



EUROPEAN SOCIETY OF CATARACT & REFRACTIVE SURGEONS



Stockholm 2007

XXV Congress of the ESCRS 8 - 12 September 2007

BOOK OF ABSTRACTS

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COMPREHENSIVE VISUAL REHABILITATION OF PATIENTS WITH SEVERE EYE TRAUMA

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PURPOSE: To demonstrate comprehensive management of trauma patients including implantation of artificial iris-lens diaphragm (ILD), penetrating

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keratoplasty (PKP), strabismus surgery, and laser in situ keratomileusis (LASIK) correction of residual ametropia.

SETTING: Svyatoslav Fyodorov MNTK Eye Microsurgery, Cheboksary, Russia.

METHODS: Four patients with traumatic aniridia, aphakia, corneal scars, and monocular strabismus sequentially and in various order have undergone ILD implantation, subtotal vitrectomy, PKP, and strabismus surgery. Initial mean uncorrected visual acuity (UCVA) was 0.01 and not spectacle-correctable. After surgical treatment, the UCVA improved to 0.06, best spectacle corrected visual acuity (BSCVA) to 0.3. The mean manifest refraction spherical equivalent (MRSE) was +6.50 diopters (D) 1.79 (SD). The mean cylinder was 6.25 0.77 D. Thirty months after last surgical procedure the eyes were treated with LASIK using MicroScan excimer laser (Troitsk, Russia). Minimum post-LASIK follow-up was 12 months.

RESULTS: 12 months after LASIK the MRSE was 1.13 1.10 D, the mean MRSE was within 0.50 D in 2 eyes, within 1.00 D in 3 eyes. The mean pre-LASIK BSCVA of 0.3 improved to 0.4, the UCVA from 0.06 to 0.3. The safety index of LASIK in this patient cohort was 1.33, the efficacy index was 1.00. No eye lost more than 1 line of BSCVA.

CONCLUSIONS: Comprehensive approach to patients with complex traumatic anterior segment pathology leads to good visual rehabilitation. LASIK is a safe and effective treatment modality of higher degree of astigmatism.