This study included 25 children (25 eyes), who were selected from The out patient clinic of Ophthalmic Department of Banha Universty hospital

All eyes were operated upon by the manual extracapsular cataract extraction technique, with primary implantation of a modified j-loop posterior chamber lens.

It was noticed that all cases showed various grades of conjunctival injection, striate keratopathy and corneal oedema, aqueous flare, early postoperative anterior uveitis and iris pigment dispersion on the anterior surface of the lens. All changes were resolved within few weeks after surgery with the use of topical and systemic steroids and cycloplegics. The recorded changes were usually follows an ordinary cataract extraction, but their incidence was greater with lens implantation espescilly in younger age group.

We can safely say that, there were some permenant occular changes which were observed, without showing serious ocular complications. These changes includes pupillary capture in nine eyes and posterior synechiae in eighteen eyes. These changes did not necessitate to give the patients any medication and no surgical interference was done because, there was no visual effect.

The intraocular pressure showed normal level in most of our cases since carbonic anhydrase inhibitor was used in the first postoperative week to guard againest any rise of tension due to the use of a viscoelastic material. Only, two cases showed mild elevation of I.O.P., one case may be due to

improper washing of methyl cellulose and another case may be due to the use of topical steroids. Both were treated successefully with timolol 0.50% eye drops.

The visual outcome was encouraging in all cases, it was 6/18 or better in 60% of cases and it was 6/24 or better in 84% of cases.However, a significant visual improvement was achieved in 92% of cases.

From our results, the implantation of an intraocular lens in childrens and young adults is more promising alternative in selected cases with unilateral traumatic or congenital cataract. A useful vision was mentained in 92% of eyes. However, the possible secondary changes or complications that may appear many years after implantation still unknown and may presenting a problem.

Although, the relative safety of the intraocular lens and the better visual outcome demonstrated by this study which warrent further consideration of this treatment, our data demonstrate the need for more frequent postoperative follow-up of children after I.O.L. implantation especially during the first four postoperative weeks. The frequent development of postpseudophakos membranes and posterior capsular opacification raises the suggestions of primary capsulotomy and anterior vitrectomy at the time of surgery.