

## Images in clinical medicine



## Posterior lenticonus

**Narjisse Taouri, Imane Ed-Darraz****Corresponding author:** Narjisse Taouri, Mohammed V University Souissi, Department A of Ophthalmology, Rabat, Morocco. [Ophtalmo-taouri@outlook.fr](mailto:Ophtalmo-taouri@outlook.fr)**Received:** 02 Mar 2020 - **Accepted:** 02 Nov 2020 - **Published:** 05 Nov 2020**Keywords:** Posterior lenticonus, oil droplet reflex, cataract

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**Non syndromic unilateral posterior lenticonus**Narjisse Taouri<sup>1,&</sup>, Imane Ed-Darraz<sup>1</sup><sup>1</sup> Mohammed V University Souissi, Department A of Ophthalmology, Rabat, Morocco**&Corresponding author**

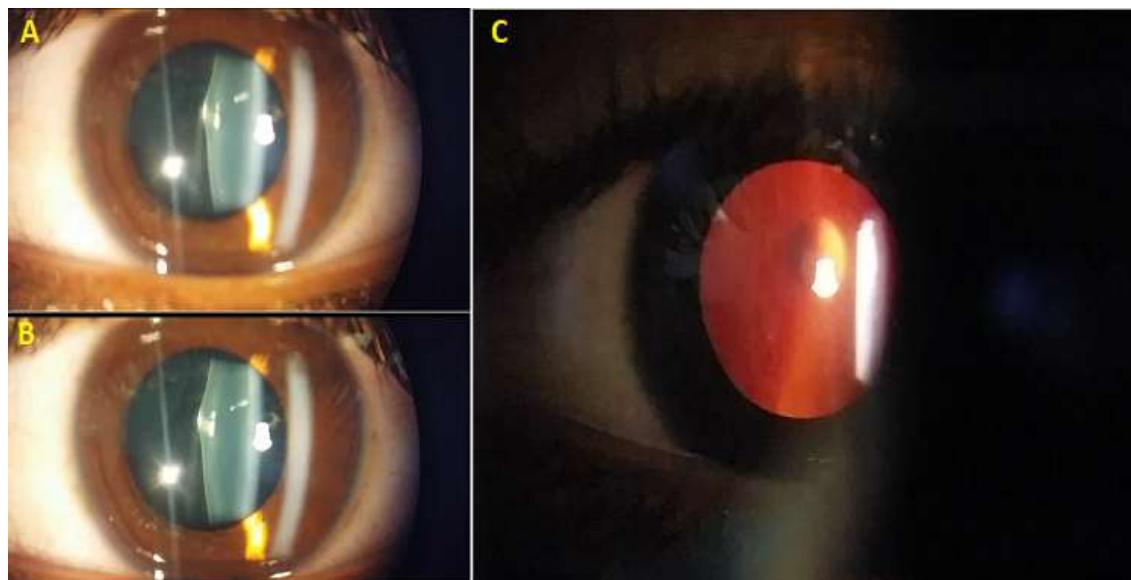
Narjisse Taouri, Mohammed V University Souissi, Department A of Ophthalmology, Rabat, Morocco

**Image in medicine**

A 15 year-old girl presented with complaints of difficult in seeing distant objects with her left eye since childhood. On ocular examination: uncorrected visual acuity was determined by counting fingers 4 m for left eye, and 10/10 for the right eye. And the best-corrected visual acuity for distance in left eye was 1/10. On slit lamp examination of the left eye, we notice a posterior protrusion of the lens capsule associated with posterior subcapsular and cortical cataract in the central area (A,B), and oil droplet reflex was seen in retroillumination (C). While the rest of the exam anterior and posterior segment was normal. Either examination of the right eye was normal. Our diagnosis was non-syndromic unilateral posterior lenticonus. The first clinical description of lenticonus was in 1888 by Meyer. This lesion is

described in literature as a localized bulging of the lens capsule and the underlying cortex of the anterior or, more commonly, the posterior lens capsule which makes the diagnosis clinical. Several authors have reported that posterior lenticonus

may be associated with other abnormalities, such as Lowe oculocerebral syndrome, and they reported also that it occurs usually sporadically in approximately 1-4 of every 100,000 children and is mostly unilateral in 8-10% cases.



**Figure 1:** (A,B) slit lamp photograph of the left eye showing posterior lenticonus and posterior subcapsular and cortical cataract in the central area: (C) slit lamp picture of the left eye of the patient showing the oil drop reflex in retroillumination