

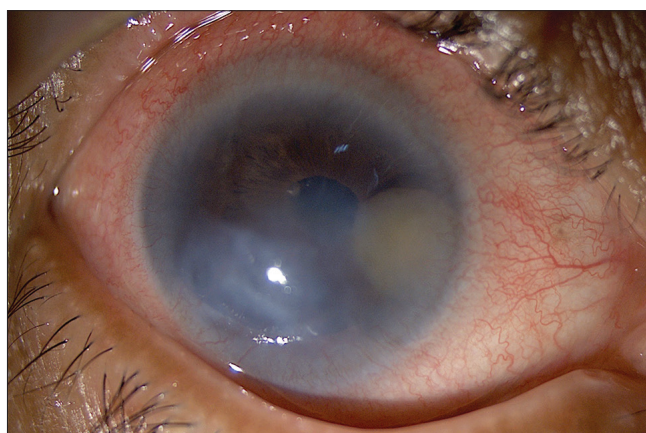
## Sequelae of neglected hypermature senile cataract

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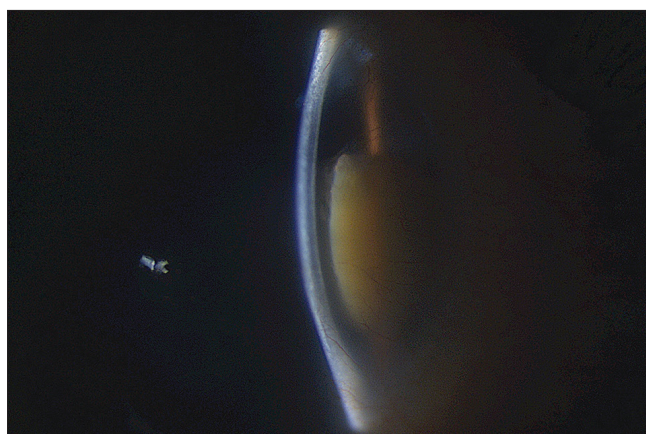
**Key words:** Anterior dislocation, glaucoma, hypermature senile cataract

An 85-year-old female presented with complaints of pain, redness, and watering in the right eye for 3 months, and poor vision for last 5 years. However, no medical advice was sought for the same. On presentation, the visual acuity was no light perception and 6/6 in the right and left eye, respectively. The intraocular pressure (IOP) was 40 mmHg in the right eye. Slit-lamp examination of the right eye revealed circumciliary congestion, corneal oedema with epithelial bullae, superficial corneal vascularization, and an anteriorly dislocated nucleus in the anterior chamber [Figs. 1 and 2]. The left eye was pseudophakic with normal IOP. Fundoscopy revealed glaucomatous optic atrophy in the right eye. The patient was diagnosed as a case of spontaneous anterior dislocation of hypermature senile cataract (HMSC) with corneal decompensation and glaucomatous optic atrophy. She was advised diode laser cyclophotocoagulation for IOP control and phototherapeutic keratectomy for corneal decompensation. However, the patient refused any intervention in view of nil visual prognosis. Topical hypertonic saline, lubricants, and antiglaucoma medications were prescribed for symptomatic relief.

Cataract is a leading cause of blindness in developing countries. If left untreated, it may progress to HMSC which develops due to liquefaction and absorption of cortical matter, leaving behind a small shrunken nucleus with an overlying fragile capsule that may have calcification and fibrosis.<sup>[1]</sup> The complications associated with HMSC include lens-induced uveitis, phacolytic glaucoma, and rarely spontaneous dislocation of nucleus.<sup>[2-4]</sup> Our patient



**Figure 1:** Slit lamp image of the right eye in diffuse illumination showing an anteriorly dislocated nucleus in the anterior chamber with corneal oedema



**Figure 2:** Slit lamp image of the right eye in slit illumination showing a shrunken nucleus in the anterior chamber with absence of an overlying lens capsule

had no prior history of trauma, and had a spontaneous dislocation of nucleus, leading to inflammation, secondary glaucoma, and corneal decompensation with a painful blind eye. To conclude, early diagnosis and timely surgical intervention are crucial in the management of hypermature cataract. There is a need to increase awareness about sight threatening complications of neglected senile cataract specially in developing nations.

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### Patient consent

The patient has consented to the submission of the case report for submission to the journal.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

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