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Neovascularisation of the lens capsule: a unique finding

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Image in medicine

A 62-year-old man consulted for progressive loss of vision in both eye. His past ophthalmological history was unremarkable and he denied any known systemic condition. On examination, his best corrected visual acuity was light perception oulus uterque (OU). Papillary reaction to light was sluggish oculus sinister (OS) and normal OU. Ocular motility was full OU with normal intra-ocular pressure. Slit-lamp examination showed bilateral white mature cataract with low pharmacological dilation. High magnification under dilation revealed a vascular network composed of fine vessels located nasally adjacent to the papillary border on the anterior capsule of the lens associated with pigment deposits and loss

of the papillary frill (A). There was no evidence of neovascularisation of the iris (NVI) or the angle neurovascular assessment (NVA). Ocular ultrasound was negative for vitreous hemorrhage or retinal detachment. Ancilliary testing for diagnosis of common aetiologies of anterior segment neovascularisation was carried out and revealed type 2 diabetes. The patient was referred for evaluation and control of his newly diagnosed diabetes. After six months, we performed an uneventful cataract surgery by phacoemulsification. Fundus fluorescein angiography (FFA) showed posterior segment ischemia with neovascularisation elsewere (B). Neovascularisation spared the iris and the angle. Thus, nerve conduction velocity (NVC) was the solely sign of anterior segment neovascularisation

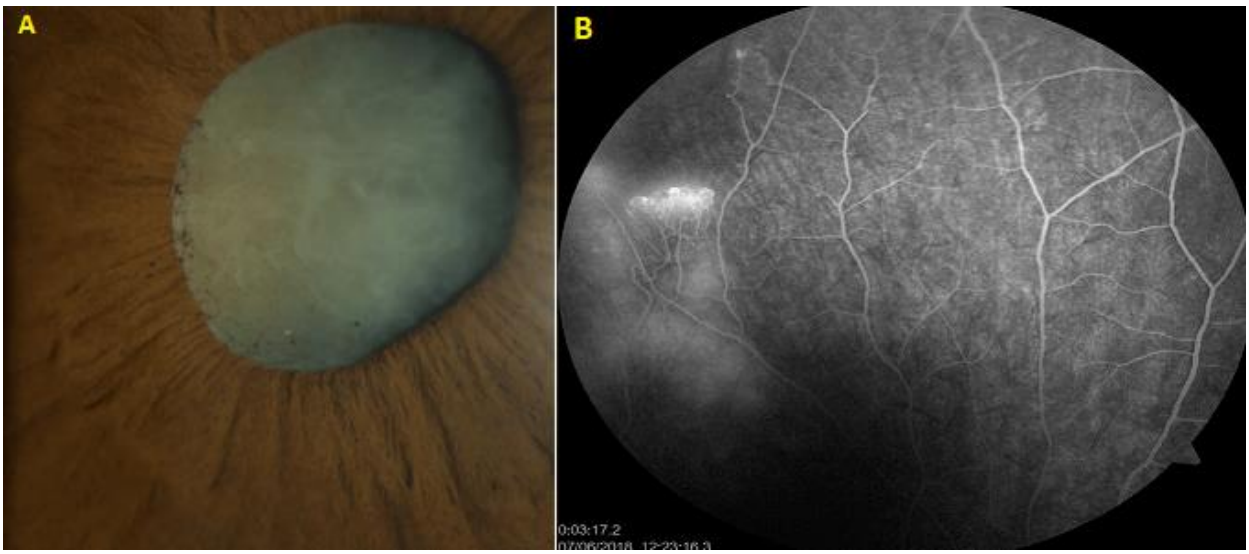

Figure 1: (A) slit-lamp photography with x 16 magnification showing a vascular network composed of fine vessels located nasally adjacent to the papillary border on the anterior capsule of the lens associated with pigment deposits, loss of the papillary frill and white mature cataract OS (B) FFA showing capillary dropout with NVE in the same eye