

ABSTRACT

Aqueous misdirection syndrome as a complication of Neodymium:YAG posterior capsulotomy

Farah Akhtar, FCPS

Objective: To highlight aqueous misdirection syndrome as a rare complication of Nd:YAG posterior capsulotomy performed for posterior capsule opacification (PCO)

Study Design: Case report.

Participant: A 50 year old pseudophakic female who had Nd:YAG posterior capsulotomy six days before for posterior capsule opacification developed rise in intraocular pressure associated with flat anterior chamber.

Methods: After brief history and a detailed ocular examination full-thickness iridotomy was performed with Nd:YAG laser. Patent iridotomy did not reduce the intraocular pressure. A-scan ultrasonography was performed which showed aqueous pockets in vitreous, leading to diagnosis of aqueous misdirection syndrome. Medical therapy comprising atropine, 0.5% timolol, mannitol, and acetazolamide was given. Anterior vitrectomy to disrupt un-interrupted anterior vitreous face was carried out to reduce vitreous volume and to reform anterior chamber.

Results: Medical and surgical therapy normalized intraocular pressure and resolved symptoms of aqueous misdirection syndrome.

Conclusion: Aqueous misdirection syndrome can be a rare and serious complication of Nd:YAG posterior capsulotomy where early recognition is crucial. The role of echographic examination is also emphasized which must be performed as soon as possible. *Al-Shifa Journal of Ophthalmology* 2006; 2(2): 70-72 © Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan.