

Clear crescent: Laser-assisted *in situ* keratomileusis flap displacement

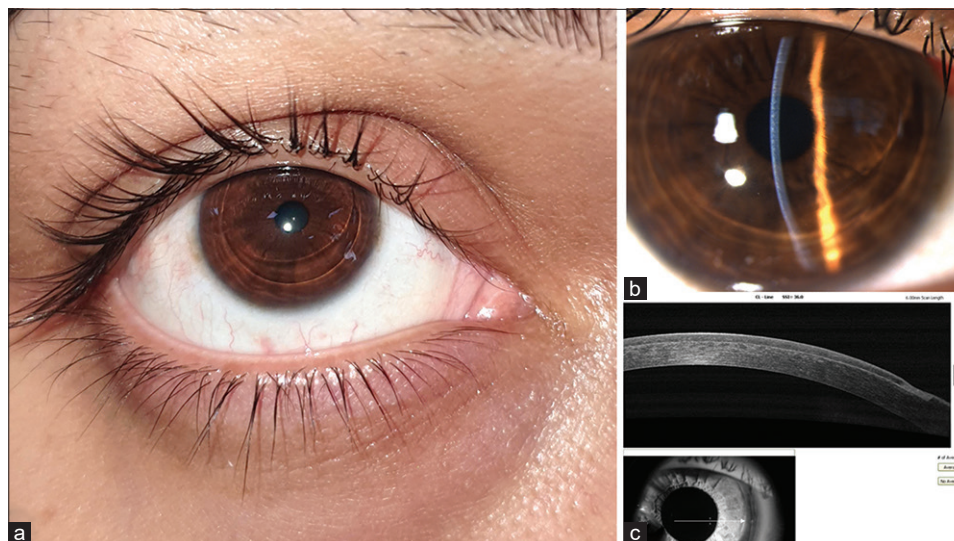


Figure 1: (a) Smartphone photography showing inferior crescent shaped defect. (b) Slitlamp examination showing superior Lasik flap displacement with inferior gaping. (c) Anterior Segment OCT confirming slitlamp findings

A 24-year-old female presented on the second postoperative day after laser-assisted *in situ* keratomileusis (LASIK) surgery. She gave a history of rubbing her right eye (RE) on the next day after surgery. The slit lamp evaluation revealed the presence of an inferior crescent in the RE (Fig. 1a- image captured on smartphone), and on further slit lamp examination the flap displacement [Fig. 1b] was noted superiorly. Anterior segment optical coherence tomography (OCT) [Fig. 1c] confirmed the above findings. Flap repositioning was done after refloating the flap. Traumatic flap displacement occurs in 1%–2% of cases more often within the first 24 hr but may also occur after 7 years.^[1,2]

Immediate flap repositioning is advised in all cases to prevent epithelial ingrowth and diffuse lamellar keratitis.

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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.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