



▲ Figure. Traumatic cataract secondary to needle puncture in a 55-year-old man with diabetic retinopathy.

TRAUMATIC CATARACT SECONDARY TO NEEDLE PUNCTURE FOR INTRAVITREAL INJECTION



Strategies to prevent and detect traumatic cataracts following intravitreal injections.

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A 55-year-old man with a history of diabetic retinopathy in both eyes managed with laser photocoagulation and several intravitreal injections presented with monocular diplopia in the left eye after his last treatment. On examination, his visual acuity was 20/30-2 OD and 20/40-1 OS. His IOP was 16 mm Hg OU. A slit-lamp examination of the right eye was unremarkable except for cortical changes in the lens. The Figure shows a traumatic cataract secondary to needle puncture, with a track traveling from the inferotemporal to the superonasal quadrant of the left eye.

DISCUSSION

To prevent traumatic cataracts due

to needle puncture during intravitreal injection, it is advisable to mark the desired distance of the injection site from the limbus—3.5 mm for pseudophakic eyes and 4.0 mm for phakic eyes. Then, approximately half the length of a short 30-gauge needle is inserted perpendicularly at the marked site and directed toward the optic nerve.

During cataract consultations with patients who have been treated with intravitreal injections, the posterior capsule should be thoroughly examined for defects or opacities. The occurrence of a total white cataract shortly after such injections can indicate extensive damage to the posterior capsule and should prompt an assessment and the

initiation of precautionary measures for optimal outcomes. ■

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