

**Clinical Image**

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**Complete anterior capsule phimosis after routine cataract surgery****Aliénor Vienne Jumeau<sup>1,2\*</sup>; Mikaël Guedj<sup>1,2</sup>**<sup>1</sup>Institut Arthur Vernes, 36 rue d'Assas 75006, Paris.<sup>2</sup>Université Paris Descartes, Paris.**\*Corresponding Author: Aliénor Vienne Jumeau**

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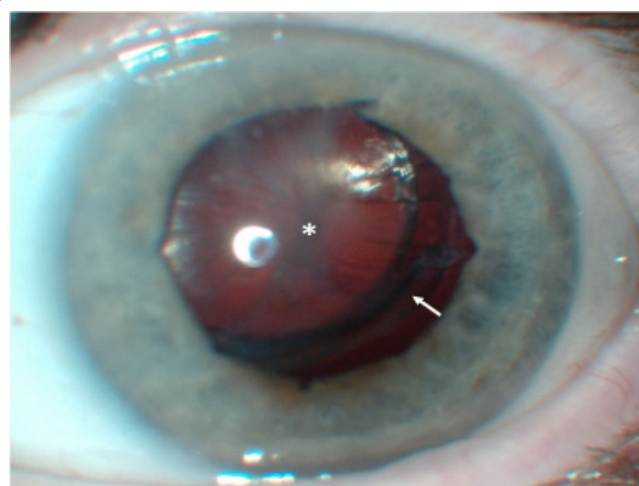
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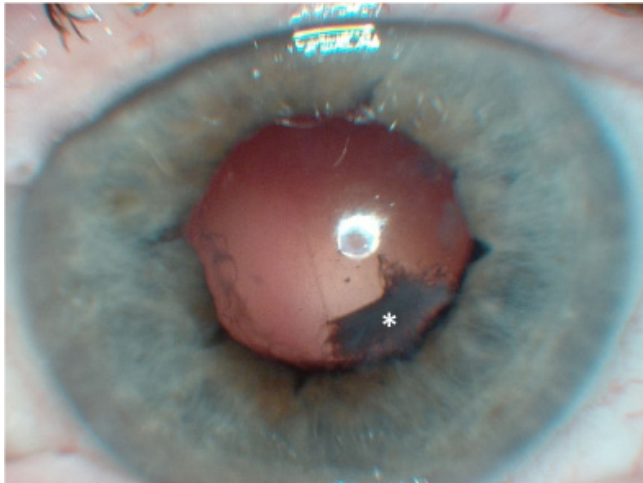
**Clinical image description**

A 79-year-old woman with pseudoexfoliation and zonular weakness underwent routine phacoemulsification with 5.5 mm capsulorhexis and implantation of posterior chamber intra-ocular hydrophobic lens (KSSPStaar®). Examination at one-week post-surgery was normal. One-month post-surgery, the vision had decreased to 20/200. Slit-lamp examination showed complete anterior capsular contraction syndrome with a thick central occluding membrane and decentered lens (Figure 1A). No inflammation of the anterior segment was noted. Because of the zonular weakness, YAG laser anterior capsulotomy was chosen rather than further intra-ocular surgery with scissors and cystotome. Radial impacts, performed as usual, failed to clear the thick central membrane, so we detach edit and let the operculum drop away from the visual axis (Figure 1B). This procedure allowed for visual clearance and 20/20 vision recovery.

Complete anterior capsule phimosis is a rare complication of cataract surgery [1-3]. Patients at risk of phimosis, such as those with pseudoexfoliation [4,5], inflammatory eye or diabetes, should be identified and cared for accordingly, to prevent full occlusion and perilous surgical or laser management. Some preventive measures include the choice of an intra-ocular lens with hydrophobic surfaces and performing a large enough capsulorhexis.



**Figure 1A:** Complete anterior capsule phimosis with thick occlusive membrane (\*) and partially dislocated lens (arrow).



**Figure 1B:** Image after Nd: YAG laser capsulotomy: The membrane was detached and flapped down (\*), leaving a clear visual axis and centered lens.

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