

Overcome the shortage, try to be creative

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Al Matarya Teaching Hospital

Connect eye Academy

Female, 20 Years-old Patient, Seeking for Refractive Surgery as she was unsatisfied with her optical correction.



☐ History :

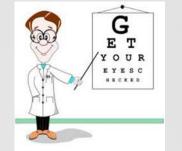
- Irrelevant medical and surgical history.
- Family history of Marfan syndrome



□General Examination

• she was tall and thin with increased arm span and showed Hypermobility of her Joints.



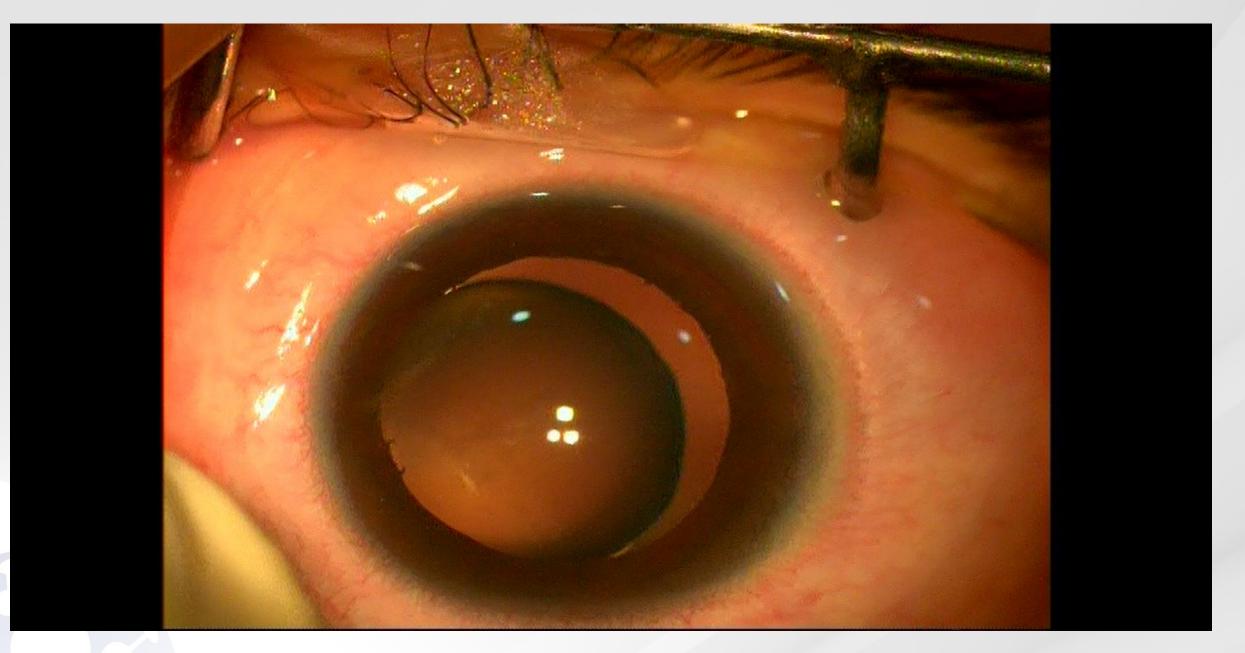


☐ Ocular Examination:

| | Right Eye | | left Eye |
|--------|---|--|----------|
| BCVA | 0.2 | | 0.2 |
| Cornea | Clear | | Clear |
| Lens | Clear | | Clear |
| | Ectopia lentis (Zonular dehiscence > 180°) | | |
| Fundus | Tigroid Fundus | | |
| IOP | 14 | | 13 |

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□Our patient :

- Marfan syndrome.
- Bil. ectopia lentis.
- High myopia and astigmatism.







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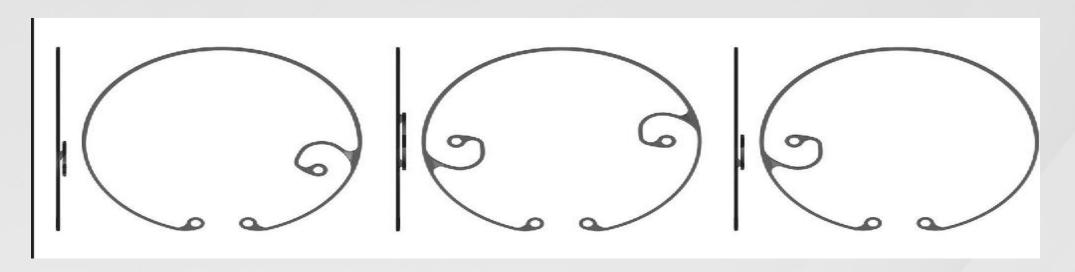
Treatment options

ICCA with correction of aphakia:

- Glasses or contact lens
- Iol implantation:
- > ACIOL
- > Iris fixated iol
- > Scleral fixated iol

<u>Clear lens extraction</u> <u>with iol implantation:</u>

- Foldable iol in the capsular bag
- Sclearal fixation of the bag



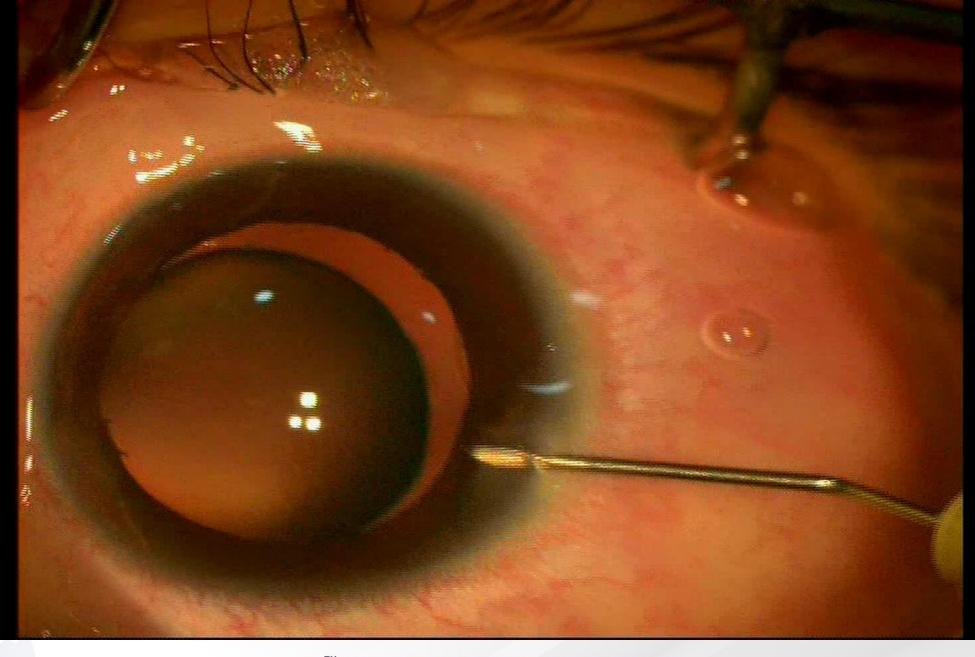




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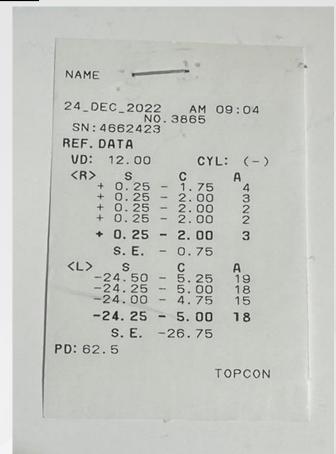




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□Post-Operative Examination:

| | Right Eye | |
|--------|----------------------|--|
| BCVA | 1.0 | |
| Cornea | Clear | |
| Lens | Well Centered IOI | |





Conclusion

- Marfan syndrome is a common cause of ectopia lentis.
- Capsular bag fixation to the sclera shows good surgical results with less complications in cases of large Zonular dehiscence.
- Always try to be creative.



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