

Posterior dislocation of the intraocular lens

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July 16, 2024

Clinical Case Reports – Case Image

Posterior dislocation of the intraocular lens

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Consent statement

“Written informed consent was obtained from the patient to publish this report in accordance with the journal’s patient consent policy”.

Abstract

The reduction or loss of vision are dramatic events, frequently related to cardiovascular comorbidities, especially when the patient is diabetic, hypertensive or obese. Horton’s temporal arteritis and ischemic optic neuropathy are frequently described in the literature as possible causes.

Key Clinical Message

In case of sudden unilateral loss of vision, a detailed search for symptoms and causes is mandatory. Dislocation of the intraocular lens can occur even in the absence of trauma and is not easily detectable, but must be carefully investigated and treated.

Keywords : dislocation of the intraocular lens.

Case report

An 83-year-old male patient, previously operated for bilateral vitrectomy and cataract, suffered a sudden right-eye vision loss, announced only by the shaded observation of a horizontal line. The patient was in excellent clinical condition and had no relevant comorbidities. The retinal fundus appeared regular. Brain CT-scan, supra-aortic trunks doppler-US, and blood tests, including ESR and CRP, were normal. An angio-MRI of the brain and orbits did not show significant abnormalities. The patient reported having occasionally seen something again from his right eye for a few seconds. Nonetheless, the hypothesis of ischemic optic neuropathy was formulated, also supported by literature and neurological consultation. Steroids, heparin and neuroprotectors were administered without benefit. Therefore, the patient was determined to perform further investigations. A refractometric test demonstrated partial vision recovery through a very high hyperopic correction. Following this finding, a more careful observation of the T2-weighted MRI sequences (Figure 1) showed an unexpected posterior dislocation of the right intraocular lens, with the capsular bag floating in the vitreous[1]. Finally, the patient underwent surgery to replace the lens, implanted in the anterior chamber, achieving vision recovery and reverting a condition deemed incurable.

Acknowledgment

Dedicated to my father

Declaration statement

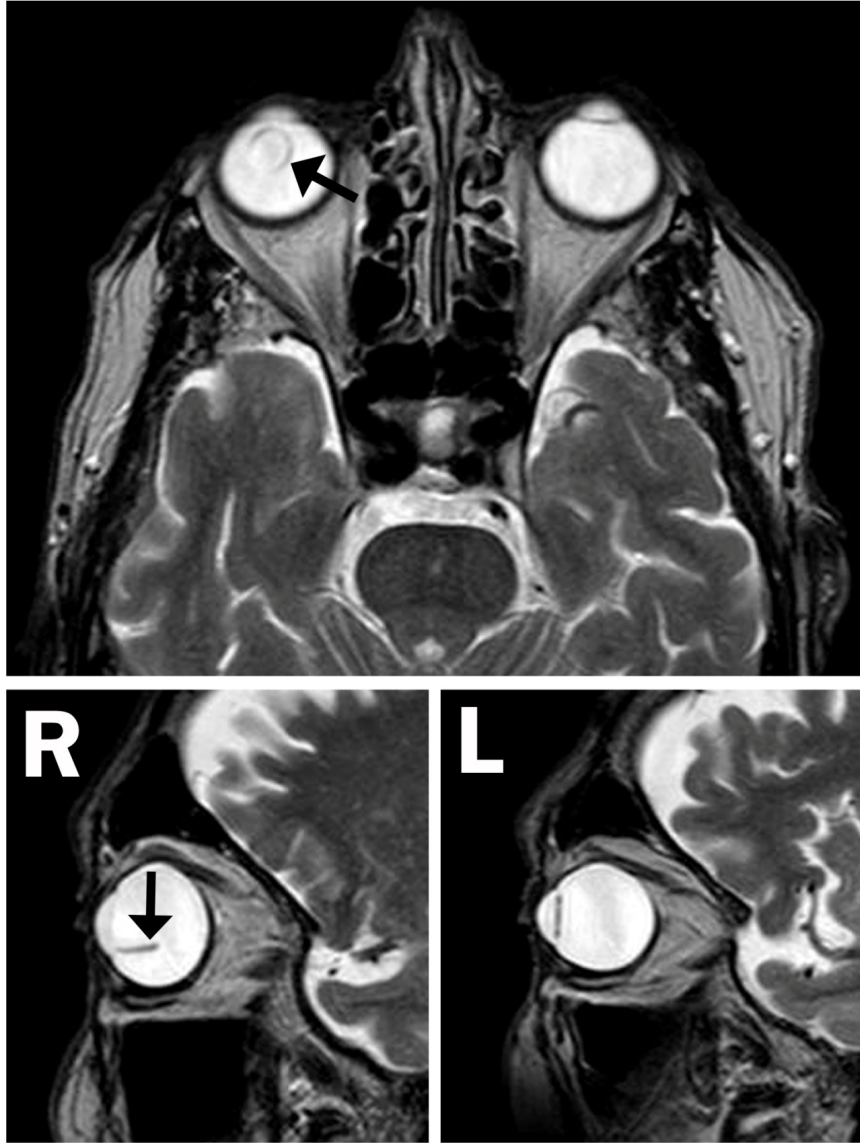
Authors declare no conflict of interest

Author contribution statement

Dr. Guido Carillio personally followed the patient, wrote and edited the manuscript.

Dr. Pier Paolo Arcuri and dr. Flora Carillio followed the patient, visionated and validated the manuscript.

Figure 1



T2-weighted MRI sequences revealing posterior dislocation of the intraocular right lens (arrows).

Reference

Yu Qiang Soh, MD, Daniel S.W. Ting, MD, PhD, and Edmund Y.M. Wong. Diagnosis and Management of Posteriorly Dislocated Lenses. *Ophthalmic Pearls*, OCT 01, 2017 (<https://www.aao.org/eyenet/article/management-of-posteriorly-dislocated-lenses>).

