

Figure 1: Composite image includes (a) slit-lamp photograph showing vertical corneal striae at the level of Descemet's membrane, (b) ASOCT (anterior segment optical coherence tomography) showing projections from inner surface of cornea into anterior chamber of right eye and (c) magnified view of corneal striae

We report a case of 67-year-old female coming for right eye cataract surgery with accidental finding of two distinct, vertical, semi translucent parallel striae located on the posterior surface of cornea [Fig. 1a and c]. History revealed forceps delivery at birth. Descemet's rupture occurs when blade slips over the inferior orbital rim and compresses globe against the superior wall of the orbit.^[1] Anterior segment optical coherence tomography [Fig. 1b] showed projections from inner surface of cornea and low endothelial count on specular microscopy. There is an increased risk of endothelial decompensation and bullous keratopathy.^[2] Cataract surgery was advised using dispersive viscoelastic and balanced salt solution.

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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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