

# Traumatic – Cataract in Children

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**Ocular trauma is one of leading causes  
of unilateral blindness in children.**

## Classification of ocular trauma

### Ocular trauma



#### Closed globe injury

1. Contusion
2. Superficial F.B.
3. Lamellar laceration
4. Combination

#### Open globe injury

1. Rupture
2. Laceration
3. Penetrating injury
4. I.O.F.B
5. Perforating injury

## Ocular trauma & cataract

- **Trauma is responsible for 30% of childhood cataract.**

- **Blunt trauma**

**Coup** → **vossius ring**

**Coup** → **counter coup** → **Tr. Cat. (psc-rosette)**

## Ocular trauma & cataract

- **Sharp injury**

**Small -rent** → **localised cat**

**Large** → **total cataract**

**blunt-trauma/ sharp** → **white fibrous capsule**

**Sharp** → **lens matter in AC.**

## Associated complication with traumatic - cataract

### 1. Lens: subluxation, dislocation

**capsular defect**

**Intra lentrellar F.B**

### 2. Glaucoma: phacomorphic

**Phacolytic**

**Angle recession**

## Associated complication with traumatic - cataract

### 3. Iris:

- **Uveitis.**
- **Pupil**
- **Synechia**

### 4. Post. seg. :

- **RD**
- **Vit. hge**
- **Choroidal rupture**
- **Trophic neuropathy.**

## **Exam**

### **Before - dilatation**

- 1. BCVA**
- 2. Pupillary – reflex**
- 3. IOP**
- 4. Iris : - Transillumination  
- Pupillary sphincter**
- 5. Zonules: Phakodonesis**

### **After - dilatation**

- 1. Slit lamp - exam**
- 2. Post segment exam**
- 3. A,B scan US**

## **Guarded - prognosis**

**Anatomical and functional outcome is to be thoroughly explained to the patient and patient – relatives.**

- 1. Associated – complication.**
- 2. Amblyopia.**
- 3. IOL- implantation.**
- 4. Postoperative complications.**

## **Traumatic – cataract surgery**

- 1. Each case has its own merits.**
- 2. Prepare a good prospect plan one day before surgery which is liable to change.**
- 3. All your facilities, tools and armaments must be ready for surgery.**
- 4. The true plan is applied during – surgery.**

## Timing of cataract surgery

- **Cataract surgery and IOL is not preferred at the time of primary repair.**
- **It's preferable to defer until inflammatory response is treated with steroids. (2-8 weeks).**

## Exceptions.

- **Too young who is liable to amblyopia.**
- **IOP is uncontrolled and is due to cortex in AC.**
- **Associated vit. hge, RD.**

# Surgery of traumatic cataract in children

## Surgery of traumatic cataract in children

### 1. Synechialysis:

- HV – VE material
- Repositors.
- Vannas scissors.
- Iridectomy may be needed.



## Surgery of traumatic cataract in children

### 2. Anterior capsule management:

- Fight for anterior capsulorrhexis with forceps  $\pm$  scissors

### 3. Hydrodissection :

- Avoided if PC opening is suspicious.

## Surgery of traumatic cataract in children

### 4 .Post capsule & vitreous management

- Better avoided in traumatic cataract especially in older children.

#### **Exception:**

1. Already opened
2. Vitreous in AC
3. Plaque in the PC
4. Too young to cooperate at YAG-laser.

Surgery of traumatic cataract in children

**5. IOL - implantation**

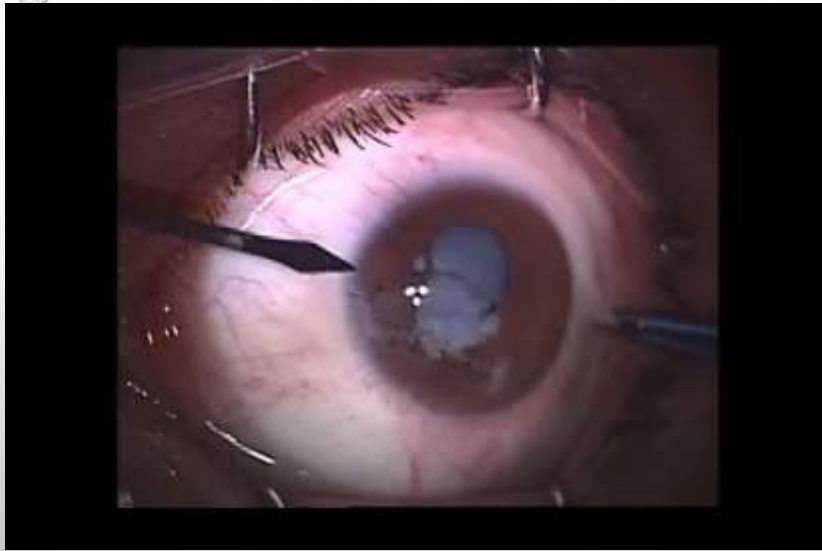
**May be deferred to another session:**

**e.g. No capsule**

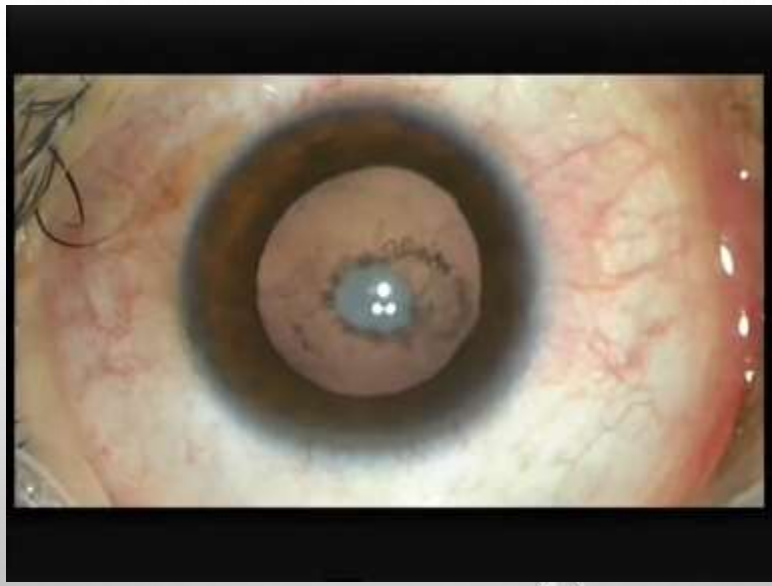
**No suitable situation**

**No suitable IOL**









## Golden - Rule

### PCO:

- **Occurs too early in traumatic – cat. (postop.)**
- **Its too thick and fibrosed.**
- **Must be detected and treated early.**

## Postoperative medication

1. **Of utmost importance in traumatic –cataract in children.**
2. **Short course of systemic steroid may be indicated.**
3. **Antiglaucoma measures may be needed.**
4. **Close follow up for longer period is needed.**

## Removal of corneal sutures

- **Removal of sutures of primary repair is mandatory if healing is complete.**

## Postoperative comp.

- **PCO.**
- **Pupillary – membrane.**
- **Pupillary capture.**
- **IOL-ppts**
- **Poor visual outcome.**

## Golden rules

1. **Traumatic cataract in children, every case has its own merits.**
2. **Plan of surgery is tailored according to the situation during surgery.**
3. **Your tools, instrumentation, IOLs, VES and CTR must be ready.**
4. **Prognosis is guarded, don't give promise.**
5. **Cataract surgery is deferred (2-6 weeks) after primary repair.**

6. **Post capsulotomy & vitreous work is avoided except it's mandatory.**
7. **PCO: must be detected early and attacked early.**
8. **Postoperative medications for longer periods and aggressive.**
9. **Close and longer follow up.**
10. **Keep an eye on the post segment.**



*Thank you*

