



· 论 著 ·

闭合式小切口手法碎核折叠式人工晶体 植入联合穿透性角膜移植术

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【摘要】 目的 探讨利用小切口手法碎核技术,选择性地对同时患有角膜病变和白内障的病例施行闭合式白内障摘除人工晶体植入联合穿透性角膜移植(三联术)的临床效果。**方法** 选择2001年1月至2005年12月在本中心就诊的12例(13只眼)同时患有角膜病变和白内障的病人,在局麻下先施行3mm弦长、180度圆弧的巩膜隧道切口,手法碎核(三切核),植入6.5mm直径的折叠式人工晶体后,用负压环钻切除病变角膜组织,立即用连续缝合法将植片缝于植床。术后常规全身应用抗生素和皮质激素,局部滴用免疫抑制剂(环孢霉素A)滴眼剂2~6个月;最后随访时间为2~72个月,平均22个月。**结果** 本组12例(13只眼)无一例在术中发生并发症。术后1例发生浅前房,3d后前房恢复正常,但虹膜周边局部前粘,出院时,眼压均在正常范围。1例在术后5个月时发生植片自溶,再次行角膜移植,半年后植片血管化,放弃治疗。3例术后1年发生免疫排斥反应,经再次局部应用免疫抑制剂2~3个月后角膜恢复透明。最后随访时,9例植片透明,3例在植缘有少量新生血管;瞳孔均居中,基本为圆形;人工晶体位置不偏,后囊明显混浊1例,施行YAG激光后囊膜切开。无一例发现囊口收缩或明显的囊口纤维化。最后随访时矫正视力0.04~0.8,平均0.4。**结论** 选择性地对同时患有角膜病变和白内障的病人采用闭合式小切口手法碎核三联术,术式简化、术时短;术中并发症少、风险小、安全;可以尽早地恢复病眼的视力。

【关键词】 角膜移植; 白内障; 闭合式; 手法碎核; 人工晶体

Closed small incision with manual nuclear fragmentation and foldable intraocular lens implantation for combined cataract extraction and corneal transplantation LI Yi-zhuang, CHEN Hui, LU Shan-hua, et al. The Affiliated Drum Tower Hospital of Nanjing University Medical School, Nanjing Ningyi Eye Center, Nanjing 210008, China

【Abstract】 Objective To evaluate the clinical effect of the triple procedure combining closed small incision with manual nucleofragmentation, foldable intraocular lens implantation and corneal transplantation in cataract patients coexisting corneal opacity. **Methods** Thirteen eyes with cataract coexisting corneal opacity of 12 patients in our eye center from Jan. 2001 to Sep. 2005 were selected. Local anaesthesia was administered. Made a scleral tunnel with 3mm chord length and 180° radian, did manual nucleofragmentation (three pieces) and implanted a 6.5 mm optic foldable intraocular lens. Then vacuum trephination was performed to cut the corneal opacity and sutured the graft and the recipient cornea continuously. Postoperative treatment was routine.: system use of antibiotics and steroids and topical use of cyclosporine A drops for 2 to 6 months. The follow-up was 2 to 72 months, mean 22months. **Results** No complications occurred during the operation. Postoperation one eye had a narrow anterior chamber and returned normal three days later. Although local synechiae occurred in the peripheral iris, the intraocular pressure stayed normal until his discharge. One graft was dissolved itself 5 months after operation and received corneal transplantation again, however neovascularization occurred and quit further treatments. Three grafts occurred immune repulsion. After local using the immunosuppressor for 2-3 months they returned clarity again. At last, 9 eyes remained transparency, 3 eyes had a little neovascularization around the graft. All pupils were stayed central and almost round. There was no intraocular lens decentration. One eye occurred posterior capsular opacification and performed YAG-laser for posterior capsulotomy. There

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