Blinding, brunescent traumatic cataract: overcoming barriers to care for a refugee from Myanmar

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DESCRIPTION

Figure 1 is of an extremely hard and black (dark mahogany colour) cataractous lens removed from the left eye of a 51-year-old refugee from Myanmar who recently arrived in the USA. He was struck, 25 years ago in Myanmar, by an aerial bomb. The explosion ruptured his right eye. The cataract in his left eye appeared slowly over 1 year. On examination in our clinic, there were flakes of metallic shrapnel still embedded in the cornea of his left eye. Phacoemulsification was unsuccessful in removing the cataract, and extracapsular cataract extraction with scleral fixation of the intraocular lens was performed (**video 1**). The patient's pre-operative visual acuity was hand motion only. One week after the surgery, he was able to count fingers at two feet. Myanmar has some of the highest rates of blindness in the world; cataract remains the most common cause of blindness.¹ The mechanisms of injury, laterality and time before treatment are important factors that affect visual outcomes in traumatic cataracts.² The most common barrier to surgical treatment for cataracts in Myanmar include high cost of surgery, fear of surgery and associated complications, and lack of time/family support.³ These barriers are compounded when refugees migrate to other countries where the unfamiliar environment and language barrier exacerbate suspicion and fear of medical intervention. Special care should be taken to comprehensively engage and educate the refugee so that surgical logistics, such as transportation and home care, can be well coordinated. Engendering trust among the refugee community can encourage more people to take beneficial medical intervention.

Figure 1 The crystalline lens of the patient. Note the extremely dark colour of the lens.

Video 1 Important steps of the cataract operation.

Learning points

- ▶ Traumatic cataracts are challenging cases to treat. Because the mechanism of injury varies between cases and there is a likely hood of associated ocular injuries, the visual outcomes are difficult to predict. Imaging techniques such as ultrasonography and anterior chamber optical coherence tomography scan can help elucidate the patient's associated injuries. Even modest improvements in visual acuity can represent significant improvement to the patient's well-being.
- ▶ While cost is a leading barrier to cataract surgery, other reasons include excessive fear and lack of understanding about cataract surgery. Cataract surgery has proven to be safe and effective, and the visual outcomes can change a person's life, especially someone who is young. While patients have the final decision in surgical intervention, surgeons should stress the benefits of cataract surgery and assuage the disproportionate fear of surgical intervention that often exists among the refugee population.

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