Removal of a Tumour from the Iris and Ciliary Body by Incision in the Sclera

J.E.A.		van den Heuvel
J.H.C.		Steinmeyer

Nijmegen

After a survey of the various forms of scleral incision to reach the ciliary body the speaker demonstrated photos of an operation during which a tumour of the iris and ciliary body was removed via an incision of the sclera. Starting at the corneal limbus, two radial scleral incisions 5 mm long were made. The ends of the incisions were joined together by a scleral incision parallel to the corneal limbus and the resulting flap was folded open, so that the flap hinged on the corneal limbus. After total iridectomy it was possible to luxate and remove the tumour, the edge of the ciliary body being drawn out with it. The vitreous had no tendency to prolapse. After suturation recovery ensued with no complications of any significance. The tumour proved to be a benign epithelioma of the ciliary body.

Discussion

Planten: Folding the incision open parallel with the limbus results in a curved hinge. Does this not lead to difficulties in producing mobility of the scleral flap without rumpling the cornea?

Van den Heuvel: It is not necessary to unfold the scleral flap entirely. We had no trouble with the length of our incision. In case the sclera should have to be opened still farther rumpling of the cornea can be prevented by prolonging the radial incisions on the limbus side by incisions parallel with it but at a distance of 2 mm. In this way the scleral ring around the limbus is not dissected

a matter we find important for the prevention of malformations during the cicatrization stage of recovery.