



If a choroidal effusion develops after surgery in a patient with nanophthalmos then a partial thickness lamellar sclerectomy is an effective therapeutic option

The Science behind the Tip

Raised IOP and secondary glaucoma are common late consequences of nanophthalmos (axial length less than 20mm). Trabeculectomy should be avoided in nanophthalmos as it is associated with a high complication rate, including late choroidal effusion in 50% of patients¹. This complication occurs in approximately 5% of patients with nanophthalmos who undergo phacoemulsification with IOL implantation². It is thought that an abnormality of transcleral protein transport plays a primary pathogenetic role in this disorder³.

The choroidal effusion is unlikely to settle without intervention. An effective therapeutic option is to undertake a partial thickness lamellar sclerectomy in two to three quadrants^{3,4}. Successful resolution occurs within 6 months in 83% of patients after one intervention and in a further 13% after a second procedure³.

References

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- 3) Johnson MW, Gass GD. Surgical management of the idiopathic uveal effusion syndrome. Ophthalmology 1990; 97: 778-85
- 4) Wax MD, Kass MA, Kolker AE. Anterior lamellar sclerectomy for nanophthalmos J Glaucoma 1992; 1: 222-27