

Spontaneous posterior dislocation of the lens

Taha Sezer¹

Hayri Ogul²

Author details can be found at the end of this article

Correspondence to:

Hayri Ogul;
drhogul@gmail.com

A 71-year-old male was admitted to the clinic complaining of a severe headache of 1 week's duration and blurred vision for 6 months. He had Parkinson's disease and hypertension, but had no history of ocular trauma or any hereditary systemic disease such as Marfan syndrome, Ehlers–Danlos syndrome or homocystinuria. Anterior segment examination showed that there was no lens in the left eye. Fundus examination revealed optic and chorioretinal atrophy. Assessment using Goldmann applanation tonometry showed the intraocular pressure was 12 mmHg for the right eye and 31 mmHg for the left eye (normal intraocular pressure 10–20mmHg). The patient's severe headache was thought to be related to increased intraocular pressure in the left eye. Other laboratory findings were within normal limits. Orbital magnetic resonance imaging showed that the left lens was in the posterior chamber of the vitreous cavity (**Figure 1**).

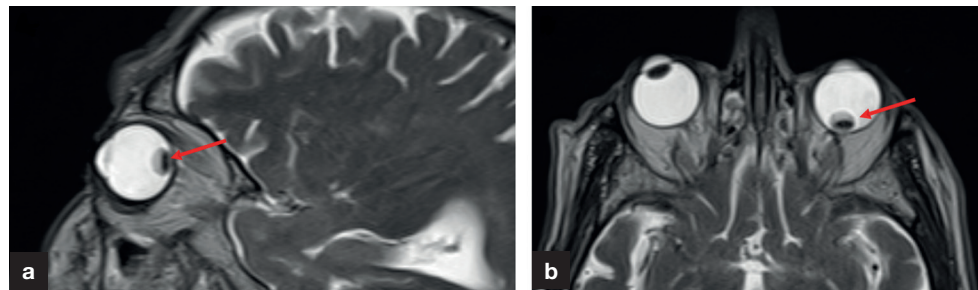


Figure 1. a. Sagittal and (b) axial magnetic resonance imaging scans demonstrate free-floating lens in the posterior chamber of the left vitreous cavity (red arrows).

Rupture of the zonular fibres as a result of inflammatory and degenerative conditions such as hypermature cataract and retinal detachment results in spontaneous dislocation of the ocular lens (Dureau, 2008). However, dislocation of the lens into the vitreous cavity with no known history of trauma or other risk factors is very rare (Saikumar et al, 2018; Thulasidas et al, 2022).

Author details

¹Department of Ophthalmology, Duzce University School of Medicine, Duzce, Turkey

²Department of Radiology, Medical Faculty, Duzce University, Duzce, Turkey

References

- Dureau P. Pathophysiology of zonular diseases. *Curr Opin Ophthalmol.* 2008;19(1):27–30. <https://doi.org/10.1097/ICU.0b013e3282f29f01>
- Saikumar SJ, Manju A, Leena MV, Lakshmi J. Double trouble: bilateral spontaneous posterior dislocation of cataractous lens. *Kerala J Ophthalmol.* 2018;30(1):43–45. https://doi.org/10.4103/kjo.kjo_1_18
- Thulasidas M, Patyal S, Narula R, Tiple SG. Spontaneous posterior dislocation of the cataractous lens in a patient with Parkinson-plus syndrome. *Am J Ophthalmol Case Rep.* 2022;25:101286. <https://doi.org/10.1016/j.ajoc.2022.101286>

How to cite this article:

Sezer T, Ogul H. Spontaneous posterior dislocation of the lens. *Br J Hosp Med.* 2024. <https://doi.org/10.12968/hmed.2023.0339>