Ophthalmic Images

Cotton Swab Couching of Dislocated Crystalline Lens in Marfan Syndrome

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A Anteriorly dislocated lens

B Lens repositioned into the posterior chamber

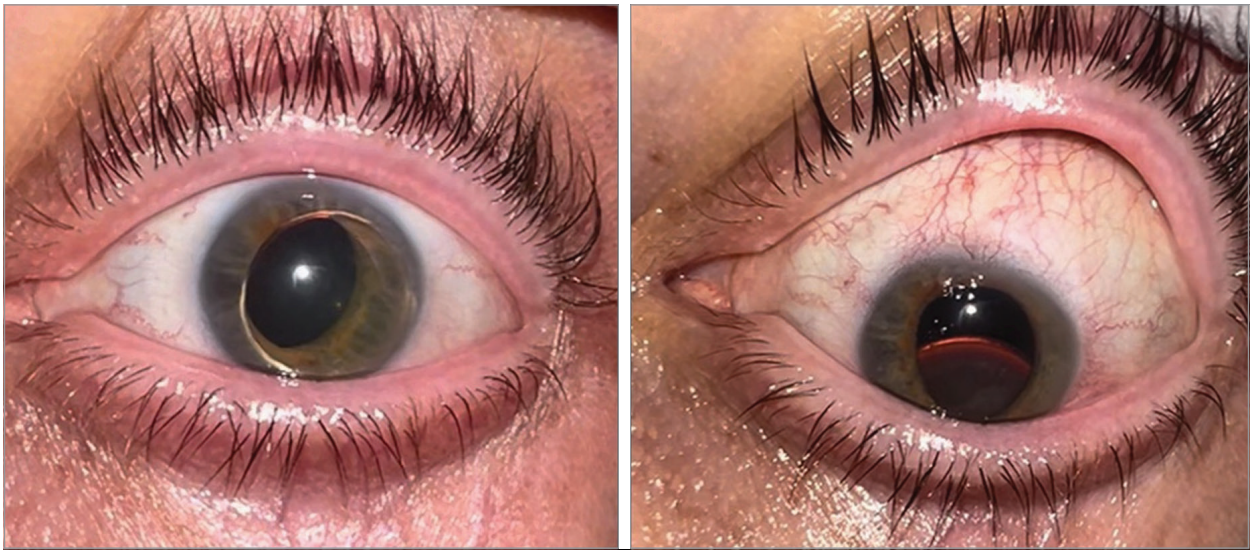

Figure. Dislocated lens repositioned using cotton swab. A, Anteriorly dislocated lens. B, Lens repositioned into the posterior chamber.

A patient in their early 50s with Marfan syndrome presented to the emergency department with 1 day of severe left eye pain and vision loss. The crystalline lens was found to be anteriorly dislocated, associated with acute pupillary block (**Figure**, A). Intraocular pressure was 70 mm Hg, and vision was 20/400 OS. After pharmacologic mydriasis, 2 cotton swabs were used to apply external pressure on the globe at 3 and 9 o'clock to manually reposition the anteriorly dislocated lens into the posterior chamber (Figure, B). Intraocular pressure improved to 12 mm Hg, and vision improved to 20/100 OS. After fundus examination, pilocarpine was administered to avoid redislocation of the lens. Bilateral laser peripheral iridotomies were performed. Lensectomy and pars plana vitrectomy were later performed, with vision improvement to 20/20 OS.

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Dislocated lenses frequently require surgical intervention,[1,2] but bedside manual repositioning may provide immediate relief. A similar in-office technique has been described recently in a case series of patients with anterior lens dislocation.[3]

ARTICLE INFORMATION

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