

ACTAS DEL SECUNDUM FORUM
OPHTHALMOLOGICUM

“CATARACT SURGERY IN HIGH MYOPIA”

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This presentation will deal with aphakia in a very special group of patients: Those with high myopia.

We categorize myopia into, low myopia under -15D. medium degree from -5 to -9D and high above -10D. It is this last group the one with which we are concerned.

Of 25 cases selected at random 10 eyes had high myopia and 40 lower degree.

Slide 1

Degree of Myopia in 25 cases

<i>INTENSITY</i>	<i>Nº of Eyes</i>
-10.00D or more	10
-5.00D to -9:00D	13
-5.00D or less	27

The incidence of high myopia is low when compared to the other groups as is also percentage wise its casuistic of surgery.

The visual acuity appears to decrease as the myopia increases.

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Slide 2

<i>Visual Acuity</i>	<i>Degree of Myopia</i>	
46 eyes	-5.00&-D	-6.00&+D
20/20-20/30	23	2
20/40-20/50	4	3
20/60-20/80		4
20/200-20/400		3
FC-HM		7

The reduction in vision runs parallel to the degenerative complications, aside of surgery.

Slide 3

Complications in 25 Myopes

Amblyopia	5
Motility An	13
Glaucoma	5
Cataract	10
Retina & Choroid	6
Disc.	2
Maculopathy	5

On electing for surgery, one of our first concerns should be the evaluation of the macular function. As Edward Maumenee warned us day before yesterday, you may create trouble for yourself if the patient expects the impossible from your surgery. Hence it was said go slow on your decision for surgery when in doubt of macular function.

In the cataract of high myopia, however, we must weigh the fact that retino-choroidal-macular complications progress and increase in incidence with time. Hence we must rephrase the conclusions as to the best time for surgery, when applied to this group of patients.

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Intravenous Manitol 12 gr slowly injected produces the retraction of the liquid vitreous, leaving a deep concave face. After the first two cases we discontinued the use of Flieringa ring. The incision is made, 160°; cornea scleral 8.0 and now 10.0 nylon sutures are used: three preplaced and five post extraction, the results in 10 cases, thirteen eyes varied from:

Slide 7

<i>Name</i>	<i>Age</i>	<i>Myopia</i>	<i>Vision</i>	<i>Co.</i>	<i>Rx</i>
D.M.	63	-19.00	OS 20.150		OS - 7.00
A.G.	50	-20.00	OD 20/40		OD - 1.50 OS - 3.00
L.P.	54	- 8.00	OD 20/25		OD - 1.00
M.C.	66	-10.00	OD 20/25		OD + 7.00
M.E.	27	-24.00	OS 20/400	G	OS - 7.00
J.A.	69	-11.00	OS 20/200	G	OS + 6.00
J.A.	78	-21.00	OD HM	G	OD - 4.00
L.R.	81	-11.00	OD FC	G	OD - 1.00
M.G.	50	-15.00	OS 20/25	G	OS +12.00
J.S.	73	-10.00	OD 20/70	M	OD + 13.00 OS +11.50

Vision	20/25	4
	20/40	2
	20/70	2
	20/100—20/200	2
	20/400	1
	FC	1
	HM	1
		13 eyes

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She bears in mind that the decrease of visual acuity in them is due mainly to the degenerative complications inherent to myopia, and that the complications will continue progressing with time.

In the surgical technique used she emphasizes the uses of Neurolepto-analgesia and of Manitol instead of the Flieringa ring.

RESULTS

Vision 20/25	4
20/40	2
20/70	2
20/100—20/200 ...	2
20/400	1
FC	1
HM	1

She ends by recommending the extraction of the cataract as soon as the opacity of the lens produces a decrease of AV 20/100 and making post-operative controls of the macular function with angiofluoresceinographies.