Posterior lentiglobus

The parents of a 1-year-old boy came with the complaint of inward deviation of his left eye for the past 2 months. The child was able to fix and follow light with either eye. The other eye had been operated for cataract few months back. The patient had esophoria with right eye dominance along with bilateral inferior oblique overaction (left > right). Ocular examination revealed a posterior lentiglobus associated with congenital cataract [Fig. 1]. There was no evidence of any systemic abnormality. Posterior lentiglobus is a developmental anomaly of the lens in

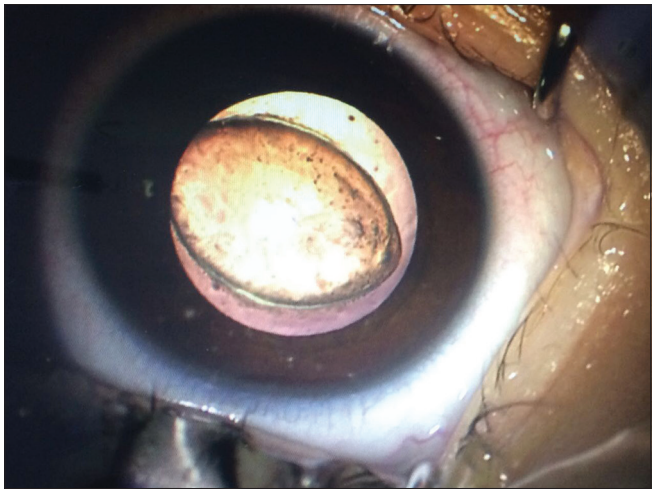

Figure 1: Ocular examination demonstrating posterior lentiglobus simulating an egg

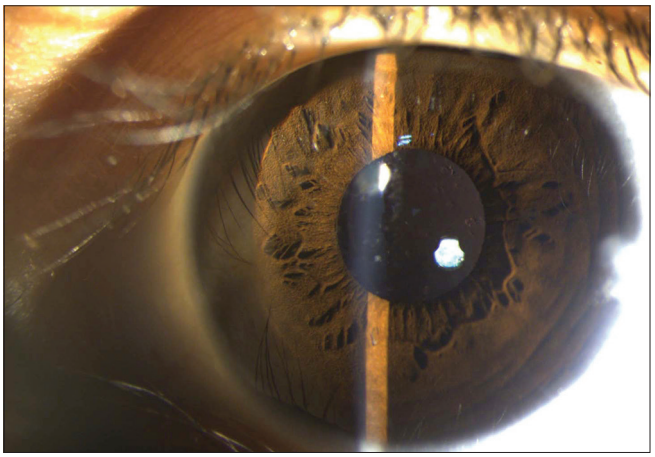

Figure 2: Postoperative slit-lamp photograph of the left eye showing clear visual axis

Figure 3: Child with parallel visual axis

which the posterior portion of the lens bulges posteriorly[1] in a globular shape simulating an egg. Etiology is obscure, though it can present as the only ocular abnormality or in association with persistent fetal vasculature,[2] morning glory syndrome,[3] or Alport syndrome.[4] Management included "slow-motion" phacoaspiration (i.e., decreased fluidic parameters of vacuum, aspiration flow rate, and bottle height) with posterior capsulotomy and anterior vitrectomy. Postoperatively [Fig. 2], the visual axis was parallel with glasses [Fig. 3]. The refractive error in the right eye was +2.00DS0.50DC × 90 and in the left eye was +4.00 DS with a +3.00 DS near-vision add in each eye. The patient was prescribed executive bifocals with the near-vision segment bisecting the pupil, along with part-time occlusion therapy of the right eye as a part of amblyopia management.

Ophthalmologists must be aware of the diagnosis and surgical treatment of posterior lentiglobus as it may result in dense amblyopia from form-vision deprivation, which may be resistant to occlusion therapy even after surgery.

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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