

Two Years Follow Up After Iris Claw Intraocular Lens Implantation for Correction of Aphakia

Aim: Aphakia with insufficient capsular support is a challenging situation that can be managed by multiple options. The purpose of this study is to evaluate iris claw IOL implantation as one available option as regards visual outcome and complications.

Methods: This was a prospective interventional study that included 26 eyes of aphakic patients with insufficient capsular support diagnosed preoperatively or acquired intraoperatively. Data analyzed included best corrected visual acuity (BCVA), intraocular pressure (IOP), central endothelial cell density (CECD) and anterior chamber angle depth by optical coherence tomography preoperatively and postoperatively for 24 months.

Results: 26 eyes of 17 patients received iris claw IOL implantation for correction of aphakia with insufficient capsular support. Mean age of the patients was 32.8 ± 20.9 , 13 patients (50%) underwent secondary implantation and the other 13 (50%) underwent primary implantation of iris claw IOL. The mean preoperative LogMAR BCVA was 1.11 ± 0.28 improved to 0.63 ± 0.18 at 9 months postoperatively p-value (<0.001). Preoperative IOP was 18.7 ± 4.9 mmHg, postoperative was 15.9 ± 3.5 mmHg. Preoperative CECD was 3337.6 ± 801.9 cell/mm² changed to 2837.4 ± 640.9 cell/mm² at 3 months then to 2676.1 ± 664.4 cell/mm² at 9 months postoperatively p-value (0.03) and then to 2636.6 ± 652.6 cell/mm² at 24 months postoperatively. Preoperative anterior chamber angle depth was 41.1 ± 4.4 and postoperative was 42.8 ± 2.9 .

Conclusion: Iris claw IOL implantation is a safe option in cases of aphakia with insufficient capsular support with significant improvement in final visual acuity and early loss of endothelial cell density