

TASS following V4C implantation surgery

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- Patient presented with red eye ,acute diminution of vision, severe pain OS , 3 DAYS following ICL (V4C)implantation OU.
 - On examination:
 - VA :20/22 OD , **PL OS**
 - IOP : 35 mm Hg on Aphagan gtt bid
 - Fibrinous membrane in AC , iris deposits on ICL,
 - Severe diffuse stromal and epithelial corneal edema (**from limbus to limbus;endotheliitis**)
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- U/S: No vitreous reaction
 - D.D.
 - 1) Endophthalmitis
 - 2) Pupillary block glaucoma
 - Management:
 - Hourly predforte gtt,
 - Mannitol IV
 - ATROPINE
 - Alphagan
 - Cosopt
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- VA improved to 20/100 within 3 days,
 - IOP 22 mmHg, Clearing cornea, dilated fixed pupil, faint anterior subcapsular cataract.
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- Patient presented with peripheral anterior synechiae ,secondary angle closure glaucoma 6 weeks postop.
 - Pentacam revealed normal ICL position and vaulting ;with no iris pushing
 - IOP:30 mmHg on alphagan gtt tid and Cosopt gtt bid.
 - SST was done with MMC , plus intracameral triamcinolone at conclusion of surgery.
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3 months postoperatively:

Visual acuity is 20/30, **IOP=10 mmHg** on no antiglaucoma medications.

- Conclusion:

First day postoperative follow up is crucial in patients post visian ICL .

TASS syndrome should be put in differential diagnosis of anterior uveitis with corneal edema following anterior segment surgery ,especially **in absence of vitreous reaction** postoperatively .

