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2.2 mm与2.75 mm切口超声乳化术后角膜散光变化的对比

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Comparative study of changes in postoperative corneal astigmatism with a clear corneal incision phacoemulsification of 2.2 mm or 2.75 mm

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摘要

目的 比较2.2 mm与2.75 mm透明角膜切口 (CCI) 白内障超声乳化术后角膜散光的变化。方法 前瞻性随机对照临床研究。将134例 (167眼) 白内障患者按掷硬币法随机分为2组: 2.2 mm切口组57例 (70眼) 和2.75 mm切口组77例 (97眼), 术前角膜散光 < 0.50 D者, 做正上方切口, 角膜散光 ≥ 0.50 D者, 在最高屈光力子午线上做切口。测量2组术前, 术后1周、1个月和3个月的UCVA、BCVA、角膜散光度 (CAD) 及轴向 (CAA)。比较分析2组间及组内不同时间点视力及角膜散光变化的差异。数据采用重复测量资料的方差分析、独立样本t检验、两样本Wilcoxon秩和检验、独立样本R×C列联表的χ²检验进行分析。结果 2组术后CAD总体较术前明显降低。2.2 mm组术前为 (0.73±0.43) D, 术后3个月为 (0.49±0.36) D (P < 0.01); 2.75 mm组术前为 (0.87±0.57) D, 术后3个月为 (0.53±0.38) D (P < 0.01)。2.2 mm组术后1周CAD有短暂增高 (P < 0.05), 术后1个月时下降至术前水平 (P > 0.05); 而2.75 mm组术后1周与术前比较无明显变化 (P > 0.05), 术后1个月时明显低于术前 (P < 0.05)。2组之间CAD变化幅度比较差异无统计学意义。2组组内手术前后CAA总体构成比较差异无统计学意义, 组间比较差异亦无统计学意义。结论 最高屈光力子午线上做CCI, 2.2 mm及2.75 mm的切口均能矫正部分术前角膜散光, 且矫正角膜散光的作用无明显差异。

关键词: 超声乳化白内障吸除术, 微切口, 视力, 角膜散光

Abstract:

Objective To study and compare the effects of a 2.2 mm or 2.75 mm coaxial clear corneal incision (CCI) phacoemulsification on changes in corneal astigmatism. Methods A prospective, randomized and controlled clinical study was conducted on 167 eyes of 134 cataract patients who were randomly divided into 2 groups: a 2.2 mm group (70 eyes of 57 patients) and a 2.75 mm group (97 eyes of 77 patients). A superior incision was made when preoperative corneal astigmatism was <0.50 D, while an incision was made at the highest refractive power meridian when corneal astigmatism was ≥0.50 D. Uncorrected visual acuity (UCVA), best corrected visual acuity (BCVA), corneal astigmatism (CAD), and corneal astigmatism axis (CAA), were measured in both groups before the surgery and 1 week, 1 month and 3 months after surgery. A comparison and analysis between and within groups were performed on the above indicators at each time. Data were analyzed using an analysis of variance of the repeated measurement data, an independent samples t test, a group design Wilcoxon rank sum test, and an independent sample R×C contingency table χ² test. Results Postoperative CAD decreased significantly in both groups, 0.73±0.43 D (preoperatively) changed to 0.49±0.36 D (3 months postoperatively) (P < 0.01) in the 2.2 mm group; 0.87±0.57 D (preoperatively) decreased to 0.53±0.38 D (3 months postoperatively) (P < 0.01) in the 2.75 mm group. The CAD of the 2.2 mm group briefly increased 1 week postoperatively (P < 0.05), then decreased to preoperative levels

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($P > 0.05$) . There was no significant change in the CAD of the 2.75 mm group 1 week postoperatively ($P > 0.05$) , then there was a significant reduction 1 month postoperatively ($P < 0.05$) . There was no significant difference in the changes in CAD amplitude between the groups. The overall distribution of CAA within groups showed no significant difference before and after surgery , and no significant difference between groups. Conclusion By making CCI at the highest refractive power meridian , both the 2.2 mm and 2.75 mm CCI could partially correct the

Key words : Phacoemulsification Microincision Visual acuity Corneal astigmatism

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