

Implanted lenses may not be superior to contacts for babies with cataracts

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Among infants who undergo surgery to treat congenital cataract, surgical lens replacement appears to cause more complications while achieving the same treatment benefit as treatment with contact lenses, according to a report posted online today that will appear in the July print issue of *Archives of Ophthalmology*.

Since the 1970s, contact lenses have been the standard way of treating aphakia (surgical lens removal to treat cataract), according to background information in the article. "Their use during infancy, however, can be challenging owing to problems with insertion and removal of lenses by parents, lens loss, difficulties with fitting the steep [corneas](#) of infants and compliance problems," the authors write. "These factors among others probably contribute to the poor visual outcome of many children with unilateral aphakia."

In recent years, the technology to surgically implant a lens directly into the eye (intraocular lens) has improved considerably, the authors note. Scott R. Lambert, M.D., of Emory Eye Center, Atlanta, and colleagues in the Infant Aphakia Treatment Study Group compared visual outcomes and adverse events among 114 infants (median or midpoint age at surgery, 1.8 months) randomly assigned to receive either an intraocular lens or contact lens after [cataract surgery](#).

The rate of complications during surgery was 16 of 57 (28 percent) in the intraocular lens group and six of 57 (11 percent) in the [contact lens](#) group. At 1 year of age, visual acuity results did not differ between the

two groups. However, more adverse events had occurred among children with intraocular lenses (44 or 77 percent vs. 14 or 25 percent), and these children were also five times more likely to undergo additional intraocular operations (36 or 63 percent compared with 7 or 12 percent).

"Thus, there appears to be no short-term visual benefit and some increased risk to implanting intraocular lenses in infants. However, since there remains a possibility that intraocular lenses may be found to be beneficial after a longer follow-up, we feel it would be premature to recommend that intraocular lenses not be implanted in infants," the authors write.

"We suggest that practitioners continue to exercise caution when considering implanting intraocular lenses in [infants](#)," they conclude. "The ultimate role for intraocular lens implantation during [infancy](#) may be further clarified after a longer follow-up with these children."

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