



Pseudo Cataract After Cataract surgery - An Outlook on Capsular Bag Distension Syndrome

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Capsular bag distension syndrome or lactocremasia is an unusual complication following uneventful phacoemulsification surgery which mimics like a cataractous lens on cursory examination. It is characterized by accumulation of white milky turbid fluid between IOL and posterior capsule. It can be classified as intraoperative, immediate and late postoperative period.

Intraoperative CBDS due to excessive hydrodissection in small rhexis causing posterior capsular blow out.

Immediate CBDS is due to visco retention behind IOL causing anterior shifting of IOL causing myopia.

Late postoperative CBDS is usually asymptomatic and occurs usually between 3 to 10 years after uneventful phacoemulsification surgery with good regular round rhexis with in the bag IOL. It invariably occurs in cases where continuous curvilinear capsulorhexis with 360 degree overlap over the intraocular lens. There will be collection of white milky fluid behind IOL with insignificant IOL shift with associated sommering ring or cortex crystals. Some soft clear cortex bit with capsular remnants may be left behind in the equator of capsular bag. Due to osmotic gradient these substance imbibe fluid and fluid gets collected between the lens and posterior capsule.

When IOL gets adhered to anterior capsular rim posterior space is isolated with remnant cortical bits that are not lysed usually by the aqueous, which undergo metaplasia and form sommering ring or cortex crystal. Acrylic IOLs gets attached to the anterior capsule alone but failure to adhere to posterior capsule maybe due to retained viscoelastic material.

Thus fluid gets collected behind IOL forming and potential space between IOL and posterior capsule. Diagnosis is usually by slit lamp examination and OCT, UBM confirm the same.

Treatment includes Nd: YAG laser capsulotomy for both early postoperative and non-cellular late postoperative CBS [1-7].