

Subluxated spherophakic lens: Zonules still not relinquished

Microspherophakic lens are small with weak zonules, leading to clinical manifestations of high myopia, progressive subluxation and/or dislocation, and glaucoma either pupillary block or angle closure.^[1]

A 36-year-old patient with bilateral nonsyndromic microspherophakia re-presented with blurred vision; 6 years after, he had undergone prophylactic bilateral laser peripheral iridotomy (LPI) and a right eye trabeculectomy with mitomycin C for unrelated secondary glaucoma (due to anterior uveitis), which complicated his clinical course. When examined, his best corrected visual acuity was 20/40 and 20/50 in the right and left eyes, respectively, with -12.0 dioptre sphere; slit-lamp examination revealed irregular depth of anterior chamber bilaterally with patent LPI. A diffuse bleb was seen in the right eye. Intraocular pressure (IOP) was recorded as 16 and 14 mmHg, respectively. On dilatation, sparse zonules were visible; progressive subluxation was seen, but dislocation was prevented by sentinel zonules [Fig. 1], still hanging on to the lens. Rest of the examination of both eyes was within normal limits, including discs and visual fields.

Patient underwent a lensectomy via the anterior route with intrascleral haptic fixation of a posterior chamber intraocular implant (sclera-fixated IOL) in each eye, accomplished by a glaucoma surgeon.^[2-4]

Patient achieved 20/20 vision in both eyes unaided; N6 with an addition of + 2.50. IOP was controlled with a functioning bleb in the right eye. Other than mild vitreous haemorrhage, no other serious complications were seen in the follow-up period.

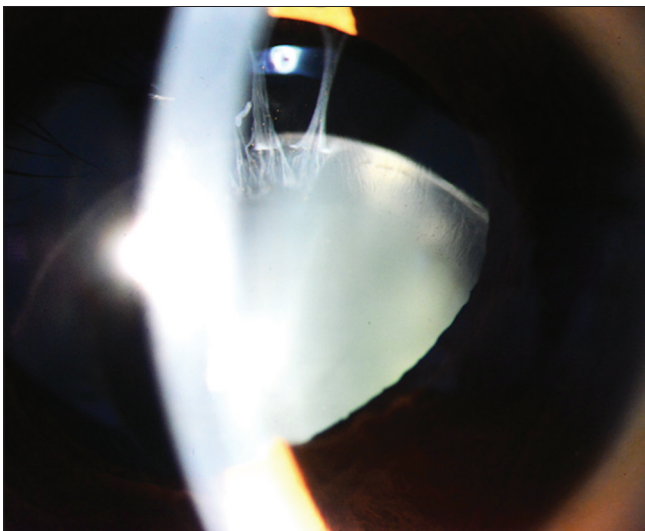


Figure 1: Sparse zonules in a subluxated spherophakic lens

To conclude, a regular vigil is essential to prevent posterior dislocation of a microspherophakic lens, enabling an anterior segment approach in its management, thereby avoiding the skill, cost, and potential complications of a posterior approach.

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Conflicts of interest

There are no conflicts of interest.

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References

1. Khokhar S, Pillay G, Sen S, Agarwal E. Clinical spectrum and surgical outcomes in spherophakia: A prospective interventional study. *Eye (Lond)* 2018;32:527-36.
2. Yang J, Fan Q, Chen J, Wang A, Cai L, Sheng H, *et al.* The efficacy of lens removal plus IOL implantation for the treatment of spherophakia with secondary glaucoma. *Br J Ophthalmol* 2016;100:1087-92.
3. Yamane S, Inoue M, Arakawa A, Kadonosono K. Sutureless 27-gauge needle-guided intrascleral intraocular lens implantation with lamellar scleral dissection. *Ophthalmology* 2014;121:61-6.
4. Kelkar AS, Fogla R, Kelkar J, Kothari AA, Mehta H, Amoaku W, *et al.* Sutureless 27-gauge needle-assisted transconjunctival intrascleral intraocular lens fixation: Initial experience. *Indian J Ophthalmol* 2017;65:1450-3.

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