Letter to the Editor

Ozurdex® and aphakia: A combination to avoid

Ozurdex® y afaquia: una combinación a evitar

Dear Sir,

Ozurdex® (Allergan Inc., Irvine, CA, USA) is a biodegradable implant for the sustained release of intravitreal dexamethasone which has recently been approved as a treatment for macular edema secondary to retinal venous occlusion and in posterior uveitis of non-infectious cause.1 Ozurdex® has also demonstrated its efficiency in diabetic and pseudophakic macular edema.

Before it was placed on the market, Ozurdex® was not administered to aphakic patients. The technical data of the drug do not consider complications in this group of patients and literally state that “Ozurdex must be used with caution in aphakic patients”.

Pardo-López et al.2 described the first case of implant migration to the anterior chamber (AC) in a patient with intraocular lens fixed to the iris and intra-surgery capsular rupture. The implant was removed surgically but the patient required corneal transplant. Bansal et al.3 published 3 cases of implant migration to AC, all in patients with noninfectious posterior uveitis and post-vitrectomy and lensectomy aphakia. In 2 of the cases, the implant was relocated in the vitreous cavity and the third required surgical removal with post surgery persistence of corneal edema.

Recently we have documented a new case of migration to AC. A male, aged 74, with pseudophakic macular edema of 2 months evolution after cataract surgery complicated with posterior capsule lens rupture and angular support intraocular lens implant in AC. Visual acuity (VA) was of 0.16 and due to unresponsiveness to topical anti-inflammatory drugs, we decided to apply the intravitreal dexamethasone implant. Three weeks later the patient visited the practice referring blurred vision in the injected eye. At that time, VA was finger counting and IOP was of 37 mm Hg. Exploration revealed diffuse corneal edema and the migration of an implant fragment to AC. This was relocated in the vitreous gravity with postural measures, instructing the patient to avoid the prone position, but 2 days later the implant returned to AC and therefore surgical extraction was decided. Fortunately, in this case the corneal edema disappeared and the patient recovered a VA of 0.2 (Fig. 1).

Migration to AC of retro-crystalline elements—vitreous, silicone, triamcinolone—in aphakic patients is broadly described. Probably the aqueous humor flow which occurs in the posterior chamber and goes to the AC through the pupil creates a current that in eyes lacking compartmentalization, such as aphakic or pseudophakic eyes with posterior capsular rupture, could drag the Ozurdex® implant, causing its...

Fig. 1 – (A) Ozurdex® implant migrated to anterior chamber, giving rise to diffuse corneal edema 3 weeks after intravitreal injection. (B) Ten days after the surgical removal of the implant, the cornea exhibits near complete regression of the edema.

relocation in the AC. This migration causes severe corneal damage which in general responds poorly to conventional medical treatment and for this reason we consider that the implant of these devices in aphakic patients should be contraindicated.

REFERENCES


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