

Recombinant tissue plasminogen activator as an alternative treatment for severe post operative inflammation following uneventful phacoemulsification

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ABSTRACT

To report a case on the use of intracameral recombinant tissue plasminogen activator (r-TPA) in a patient with severe post-operative inflammation following uneventful cataract surgery. A 61-year-old man with diabetes mellitus and hypertension, presented with painful blurring of vision, twelve days after an uneventful phacoemulsification. Ocular examination revealed left visual acuity 4/60, shallow anterior chamber with fibrinous reaction and 360-degree posterior synechiae formation causing pupillary block glaucoma. His initial intraocular pressure (IOP) was 36 mmHg with corneal oedema, thus difficult fundus visualization. B-scan was clear from any signs of endophthalmitis. Intensive treatment with topical steroids and IOP-lowering agents does not improve the condition much. Subsequently, patient underwent anterior chamber wash out with synechiolysis but still not much improvement of the inflammatory reaction. Thus, intracameral r-TPA was injected. Post injection, fibrinolysis caused improvement of the anterior chamber reaction and release of pupillary block. The use of intracameral recombinant tissue plasminogen activator is an alternative treatment in the management of patient with severe post operative inflammation complicated with pupillary block glaucoma following uneventful cataract surgery.