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Spontaneous lens luxation into anterior chamber: why is it important to intervene immediately?

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Image in medicine

A 70-year-old woman, with a history of cataract surgery 2 years ago, presented to the ophthalmology clinic with 3 months of decreased vision, pain and redness in his right eye. Visual acuity was limited to hand motion and intraocular pressure was normal. Slit lamp examination showed a lens luxation into the lower part of the anterior chamber, diffuse corneal edema and corneal neovascularization. Fundus examination was unremarkable. Specular microscopy showed severe endothelial cell loss in the right eye and moderate in the left eye, testifying preexistent corneal endothelial dystrophy. Anterior segment optical coherence tomography showed increased thickness in the affected eye. Postural measures

have been recommended, and the lens implant was extracted rapidly. Endothelial keratoplasty was performed later. Corneal edema may occur due to endothelial pump failure because of the direct contact between the corneal endothelium and the lens. Others causes have been incriminated such as chemical injury, infection, inflammation, corneal dystrophy. The management of corneal edema depends upon the underlying cause and visual potential, starting from the medical management to penetrating keratoplasty. This case highlighted the importance of early management in case of lens luxation into the anterior chamber (AC) in order to minimize the risk of endothelial cell loss.

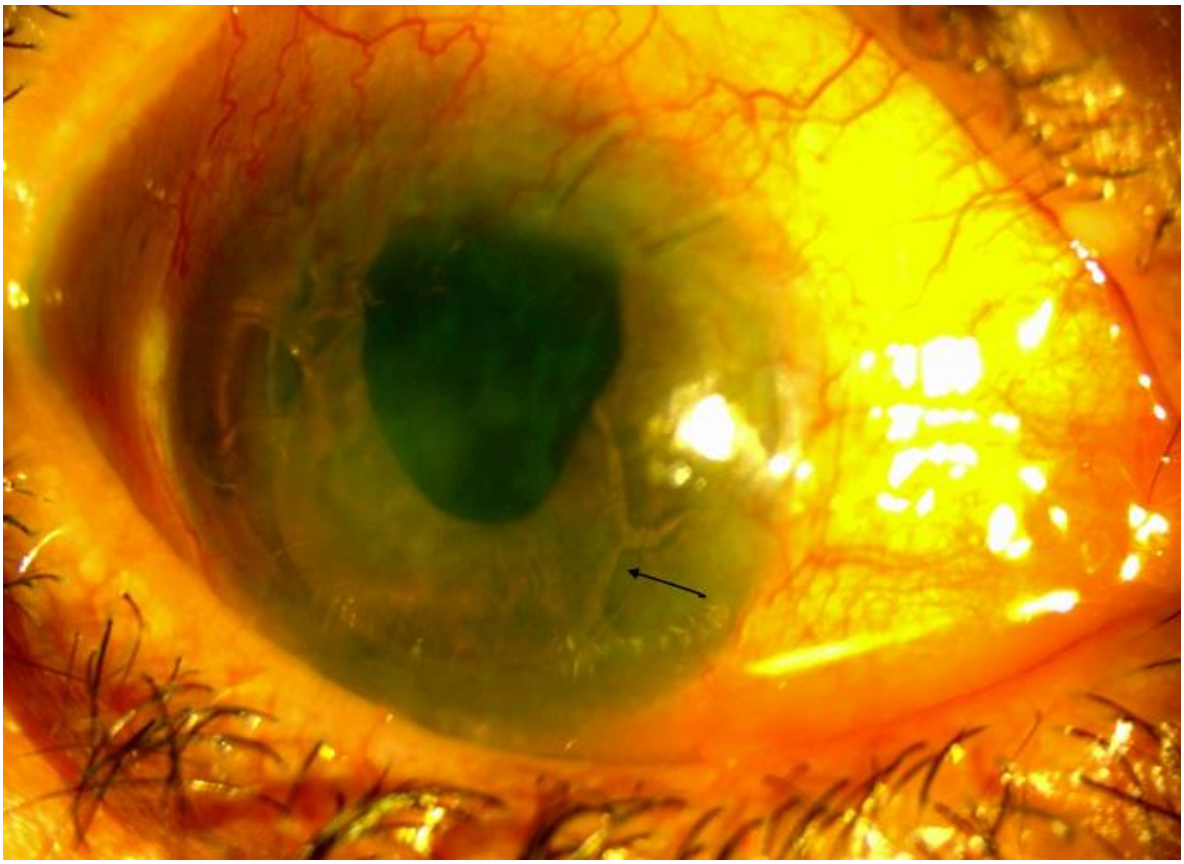

Figure 1: slit lamp image showing lens luxated into the anterior chamber (black arrow)