

糖尿病患者反眉弓巩膜瓣切口白内障摘除人工晶状体植入术临床体会

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Clinical experience of diabetic patient with anti-superciliary arch sclera flap intraocular lens implantation

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Abstract

• AIM: To evaluate the effects and complications of diabetic patient with anti-superciliary arch sclera flap intraocular lens(IOL) implantation.

• METHODS: Twenty-six cases(28 eyes) with diabetics of cataract received anti- superciliary arch sclera flap IOL implantation.

• RESULTS: The visual acuity of 26 cases (28 eyes) had varied degree after cataract surgery, among them for better than 0.3 up to 64.3%. Complications included: suspensory ligament rupture in 1 eye, posterior capsular rupture in 2 eyes, corneal epithelial edema and endothelial folds in 18 eyes, aqueous flare (+-+ +) in 20 eyes, hyphema in 2 eyes, IOP increased in three postoperative eyes. fibrin membranes formation within pupil zone in 3 eyes.

• CONCLUSION: On the basis of strict control diabetic cataract can get satisfactory surgical treatment. To improve surgical skills and shorten the operation time can reduce complications.

• KEYWORDS: diabetes; anti-superciliary arch scleral flap; cataract surgery; intraocular lens implantation

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摘要

目的:探讨糖尿病患者反眉弓巩膜瓣切口白内障摘除人工晶状体植入术效果及并发症。

方法:对26例28眼糖尿病患者白内障采用反眉弓巩膜瓣

切口后房性人工晶状体植入术。

结果:26例28眼糖尿病患者白内障术后视力均有不同程度提高,术后视力>0.3以上达64.3%,并发症包括:术中悬韧带断裂1眼,后囊膜破裂2眼,术后角膜上皮水肿及内皮皱褶18眼,房水闪辉(+~++)20眼,前房出血2眼,术后眼压增高3眼,瞳孔区纤维素膜渗出形成3眼。

结论:我们体会糖尿病患者白内障在严格控制血糖的基础上进行手术疗效满意,提高手术技能,缩短手术时间可以减少并发症。

关键词:糖尿病;反眉弓巩膜瓣;白内障摘除;人工晶状体植入

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0 引言

随着诊疗技术和眼科显微手术的发展,糖尿病患者白内障摘除人工晶状体植入术不再是禁忌证,我们将2004-05/2006-05期间对糖尿病患者采用反眉弓巩膜瓣切口白内障摘除人工晶状体植入术26例28眼,现分析报告如下。

1 对象和方法

1.1 对象 糖尿病患者白内障中26例28眼,其中男15例,女11例,右眼17眼,左眼11眼,年龄49~78(平均70.2)岁。糖尿病病史6mo~11a(平均8.9a)。除3例术前空腹血糖控制在8.33mmol/L以上,其余空腹血糖均控制在8.33mmol/L以下。眼部检查:术前视力:光感~0.05者18眼,0.06~0.1者7眼,0.12~0.2者3眼,光定位红绿色觉能辨清,固视点投照检查光点居于瞳孔中央,眼压正常,晶状体核按Loes分级法,Ⅱ级核6眼,Ⅲ级核8眼,Ⅳ级核7眼,Ⅴ级核7眼。术前经B超检查初步排除视网膜脱离和增生性视网膜病变。

1.2 方法 术前应用复方托吡酰胺充分散瞳,球周局部麻醉加表面麻醉,制作以穹窿为基底的结膜瓣,角巩缘后界1.5mm制作6mm反眉弓隧道巩膜瓣达角膜透明区,制作辅助切口,用3.2mm穿刺刀前房穿刺,注入黏弹剂行环形撕囊,囊下水分离活动晶状体核,扩大切口约6mm,用碎核器或晶状体圈挽核,吸除残留皮质顺系植入人工晶状体位于囊袋内,清除前房残留物及黏弹剂,必要时卡米可林缩瞳,切口加强缝合1~2针,以保证前房达到水密。结膜下注射地塞米松加抗菌消炎药,术后适当散瞳。

2 结果

2.1 术后视力 术后1wk视力<0.02者3眼(10.7%),0.15~0.3者7眼(25.0%),0.4~0.5者11眼(39.3%),0.6以上者7眼(25.0%)。