A rare case of bilateral lens dislocations

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DESCRIPTION

A 39-year-old man presented to our hospital following transfer from a rural site with an acute right eye anterior lens dislocation following a traumatic blow to the head. He had been hit 7 days prior and had suffered gradual vision loss in the right eye since then. Visual acuity was counting fingers at 1 m in his right eye and perception of light in his left eye. He had an intraocular pressure (IOP) of 50 mm Hg in his right eye on arrival. He had a CT head non-contrast performed. The axial (figure 1) and sagittal (figures 2 and 3) slices demonstrated a right eye anterior lens dislocation and a left eye posterior lens dislocation. The left eye had been injured 3 years prior and the patient had not sought treatment for it at the time. On examination, the left eye was found to have a chronic retinal detachment and a posterior lens dislocation. His right eye had been his only seeing eye and now had poor vision due to the acute injury. The anterior lens dislocation in his right eye was visible on slit lamp examination (figure 4). Intravenous acetazolamide was given to lower the IOP and a lensectomy performed that night. The patient returned to theatre 3 days later for a vitrectomy and insertion of an anterior chamber lens. The CT (figure 1) shows the bilateral lens dislocation very clearly and highlights the need for accurate clinical details and history to avoid confusion when assessing acute pathology in a case with bilateral findings. Trauma

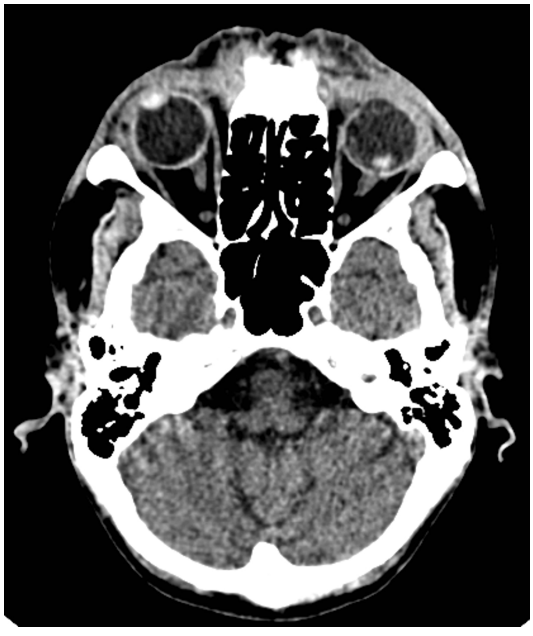

Figure 1 Axial CT head non-contrast showing anterior lens dislocation in the right eye and posterior lens dislocation in the left eye.

Figure 2 Sagittal CT head non-contrast showing anterior lens dislocation in the right eye.

Figure 3 Sagittal CT head non-contrast showing posterior lens dislocation in the left eye.

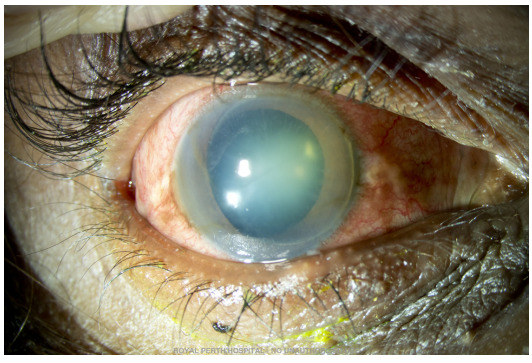

Figure 4 Clinical photograph from slit lamp examination showing right eye anterior lens dislocation.

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Learning points

- An accurate clinical history is required, in particular when bilateral pathologies exist. Correct clinical information is important when making imaging requests to guide reporting.
- Lens dislocation should be considered in cases where visual acuity is reduced in the setting of ocular or facial trauma.[1]
- Anterior lens dislocations are an ophthalmological emergency and prompt treatment should be initiated.[3]

is the most common cause of lens dislocation or subluxation; however, lens dislocation is a rare complication of head injury.[1 2] Anterior lens dislocations are an ophthalmological emergency as they can lead to acute angle closure glaucoma and their prompt recognition and treatment are essential.[3]

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