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Delayed capsular bag akreos IOL opacification after vitrectomy and gas tamponade

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1. Case report

A 66-year-old white man underwent uncomplicated phacoemulsification and IOL implantation with an Akreos AO60 (Bausch and Lomb, Rochester, New York) in the bag. The patient underwent 23-gauge pars plana vitrectomy, endolaser, and 14% perfluoropropane (C_3F_8) gas tamponade 12 days after cataract surgery for a macula-on rhegmatogenous retinal detachment. Visual acuity without correction 3 months post retinal repair was 20/40. At 6 months, visual acuity decreased to 20/80 so the patient underwent YAG capsulotomy to open the posterior capsule. At 9 months visual acuity decreased to 20/200 with the inability to view retinal details and B-scan ultrasonography was unremarkable. Slit lamp exam revealed a frosted, haze appearance to the intraocular lens (Fig. 1). The patient plans to proceed with IOL exchange in the near future. His medical history and medications were unremarkable.

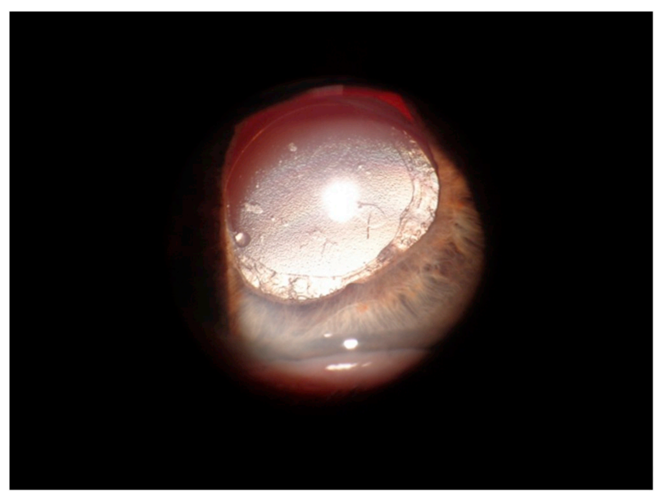

Fig. 1. Slit lamp photograph 16 months after implantation of the Akreos lens demonstrating a frosted haze with vacuoles.

2. Discussion

While opacification of the Akreos lens has been reported,[1] it is not a common complication. What differentiates our case from literature is that the Akreos lens was inserted into a bag and there was delayed lens opacification. The opacification is most likely due to calcium and phosphate deposits; however, the mechanism is unknown.[2]

Cataract surgeons should consider not using the Akreos lens if future retinal surgery with gas or oil tamponade is anticipated.

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All authors attest that they meet the current ICMJE criteria for Authorship.

Declaration of competing interest

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ajoc.2020.100676.

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