

Sudden visual loss: intraocular lens subluxation

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Accepted 31 August 2014

DESCRIPTION

We present a case of left-sided sudden visual loss in a 75-year-old man with a previous history of uneventful cataract surgery many years prior. During a car journey home, the patient noticed a sudden drop in vision in the left eye, which he noticed readily having poor vision in the fellow eye due to previous retinal detachment. He presented the next morning to the hospital eye service with painless visual loss. There was no history of trauma. Examination demonstrated a visual acuity of counting fingers in the left eye, and a clear inferior subluxation of the posterior chamber intraocular lens and capsular bag (figure 1).

The patient was listed urgently for pars plana vitrectomy under a local anaesthetic, with removal of the lens and capsular bag complex, and insertion of an anterior chamber intraocular lens.

Posterior dislocation of an intraocular lens following cataract surgery can present itself as a very late complication many years down the line, with the incidence being as high as 3%.¹ The usual mechanism of dislocation is a gradual weakening of

the zonular fibres that keep the lens and capsular bag in place. There are frequently predisposing factors with intraocular lens dislocation, including the presence of uveitis, surgical or non-surgical trauma, pseudoexfoliation and, rarely, connective tissue disorders. Management will usually involve either repositioning of the luxated lens, insertion of a sutured posterior chamber intraocular lens or alternatively an anterior chamber lens. The visual prognosis is usually good.²

Learning points

- ▶ Intraocular lens dislocation in the vitreous cavity is a recognised cause of sudden visual loss and must be referred on urgently to a specialist.
- ▶ It is a sign that can easily be spotted by those in primary care, particularly with the use of a slit lamp.
- ▶ Visual prognosis is usually very good.



Figure 1 Image of inferior subluxation of intraocular lens and capsular bag. Slit lamp view.

Acknowledgements Photo taken by Kevin Harrison, medical photographer.

Contributors HO came up with the idea for the manuscript. AH and CH contributed to writing. CK was the consultant in charge.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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To cite: Oliphant H, Holmes C, Hassan A, et al. BMJ Case Rep Published online: [please include Day Month Year] doi:10.1136/bcr-2014-206811

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