



**IBEROAMERICAN
JOURNAL OF
MEDICINE**

iberoamericanjm

Journal homepage: www.iberoamericanjm.tk

Clinical Image

Rosette cataract

Anubhav Chauhan^{a,*}, Anchit Wapa^a, Deepak Sharma^a, Pankaj Thakur^a

^aDepartment of Ophthalmology, Shri Lal Bahadur Shastri Government Medical College and Hospital, Nerchowk, Distt. Mandi, Himachal Pradesh, India

ARTICLE INFO

Article history:

Received 22 March 2020

Received in revised form 24 March 2020

Accepted 25 March 2020

Keywords:

Cataract

Rosette

Trauma

© 2020 The Authors. Published by Iberoamerican Journal of Medicine. This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).

1. CASE REPORT

A 30-year-old female presented with a history of decreased vision in the left eye for the past one month following blunt trauma to the left eye. Her visual acuity was 6/6 in the right eye and 6/18 in the left eye which improved to 6/9 with pinhole. There was no other significant medical, surgical, family, or drug abuse history. Pupillary reactions, ocular movements, colour vision, intraocular pressure and fundus examination were within normal limits in both the eyes. Slit lamp examination of the left eye revealed white axial opacities in the form of distinct 'petals', giving it the name of classical Rosette cataract (Figure 1). A laboratory workup plus optical coherence tomography was within normal limits. The patient has been kept for cataract extraction surgery with intraocular lens implantation.

Rosette or stellate-shaped cataracts are associated with blunt injury of the eye, diabetes [1], lightning injury [2], exposure to infrared energy or ionising radiation.[3] Reversal of rosette cataract (because of diabetes mellitus) has also been reported [4].



Figure 1: Slit lamp caption revealing rosette cataract.

* Corresponding author.

E-mail address: chauhan.anubhav2@gmail.com

© 2020 The Authors. Published by Iberoamerican Journal of Medicine. This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).

<http://doi.org/10.5281/zenodo.3725938>

2. REFERENCES

1. Sethi A, Ramasubramanian S. Double rosette cataract: A striking image!. *Indian J Ophthalmol*. 2019;67(1):124-5. doi: 10.4103/ijo.IJO_941_18.
2. Venkateswaran N, Galor A. Rosette-Shaped Cataract Due to Lightning Injury. *JAMA Ophthalmol*. 2018;136(1):e175719. doi: 10.1001/jamaophthalmol.2017.5719.
3. Singh RB, Thakur S, Ichhpujani P. Traumatic rosette cataract. *BMJ Case Rep*. 2018;11(1). doi: 10.1136/bcr-2018-227465.
4. Ramkumar H, Basti S. Reversal of bilateral rosette cataracts with glycemic control. *ScientificWorldJournal*. 2008;8:1150-1. doi: 10.1100/tsw.2008.139.