

Patient had no prior surgery or trauma.

WHAT IS THIS MONTH'S MYSTERY CONDITION? Find the answer in the next issue or go online now at www.eyenetmagazine.org.

LAST MONTH'S BLINK

Prolapsed Iris

A 10-year-old boy was referred to our clinic where examination revealed a 4.5-mm inferonasal corneal laceration in the left eye that came to an apex at 9 o'clock. Visual acuity was 20/100 in the injured eye and 20/20 in the right eye. He had a prolapsed iris that extended out through the open globe. The corneal laceration was caused by a knife that penetrated and was withdrawn from the eye, pulling the iris out through the corneal perforation.

Open globe repair was performed that day. After administering general anesthesia, a corneal paracentesis was done superotemporally. Carbachol ophthalmic solution and sodium hyaluronate were injected. The exposed iris was necrotic and could not be returned to its original position. It was excised and an iris sweep was used to replace the remaining iris into the wound. Six interrupted corneal sutures were positioned and then turned to place the knot inside the anterior chamber. After the paracentesis was hydrated, it was confirmed that the anterior chamber was properly sealed.



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The patient tolerated the procedure well and, within three weeks, visual acuity had improved to 20/60 and 20/40 with pinhole.

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