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Service (sector) Uveitis and AIDS N° CEP

### **Early results of cataract surgery in uveitis**

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Purpose: To evaluate the surgical results of cataract extraction in patients with uveitis and visual outcomes.

Methods: Prospective non-randomized study. We included 66 patients (67 eyes) with cataract, divided into 3 groups depending on the type of uveitis: (posterior uveitis (group 1), anterior uveitis or undefined (group 2), chronic recurrent uveitis which needed prior immunosuppression therapy before surgery (group 3)). All patients had at least 3 months of inactive inflammation in the affected eye. All 67 eyes underwent cataract surgery with either the Alcon Series 2000 Legacy or the Alcon Universal 2 Kelman-Cavitron phacoemulsificator, using a flared tip with ABS anti-surge control and a 2,75 mm incision. Usage of acrylic-polymer IOL (Hydrosol, Acrysol and Crystal) was confined to those patients with no absolute contraindication. Self-sealing incisions were done in most surgeries with the exception of the Crystal (PMMA non-foldable) lenses. Follow-up included complete examination on the 1st , 7th , 15th ,30th and 60th days after surgery. We looked at the following main outcome measures: visual acuity before surgery and after the procedure on the 7th and 45th days after surgery , age, time of remission before surgery, type of IOL implanted, anterior chamber cell count on the 7th day after surgery, predominance of nuclear , cortical or subcapsular cataracts preoperatively.

Results: All the three groups were comparable and showed no statistical difference in tests evaluating the anterior chamber cell count, cataract type, time of remission before surgery, type of IOL implanted, and age. A similar increase in visual acuity was found by the surgical procedure in all three groups when comparing the difference in visual acuity before surgery and at day 45 after surgery, using logMAR differences (from count fingers to 20/125 in group 1, count fingers to 20/40 in group 2, count fingers to 20/80 in group 3).

Conclusion: We identified that the benefits of cataract surgery are higher than the risks of proceeding with cataract surgery in patients with inactive uveitis. Although good control of inflammation before surgery and after surgery is important for good post-surgical results, all three groups can have similar results if well managed.