

# Anterior Chamber Migration of Dexamethasone Implant : a case report and a literature review

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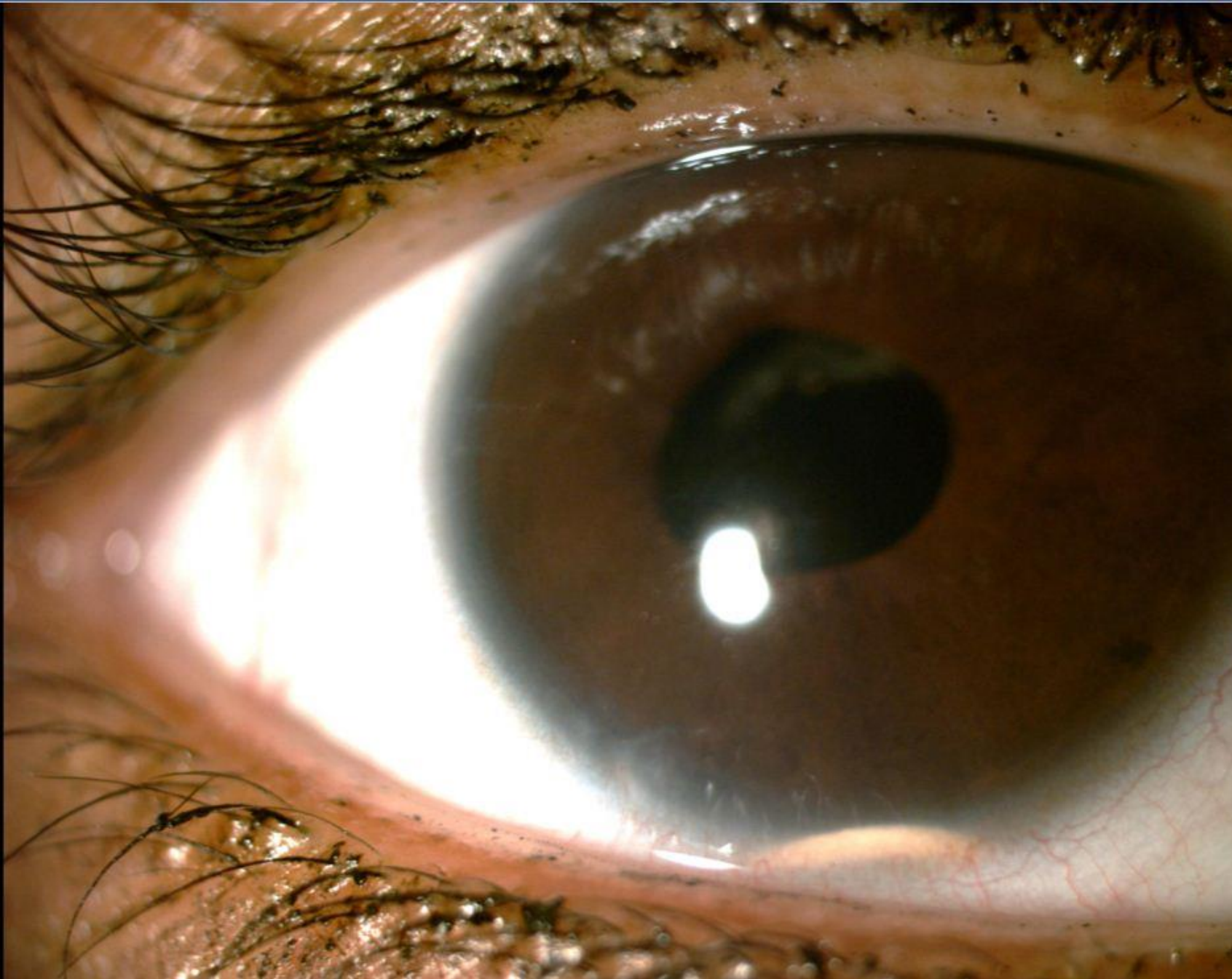
# introduction

- Intravitreal application of Ozurdex which is a biodegradable, sustained-release dexamethasone implant has been shown to be beneficial in the management of macular edema either secondary to diabetes or inflammation.
- Migration of such implant into the anterior chamber (AC) has been described.



# case report

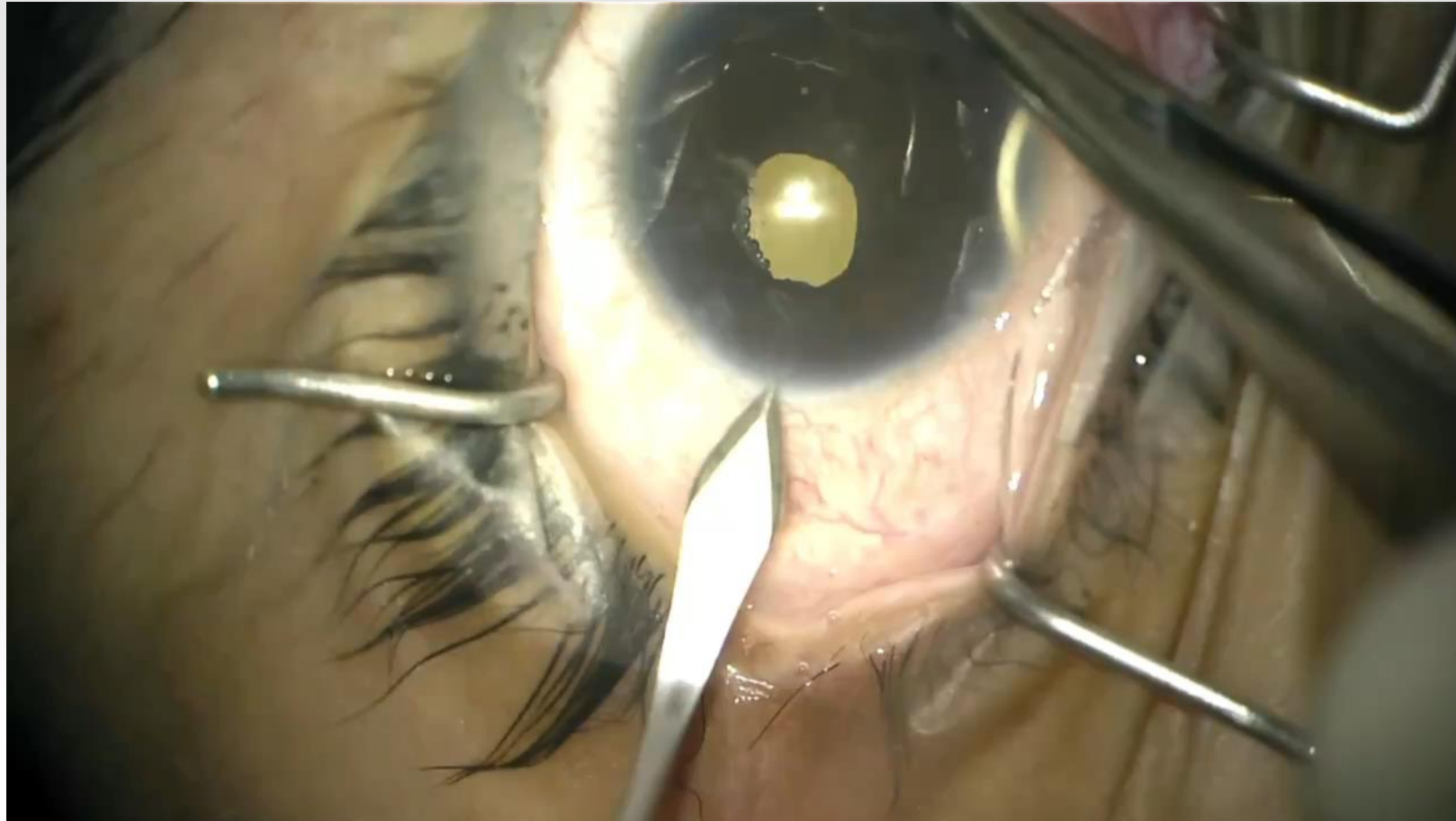
- A 45 YRS old female patient diabetic who had underwent lasik 10 yrs ago.
- Hx of RRD OD 3 yrs ago and underwent PPV, endolaser and silicone oil inj.
- Later on, she had cataract which was removed during silicone oil removal +PC IOL OD . 2 yrs ago.
- DME was diagnosed with intravitreal injections ended with OZURDEX implant. On 4/4/2023.
- Migration of OZUREX implant to AC on 21/5/2023 OD.



## Ozurdex implant in AC

- VA 20/400
- IOP WAS NORMAL
- EARLY CORNEAL EDEMA

# Surgical Removal of Dexamethasone Implant



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# Anterior Chamber Migration of Dexamethasone Implant : a case report and a literature review

- Migration of Ozurdex<sup>®</sup> into the anterior chamber was firstly described by Pardo-López et al. in a patient with iris fixated IOL. Pardo-López D, Francés-Muñoz E, Gallego-Pinazo R, Díaz-Llopis M. Anterior chamber migration of dexametasone intravitreal implant (Ozurdex<sup>®</sup>) *Graefes Arch Clin Exp Ophthalmol*. 2012;250:1703-4.
- Jonas and Schmidbauer reported dislocation of a steroid implant into the anterior chamber in an aphakic vitrectomized eye. Vela *et al.* also reported the migration of Ozurdex<sup>®</sup> into the anterior chamber in a patient who previously underwent cataract surgery with iris-claw IOL implantation. Jonas JB, Schmidbauer M. Steroid implant in anterior chamber of an aphakic vitrectomized eye. *Graefes Arch Clin Exp Ophthalmol* 2013;251:385-6.
- Vela JI, Crespí J, Andreu D. Repositioning of dexamethasone intravitreal implant (Ozurdex) migrated into the anterior chamber. *Int Ophthalmol* 2012;32:583-4.

- Khurana et al. mentioned that only the patients in whom dexamethasone implant anteriorly migrated into the anterior chamber within 3 weeks after the intravitreal application developed corneal edema in their series. Khurana RN, Appa SN, McCannel CA, Elman MJ, Wittenberg SE, Parks DJ, et al. Dexamethasone implant anterior chamber migration: Risk factors, complications, and management strategies. *Ophthalmology* 2014;121:67-71.
- Anterior migration of a dexamethasone posterior implant into the anterior chamber through weak zonules was also described in cases with intact posterior capsule. Daudin JB, Brézin AP. A white line in the anterior chamber. *JAMA Ophthalmol* 2013;131:398.

- Nonsurgical management of a dislocated dexamethasone implant into the anterior chamber with supine positioning after pharmacologic pupillary dilation was described by Kishore and Schaal. Kishore SA, Schaal S. Management of anterior chamber dislocation of dexamethasone implant. *Ocul Immunol Inflamm*. 2013;21:90–1.
- Turaka et al. reported that, without any surgical intervention, implant was spontaneously relocated back into the vitreous cavity with significant resolution of the corneal edema.. Turaka K, Kwong HM Jr, De Souza S. Intravitreal implant migration into anterior chamber in a post-vitrectomy eye with central retinal vein occlusion and persistent macular edema. *Ophthalmic Surg Lasers Imaging Retina* 2013;44:196-7.



# Home massage

- Anterior migration of a dexamethasone implant in eyes without perfect zonular or the posterior capsular integrity after cataract surgery, and with a history of the prior vitrectomy should be kept in mind.
- the patient with suspect should be informed and advised to be examined routinely by an ophthalmologist to avoid signs of the corneal complication, IOP rise, and anterior chamber reaction.