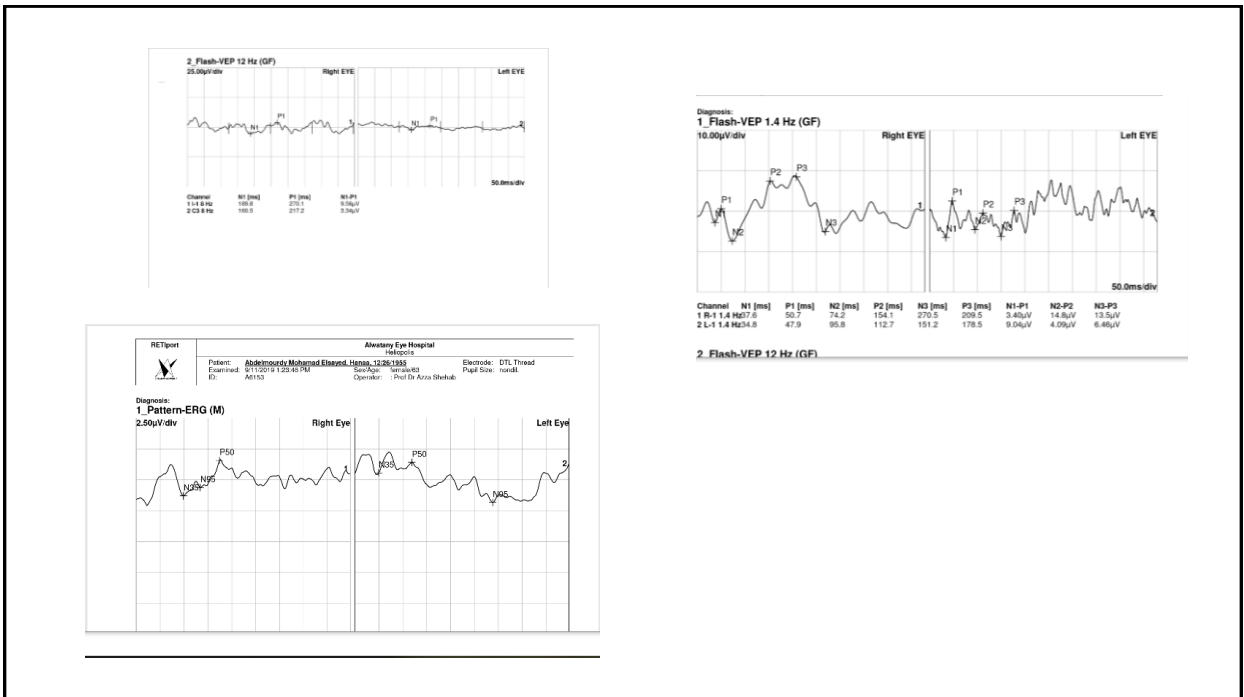
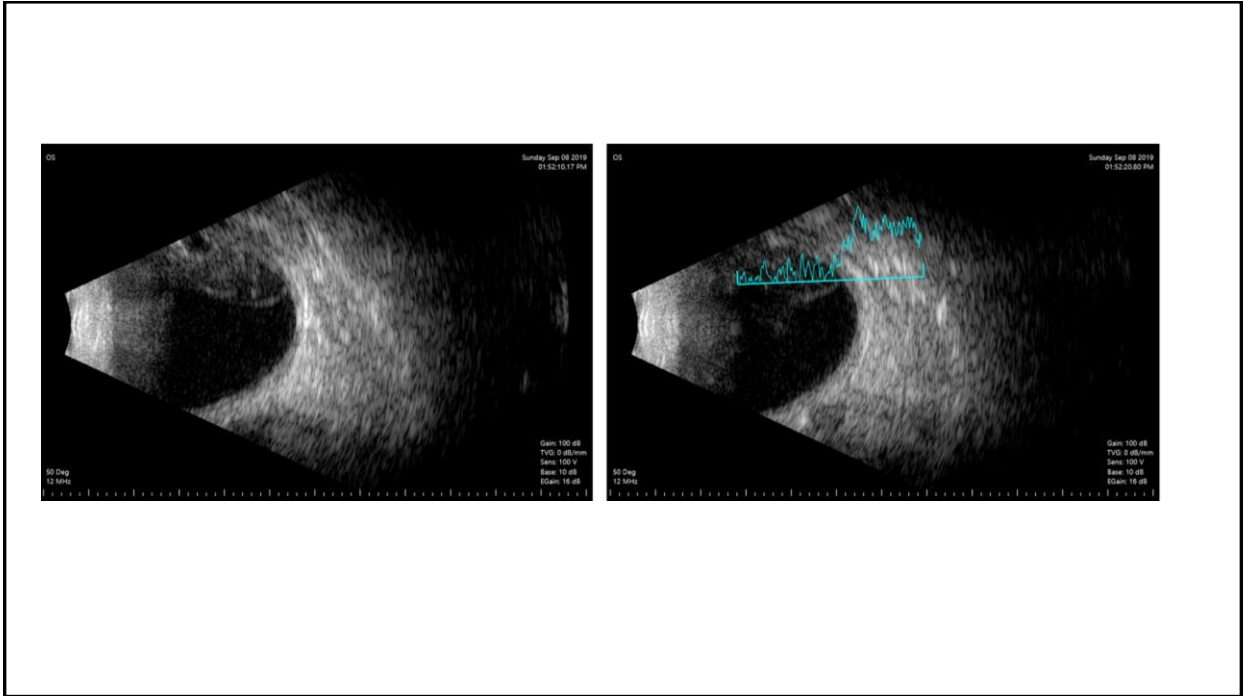
O/E

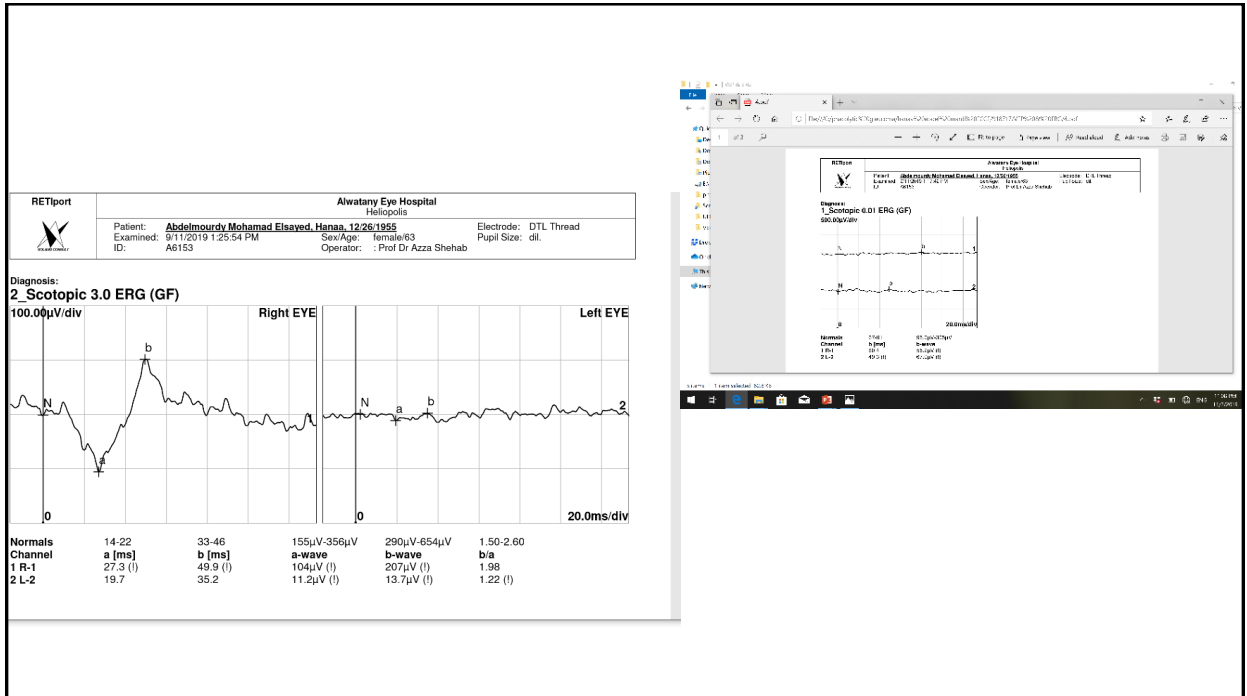
	OD	OS
VA	PL Wiyh poor projection	PL <i>with poor projection</i>
IOP	Can not be measured , very irregular cornea OU	
A.S	Lost AC	perforated corneal ulcer , negative Siedle's test











Conclusion:

Right eye:

FERG: revealed mild reduced scotopic, OPs and photopic responses indicating mild retinal dysfunction.

Both FVEP and Flicker VEP revealed moderately formed and reduced responses indicating moderate conduction dysfunction of the prechiasmatal visual pathway.

Left eye:

FERG: revealed very reduced scotopic, OPs and photopic responses indicating severe retinal dysfunction.

FVEP revealed moderately formed and reduced responses while **Flicker VEP** revealed poor responses indicating severe conduction dysfunction of the prechiasmatal visual pathway.

Clinical correlation is important.

Best Regards,

Prof Dr Azza Shehab

Prof of ophthalmology. Fellow of JSEI, UCLA.

Consultant medical retina and electrophysiology of vision.

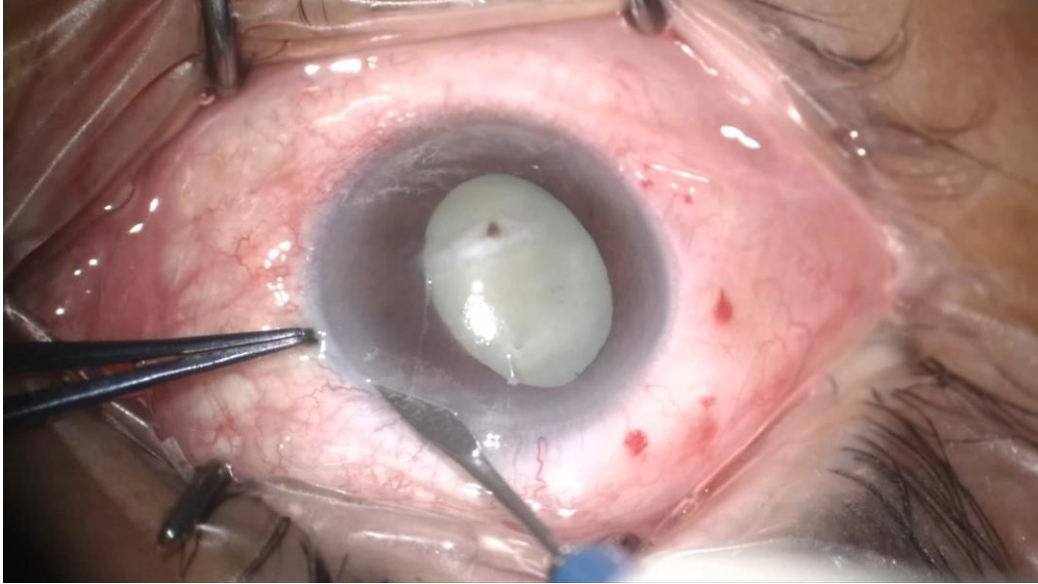
ISCEV member

Decision

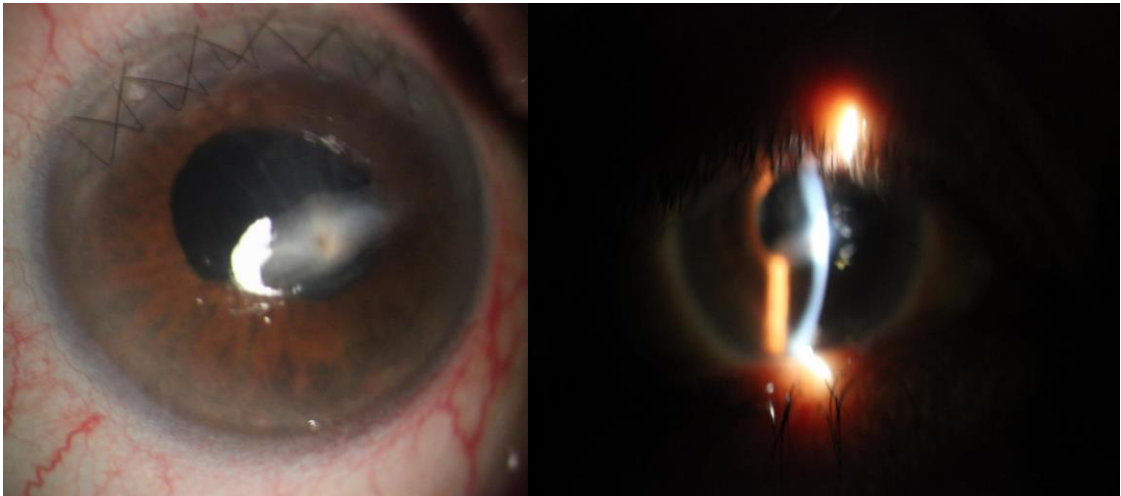


- Surgical intervention, OD first
- High risk consent
- VR support
- Preoperative mannitol
- ECCE technique

Surgery



Postoperative



CF

Phacolytic Glaucoma



- inflammatory glaucoma caused by the leakage of lens protein through the capsule of a mature or hypermature cataract
- proteins are released through microscopic or macroscopic openings in the lens capsule
- proteins precipitate a secondary glaucoma as these lens proteins, phagocytizing macrophages, and other inflammatory debris obstruct the trabecular meshwork

Take Home Message



- Phacolytic glaucoma is a rare but serious entity... it does happen
- Sometimes can be confused with bacterial endophthalmitis or keratitis
- Proper preparations and Vitreoretinal support at the OR is crucial.
- UBM plays a main role in diagnosis
- Educating patients about complications of long standing cataracts is important.

Thank You !

