

Iris Bombe with dramatic visual acuity improvement after laser peripheral iridotomy

POSTER

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INTRODUCTION

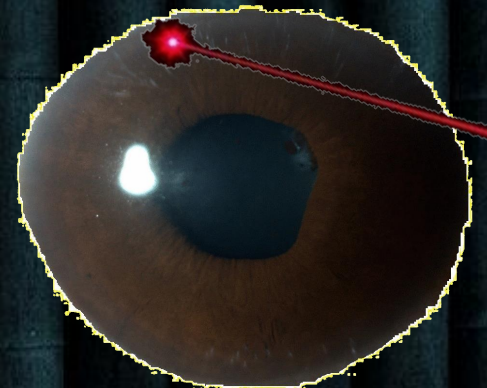
Iris bombe and acute pupillary block glaucoma are uncommon severe complications of uveitis. The initial treatment for extensive posterior synechiae is pupillary dilation in order to free a portion of the iris and reduce pupillary block. Many times laser iridotomy is required for resolution and prevention of recurrence of pupillary block

CASE REPORT

Male
34 years old

History of
ankylosing
spondylitis

On topical steroids for uveitis during the previous month, presents in the E.R. with decrease in visual acuity in the right eye (OD) since the eve



Visual acuity: counting fingers at 2 m
Inflammatory cells in anterior chamber
Extensive posterior synechiae
Iris bombe

Iridocorneal touch in all quadrants
Transparent cornea
Intraocular pressure of 30 mmHg
Anterior chamber depth of 0.81 mm

24 hours after iridotomy + (timolol + dorzolamide) + acetazolamide

Visual acuity: 0.8/1.0
Inflammatory cells in anterior chamber
Patent iridotomy

Transparent cornea
Intraocular pressure of 12 mmHg
Anterior chamber depth of 2.52 mm

CONCLUSION

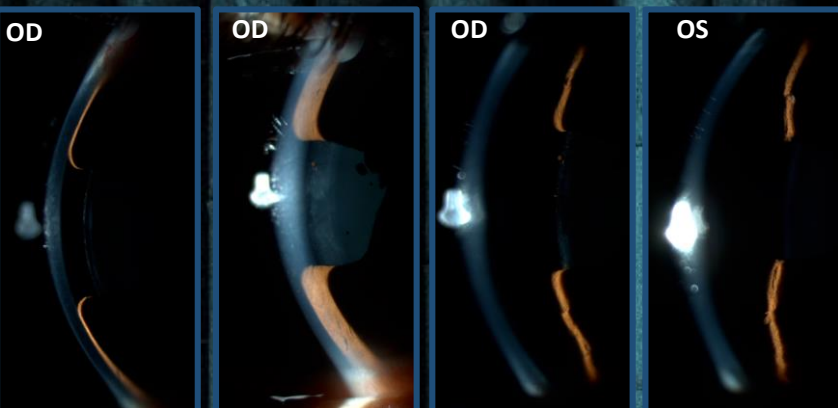
The visual loss in iris bombe may be partially related to a myopization due to the anteriorly dislocated crystalline that can be resolved rapidly with reformation of the anterior chamber after iridotomy

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Picture 1 – Pentacam® Scheimpflug images before and after iridotomy. Crystalline is clearly displaced anteriorly towards the cornea.



Picture 2 & 3 – Day of presentation: extremely shallow anterior chamber

Picture 4 & 5 – 24 hours after iridotomy, both eyes



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**I HAVE NO FINANCIAL
DISCLOSURES**