Sir,

A 6-year girl of Indian ethnicity was referred for poor vision. Examination showed bilateral persistent pupillary membrane covering the central pupil. When pupil was dilated, iris strands were connecting the central 1.5 mm diameter circular membrane with the pupillary margins (Figure 1). Homatropine 2% eye drops, 12-hourly, and spectacle correction of astigmatism failed to improve acuities better than 6/24. At surgery, viscoelastic (Healon GV) was injected to fill the anterior chamber and under the pupillary margin to separate parts of membrane and strands from the underlying crystalline lens. Twenty gauge vitreoretinal (end gripping, internal limiting membrane peeling) forceps was used to peel off the rest of the central membrane from the lens. Most of the membrane and the strands were easily removed, clearing the visual axis. To avoid damage to the lens capsule, minimum dissection was done and a few remaining strands and margins of circular membrane were left, expecting that these would not interfere with the vision.

Persistent pupillary membrane is congenital incomplete involution of the tunica vasculosa lentis. It consists of several fine strands of iris attached to the collarette and to the anterior lens capsule with a clump of iris pigment adherent over it. Others have found the membrane to be tenacious.1 Still others have found these congenital pupillary membranes to be fibrovascular.2 It may be associated with high myopia/amblyopia, Intraoperative Floppy Iris Syndrome (IFIS) and strabismus with optic nerve hypoplasia. It is usually sporadic, but familial cases have also been described. If visual acuity is good, many would recommend a conservative approach.3,4 A few surgeons excised these membranes. Some have removed these membranes with a suction cutter.5 In the above case, a decision for surgery was made when visual acuity failed to improve with medical measures. This case is unique in the sense that membrane could be peeled off easily and no cutting was required.

Thus depending upon thickness/consistency of the membranes and its attachments, different approaches are possible. Prompt and complete removal of the membrane is necessary when there is a fear of developing amblyopia.

REFERENCES