

R1 R2 R3 PG0 PG1 Estagiário Tecnólogo
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Service (sector) Uveitis and AIDS N° CEP

Phacoemulsification Cataract Extraction in Patients with Uveitis

Nichard Unonius, Cristina Muccioli Purpose: This study reports outcomes of phacoemulsification cataract extraction in patients with uveitis.

Methods: We retrospectively reviewed the charts of 25 patients (25 eyes) with uveitis who underwent phacoemulsification cataract extraction by the same surgeon at the Sector of Uveitis and AIDS of the Ophthalmology Department of São Paulo Federal University from march to august 2001. All the patients did not have less than 3 months of follow-up.

Results: Diagnoses of uveitis included idiopathic (1 eye), sarcoidosis (1 eye), pars planitis (1 eye), cytomegalovirus retinitis (3 eyes), Fuchs heterochromic iridocyclitis (1 eye), tuberculosis (2 eyes), anterior uveitis (2 eyes), toxoplasmosis (8 eyes), Vogt Koyanagi Harada syndrome (2 eyes), sympathetic ophthalmia (1 eye), toxocariasis (1 eye), Behcets disease (2 eyes). Average follow-up was 5.12 months (range, 3 to 8 months). Best corrected visual acuity improved in 24 eyes (96%). Visual improvement ranged from 1 to 10 lines. Eight eyes (32%) attained final visual acuity better than or equal to 20/50. Eleven patients (44%) attained final visual acuity better than or equal to 20/100. Visual loss did not occur in any patient. No improvement in visual acuity was seen in one eye (4%) that developed a tractional retinal detachment due to a CMV retinal scar. In five patients (20%) there was no intraocular lens implantation, either because of the type of uveitis or because of the previous inflammatory signs. Only one case of mild intraocular lens decentration occurred (1%). Mild or severe posterior capsular opacification occurred in all eyes. Other postoperative complications included recurrence of uveitis, cystoid macular edema, retinal detachment and posterior synechiae.

Conclusions: Phacoemulsification cataract extraction is safe in patients with uveitis. The incidences of recurrence of uveitis, cystoid macular edema, epiretinal membrane and posterior synechiae were lower than those reported previously for extracapsular cataract extraction.