

**Case-report****Post Traumatic Total Aniridia along with Superior Subconjunctival Dislocation of Posterior Chamber Intraocular Lens: A Rare Case Report****Birendra Roy<sup>1</sup>, Sharad Gupta<sup>2</sup>, Neha Kharel<sup>3</sup>, Kajol Dev<sup>1</sup>**<sup>1</sup> Optometrist, Haji Aankha Asptal Pvt. Ltd., Biratnagar, Nepal<sup>2</sup> Consultant ophthalmologist, Haji Aankha Asptal Pvt. Ltd., Biratnagar, Nepal<sup>3</sup> Consultant Ophthalmologist, Koshi Zonal Hospital, Biratnagar, NepalArticle Received: 5<sup>th</sup> June, 2025; Accepted: 20<sup>th</sup> July, 2025; Published: 31<sup>st</sup> December, 2025**DOI: <https://doi.org/10.3126/jonmc.v14i2.88147>****Abstract**

To report a case of post traumatic total aniridia along with superior subconjunctival dislocation of posterior chamber intraocular lens. A 55-year-old man who underwent small incision cataract surgery with posterior chamber intraocular lens 2 years back had traumatic total aniridia along with superior subconjunctival dislocation of intraocular lens to his right eye with cow's horn. The patient was managed with surgical extraction of lens and iris from the subconjunctival space in conjunction with suturing in the incision site (wound dehiscence) was done. Patient was planned for secondary intraocular lens implantation. It is quite challenging to manage such a case. Despite proper surgical management visual outcomes are always guarded in such patients. Extrusion of intraocular lens (IOL) with total aniridia in pseudophakic eyes after trauma has rarely been reported in literature.


**Keywords:** *Iridectomy, Pseudophakia***Introduction**

Total aniridia with extrusion of posterior chamber intraocular lens (PCIOL) following trauma is a rare entity [1]. Few literatures reported that both blunt and penetrating injuries can result in traumatic total iridectomy and sometimes is often associated with injury to the other structures of the eye [2]. Blunt Trauma following cataract surgery is usually associated with severe ocular damage and sometimes leads to blinding complications [3]. Here we report a rare case of 55 years old man with post traumatic total aniridia along with superior subconjunctival dislocation of

posterior chamber intraocular lens in the subconjunctival space and which was managed surgically and planned for secondary IOL later.

**Case report**

A 55-year-old male presented to emergency department with chief complaints of sudden loss of vision, pain and redness, following blunt trauma with cow's horn 2 weeks back. He underwent small incision cataract surgery with polymethyl-methacrylate (PMMA) IOL implantation in the same eye 2 years back. At the time of presentation his visual acuity was light percep-

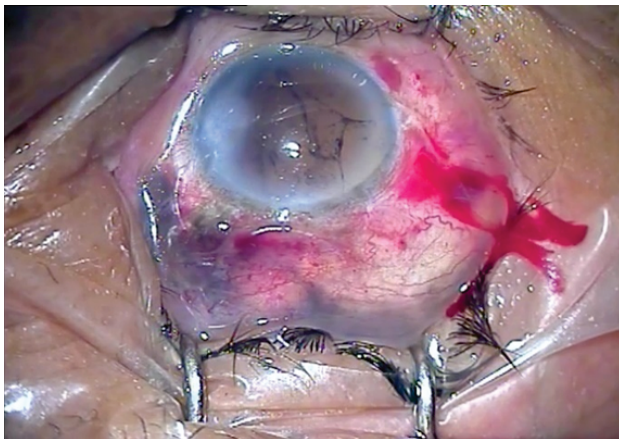
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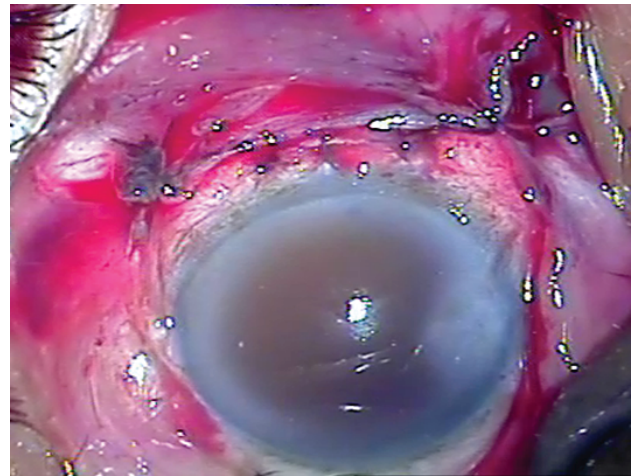


tion with accurate projection of light in the right eye and 6/6 in the left eye. Slit lamp biomicroscope examination of the right eye showed mild corneal edema with descemet's folds, soft eyeball, subconjunctival hemorrhage and no conjunctival lacerations and posterior segment structures were not visualized. On ocular examination operating bio-microscopic examination of the right eye revealed, traumatic pseudophacocoele with a sign "golden half ring," in superior bulbar conjunctiva suggesting the presence of PCIOL and total iris in subconjunctival space which was shown in figure 1.



**Figure 1: Examination of the right eye under operating bio-microscopic revealed, traumatic pseudophacocoele with a sign "golden half ring," in superior bulbar conjunctiva suggesting the presence of PCIOL and iris tissue in subconjunctival space.**

Ultrasonography B Scan was done which showed mild vitreous hemorrhage with intact retina. Intraocular pressure was 7 mmHg in the right eye and 20 mmHg in the left eye. Anterior and posterior segment examination of the left eye was unremarkable. Patient was planned for surgery under retrobulbar block after written consent. Iris and posterior chamber intraocular lens were not seen. Traumatic dislocation of IOL and total iris were found into superior subconjunctival space which was extruded from incision site (wound dehiscence). Then 360-degree peritomy along with wound exploration was done in all quadrants to see the site of globe rupture but no sign of globe rupture was seen. PCIOL along with iris tissue was removed from subconjunctival space. Anterior vitrectomy was done. Incision site (wound dehiscence) and conjunctiva were sutured with 8-0 vicryl which was shown in figure 2.



**Figure 2: PCIOL and iris tissue were removed along with wound dehiscence repair**

On the first postoperative day his vision was perception of light. The patient was discharged with topical steroids and antibiotics and asked him to follow up after 1 month for secondary IOL implantation if possible.

### Discussion

Blunt ocular trauma after small incision cataract surgery could lead to extrusion of iris, dislocated or subluxated intraocular lens, vitreous and sometimes retina through the ruptured wound [4]. Assia EI found that wound rupture occurred in 86% of cases with IOL extrusion through the operative wound in 68% of cases in conventional extracapsular cataract extraction [5]. Only subconjunctival dislocation of the IOL and total aniridia with extrusion of IOL following blunt trauma has been reported [1, 6]. Extrusion of IOL through a full thickness glaucoma fistula after the conjunctival bleb rupture has also been previously documented [4].

Possible explanations for traumatic aniridia are as follows:

- Expulsion of iris through an operative wound (usually occurs in recent cataract surgery) or ruptured ocular coats
- The iris may remain within the eye and then it may be phagocytosed by macrophages and/or trabecular meshwork cells [7]. Traumatic aniridia without traumatic aphakia has also been reported [4].

In our case report there was extrusion of iris along with IOL in subconjunctival space following small incision cataract surgery. We postulate that blunt trauma causes abrupt rise of intraocular

pressure resulting in extrusion of iris and IOL in subconjunctival space through sclera corneal incision site (wound dehiscence). The patient was managed surgically by removing IOL and iris tissue from subconjunctival space and was planned for secondary IOL implantation later. Many ophthalmologists have used artificial iris implants (aniridia IOL) in patients with traumatic aniridia for better cosmesis and to avoid glare. In a case report, SFIOL (Scleral fixation intraocular lens) was implanted following post traumatic extrusion of iris and IOL [1]. In our case report we are planning to implant SFIOL after one month.

### Conclusion

Traumatic extrusion of iris along with IOL in subconjunctival space is a rare entity. It is quite challenging to manage such a case. Despite proper surgical management visual outcomes are always guarded in such patients.

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**Conflict of interest:** None

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