Fibrinolysin Irrigation in Traumatic Secondary Hyphema

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Discussion

Bonders: I confirm the experience of Oosterhuis. Early 1966 I treated a patient with traumatic secondary hyphaema of his only eye, the other one being lost after perforating injury. I also performed fibrinolysin irrigation for about 15 min. The postoperative course was uneventful. However, a sub-luxation of the lens turned out to be present, which gradually developed a cataract. After cataract extraction visual acuity is now 5/5 a.c.

Waardenburg: Is there a special reason for making the incision at the upper side and never at the temporal inferior side? It seems to me that in some cases the clot is so firmly adherent and has become so thick that an approach below would have more effect. Or are you afraid that a remarkable pupillary ectopia would result?

Oosterhuis: Incision at the temporal inferior side would indeed be the obvious approach. However, this is a very unfortunate site for the surgeon considering he has to irrigate for quite a long time carefully avoiding damage to the corneal epithelium and lens. Moreover, it is preferable for optical and cosmetic reasons to perform the iridectomy after irrigation at the superior side.