TASS following V4C implantation surgery

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No Financial interest to disclose
• 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)
• U/S: **No vitreous reaction**

  ➢ **D.D.**
  1) Endophthalmitis
  2) Pupillary block glaucoma

  ➢ **Management:**
  • Hourly predforte gtt,
  • Mannitol IV
  • ATROPINE
  • Alphagan
  • Cosopt
• VA improved to 20/100 within 3 days,
• IOP 22 mmHg, Clearing cornea, dilated fixed pupil, faint anterior subcapsular cataract.
• 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.
3 months postoperatively:
Visual acuity is 20/30, \textbf{IOP}=10 \text{ 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.