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Repositioning of decentered intraocular lens following intrascleral haptic fixation using the Yamane technique with pars plana Ahmed valve implantation

Reposicionamento de lente intraocular descentrada pós ISHF Yamane com implante de tubo de Ahmed

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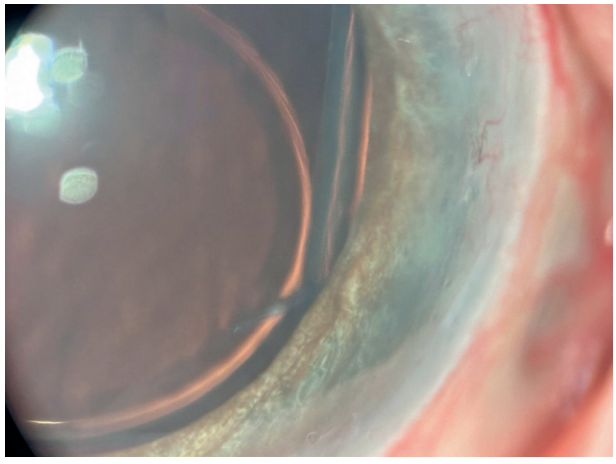
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A 68-year-old female presented with recurrent subluxation of an intraocular lens (IOL) in the left eye, without a history of ocular trauma and initially with normal intraocular pressure (IOP). Owing to insufficient capsular support, scleral fixation using the Yamane technique was performed. However, the postoperative course was complicated by repeated episodes of IOL decentration, ultimately necessitating pars plana vitrectomy and secondary IOL reimplantation.

Such complications after intrascleral fixation have previously been reported, including IOL tilt and optic–haptic distortion[1]. Comparative studies show that although the Yamane technique generally yields good functional outcomes, late-onset instability may occur in a subset of patients[2].

Several months after the secondary IOL implantation, the patient developed medically uncontrolled IOP, a complication associated with scleral-fixated IOLs[2], and pars plana Ahmed tube implantation was indicated.

Secondary IOL implantation is typically recommended when capsular support is inadequate or lens displacement occurs, while the Ahmed valve remains a well-established option for managing refractory glaucoma by facilitating an alternative aqueous outflow pathway. In vitrectomized eyes or in cases involving unstable IOLs, pars plana tube placement offers distinct advantages, including a reduced risk of corneal complications related to anterior chamber placement[4,5].



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In the present case, pars plana Ahmed valve implantation not only achieved effective IOP control but also provided additional mechanical support to the IOL. This ancillary stabilizing effect contributed to improved IOL centralization and resulted in a marked refractive improvement.

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