



THE LAST STRINGS ATTACHED-ATYPICAL TRAUMATIC CATARACT - PHOTO ESSAY

Ophthalmology

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ABSTRACT

A typical cause of traumatic cataract formation is due to acute trauma to the globe or adnexa, or direct penetration of the crystalline lens by an external object resulting in a rosette shaped lenticular opacification. We report a atypical case of trauma resulting in a mushroom shaped opacification.

KEYWORDS

INTRODUCTION

Concussive trauma to the eye produces characteristic rosette cataracts, dislocation of the lens, and numerous associated ocular injuries. The mechanism of injury is a traumatic shock wave that progresses through the eye, causing insult to both anterior and posterior structures. Appropriate diagnosis and proper management of traumatic cataract is necessary to restore vision and prevent sight-threatening complications. 1

CASE REPORT

A 47 year old male presented with complaint of reduced vision in both eyes since 1 year. His uncorrected visual acuity was 6/9 in right eye and 6/18 in left eye. On correction best corrected visual acuity was 6/6 in both eyes with near vision of N6. On further examination we found a mushroom shaped lenticular opacification in right eye on slit lamp examination (Fig.1 & Fig.2). Posterior segment was found normal in both eyes. On asking he gave history of blunt trauma 1.5 years back for which he had not taken any consultation.

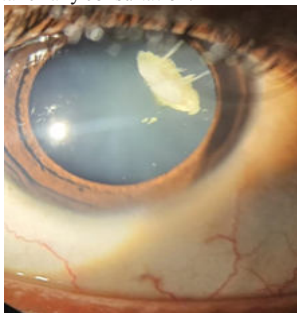


Fig 1

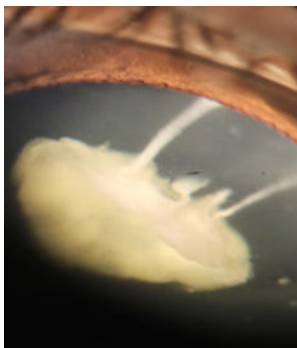


Fig 2

DISCUSSION

Rosette-shaped lenticular opacification is typically observed in individuals with blunt trauma, diabetes, lightning injuries, and exposure to infrared or ionizing radiation. The usual rosette formation occurs because of the impaired lens epithelium, leading to swelling of the posterior cortical lens fibers and resulting in a layered area of vacuolation. (2)

Vacuolation area forms feather-like lines that look like flower petals by outlining the cortical sutures in the lens's structural design. The development of cataracts can take anywhere from months to years and exhibits various manifestations. (3)

CONCLUSION

Traumatic cataracts can vary in type according to their morphology. Multiple case reports demonstrated its diverse appearance. Here, in this case a unique finding of mushroom shaped is seen in an individual with blunt trauma where observation was the present line of management till the visual axis was clear with 6 monthly routine follow-up to check the progression of the same.

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