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# Ocular snow storm: an unusual presentation of phacolytic glaucoma

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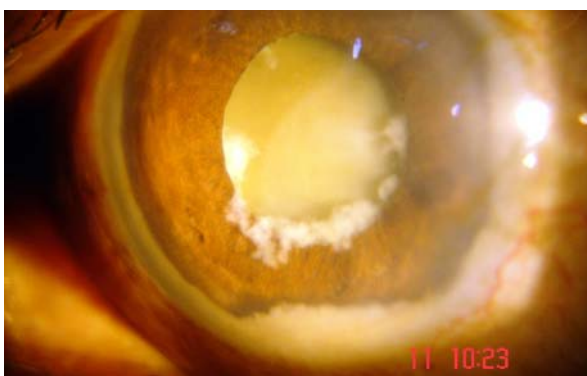
## DESCRIPTION

A 65-year-old man presented with bilateral progressive diminution of vision since the past 2 years. He had loss of vision and pain in the right eye since 2 months. He had no history of acute red eye/trauma/surgery.

He had visual acuity of perception of light with accurate projection of rays in the right eye. There was white fluffy material pouring from the lens and settling in the anterior chamber forming a pseudohypopyon (figure 1). The anterior capsule of the lens was intact. The brown nucleus was floating in liquefied cortex of the lens. There were no Keratic Precipitates and angles were open. Intraocular pressure was 40 mm Hg in the right eye.

His vision recovered partially (20/200) after surgery due to optic nerve damage secondary to phacolytic glaucoma (PG).

PG is characterised by an acute rise in intraocular pressure (IOP) with advanced cataracts.<sup>1 2</sup> The pathogenesis is microleakage of high-molecular-weight lens proteins through an intact anterior lens capsule causing an inflammatory response and blockage of trabecular meshwork by protein-laden macrophages and inflammatory debris.<sup>3</sup> These patients are treated with simple cataract extraction and implantation of intraocular lens with guarded visual prognosis.



**Figure 1** Hypermature morgagnian cataract and white fluffy lens material in anterior chamber forming pseudohypopyon.

## Learning points

- ▶ Hypermature morgagnian cataract with phacolytic glaucoma (PG) is a common cause of visual impairment in developing countries where health facilities are difficult to reach rural areas.
- ▶ There is an open angle with an absence of keratic precipitates in PG. A good clinical examination will differentiate it from other secondary glaucomas.
- ▶ Although hypopyon is a common clinical presentation in keratitis, uveitis and endophthalmitis, but it may be present in PG.

**Competing interest** None.

**Patient consent** Obtained.

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Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Khandelwal R. Ocular snow storm: an unusual presentation of phacolytic glaucoma. *BMJ Case Reports* 2012;10.1136/bcr-2012-006330, Published XXX

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