Anterior Capsular Contraction Syndrome Following Cataract Surgery in a Patient with Pseudoexfoliation Syndrome

Houda Brarou¹, Soukaina Laaouina², Soundouss Sebbata³, Manal Bouggar⁴, Mohamed Boukssim⁵, Mounir Belmlih⁶, Yassine Mouzari⁷, Abdelbare Oubaaz⁸

¹,²,³,⁴,⁵,⁶,⁷,⁸Department of Ophthalmology, Mohamed V Military Hospital, Rabat, Morocco

Abstract:
Pseudoexfoliations syndrome increases the risk of anterior capsular contraction syndrome. An 74-year-old man with pseudoexfoliation syndrome underwent cataract surgery in the right eye at Mohamed V military hospital, Morocco. The surgical procedure was uncomplicated, and the IOL was implanted in the capsular bag. One month after surgery, visual acuity was 20/20 (Snellen). Two months after surgery, however, significant anterior capsule phimosis was noted, with nasal zonular stretching and temporal displacement of the lens. The patient was satisfied with her visual acuity, and no further procedures were necessary. The patient is periodically reassessed.

Keywords: Cataract, Pseudoexfoliation Syndrome, Capsular Phimosis, IOL

Anterior capsular contraction syndrome (ACCS) is characterized by a pronounced reduction in the diameter of the capsular bag. This reduction occurs due to the interaction between residual lens epithelial cells and the intraocular lens (IOL) in proximity to the continuous curvilinear capsulorhexis. The risk factors for capsular phimosis include:

- Conditions associated with loose zonules (pseudo-exfoliation syndrome, retinitis pigmentosa).
- Uveitis and chronic intraocular inflammation
- Small capsulorhexis of 4 mm in diameter or less.
- High myopia
- Retained lens material / proliferation of lens epithelial cells

We present the case of a 74-year-old man with pseudoexfoliation syndrome underwent cataract surgery in the right eye at Mohamed V military hospital, Morocco. The surgical procedure was uncomplicated, and the IOL was implanted in the capsular bag. One month after surgery, visual acuity was 20/20 (Snellen). Two months after surgery, however, significant anterior capsule phimosis was noted, with nasal zonular stretching and temporal displacement of the lens (Figure 1, 2). The patient was satisfied with her visual acuity, and no further procedures were necessary. The patient is periodically reassessed.