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Medicine**

Bilateral Posterior Capsule Rupture and Anterior Vitreous Prolapse from Vigorous Eye Rubbing

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Introduction

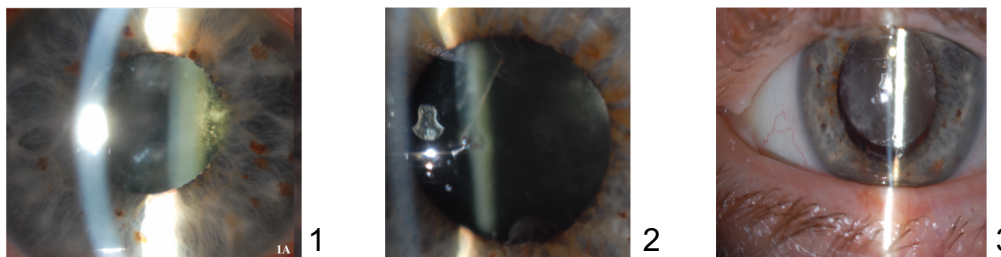
Eye rubbing is a common form of mild eye trauma; in this scenario, we present a case in which eye rubbing precipitated posterior capsule rupture with anterior vitreous prolapse in a pseudophakic patient eleven years after uncomplicated bilateral cataract extraction and single piece IOL insertion.

Report

A 71-year-old male with history of well controlled HIV, allergic conjunctivitis, and IFIS secondary to tamsulosin presented with decreased visual acuity bilaterally eleven years after uncomplicated bilateral phacoemulsification cataract extraction and insertion of single piece IOL. Following a bout of vigorous eye rubbing, the patient developed decreased visual acuity which prompted him to have an in-office visit. On exam, the posterior capsules were ruptured centrally with a linear tear, and anterior vitreous prolapse was seen bilaterally.

Report cont.

A capsular “flap” was seen on the left side suggesting a traumatic capsular blowout. Anterior chamber OCT showed curling of the posterior capsule. Given the involvement of vitreous leak, the patient was seen by the retina service the subsequent day at which time the IOLs appeared to be unchanged on OCT imaging and clinical exam. The comprehensive and retina teams made a joint decision to monitor the patient closely with follow up, and surgical planning was not pursued. He was prescribed olopatadine ophthalmic solution and counseled to avoid eye rubbing.



Slit lamp photos showing 1. vitreous prolapse into the anterior chamber; 2. curled capsular “flap” in the left eye; and 3, decentration of the IOL.

Conclusions

To our knowledge, this is the first occurrence of bilateral posterior capsule rupture with anterior vitreous prolapse due to eye rubbing. Vigorous and frequent eye rubbing can be a potential cause of late postoperative posterior capsule rupture with anterior vitreous leak. Eye rubbing should be avoided in pseudophakic patients, especially those with older IOL models.

Acknowledgements, Conflicts, and Contact

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Interested in our work? For questions, please contact:
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