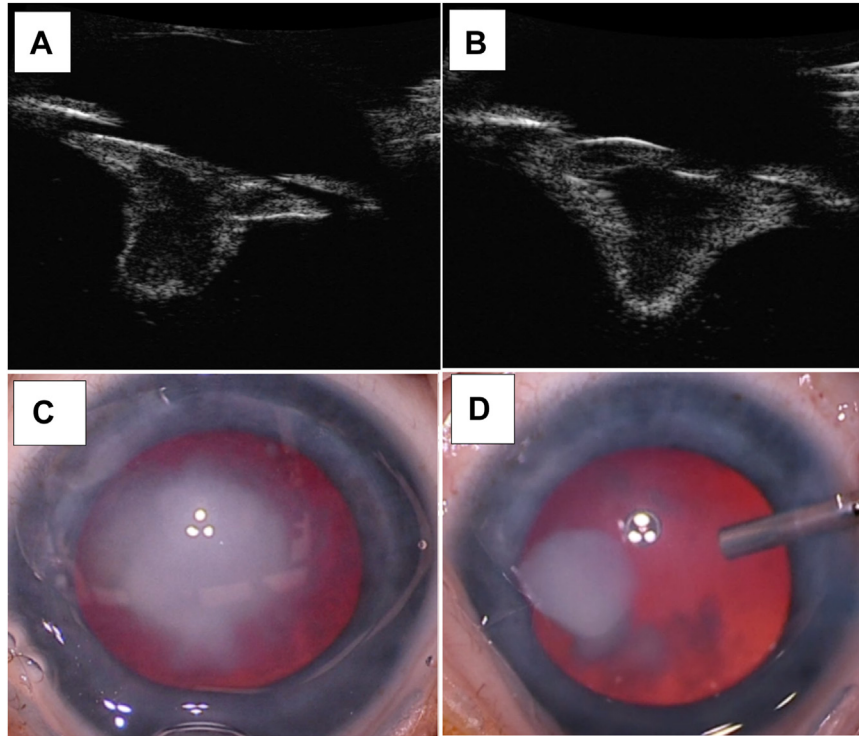


3. Bonini S, Bonini S, Lambiase A, et al. Vernal keratoconjunctivitis revisited: a case series of 195 patients with long-term followup. *Ophthalmology*. 2000;107:1157–1163.
4. Vichayanond P, Pacharn P, Pleyer U, Leonardi A. Vernal keratoconjunctivitis: a severe allergic eye disease with remodeling changes. *Pediatr Allergy Immunol*. 2014;25:314–322.
5. Bonini S, Coassin M, Aronni S, Lambiase A. Vernal keratoconjunctivitis. *Eye (Lond)*. 2004;18:345–351.
6. Varu DM, Rhee MK, Akpek EK, et al. Conjunctivitis preferred practice pattern. *Ophthalmology*. 2019;126:P94–P169.
7. Leonardi A, Silva D, Perez Formigo D, et al. Management of ocular allergy. *Allergy*. 2019;74:1611–1630.

Pictures & Perspectives



Bilateral Cataracts and Posterior Lentiglobus in *USP9X* Syndrome

A 3-month-old girl with mild brachycephaly and a broad nasal bridge was referred for cataract surgery. She had hearing loss in her left ear, an atrial septal defect, and a pulmonary venous anomaly. Initial examination showed blink-to-light vision without nystagmus or strabismus. Examination under anesthesia found bilateral cataracts with posterior lentiglobus (A, B, C). Infusion flushed the cataract out intraoperatively (D). Genetic testing showed a heterozygous variant (c.799_802del) in *USP9X*, on the X-chromosome. *USP9X* syndrome is a neurodevelopmental disorder predominantly found in female patients. Symptoms include intellectual disability, facial dysmorphism, language impairment, short stature, heart dysmorphism, hearing problems, abnormal skin pigmentation, and cataracts. Lentiglobus has not been previously described. (Magnified version of Figure A–D is available online at www.aaojournal.org).

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