“LENS UNDER SIEGE”
A CASE OF TRAUMATIC CATARACT WITH EXUDATES ON LENS

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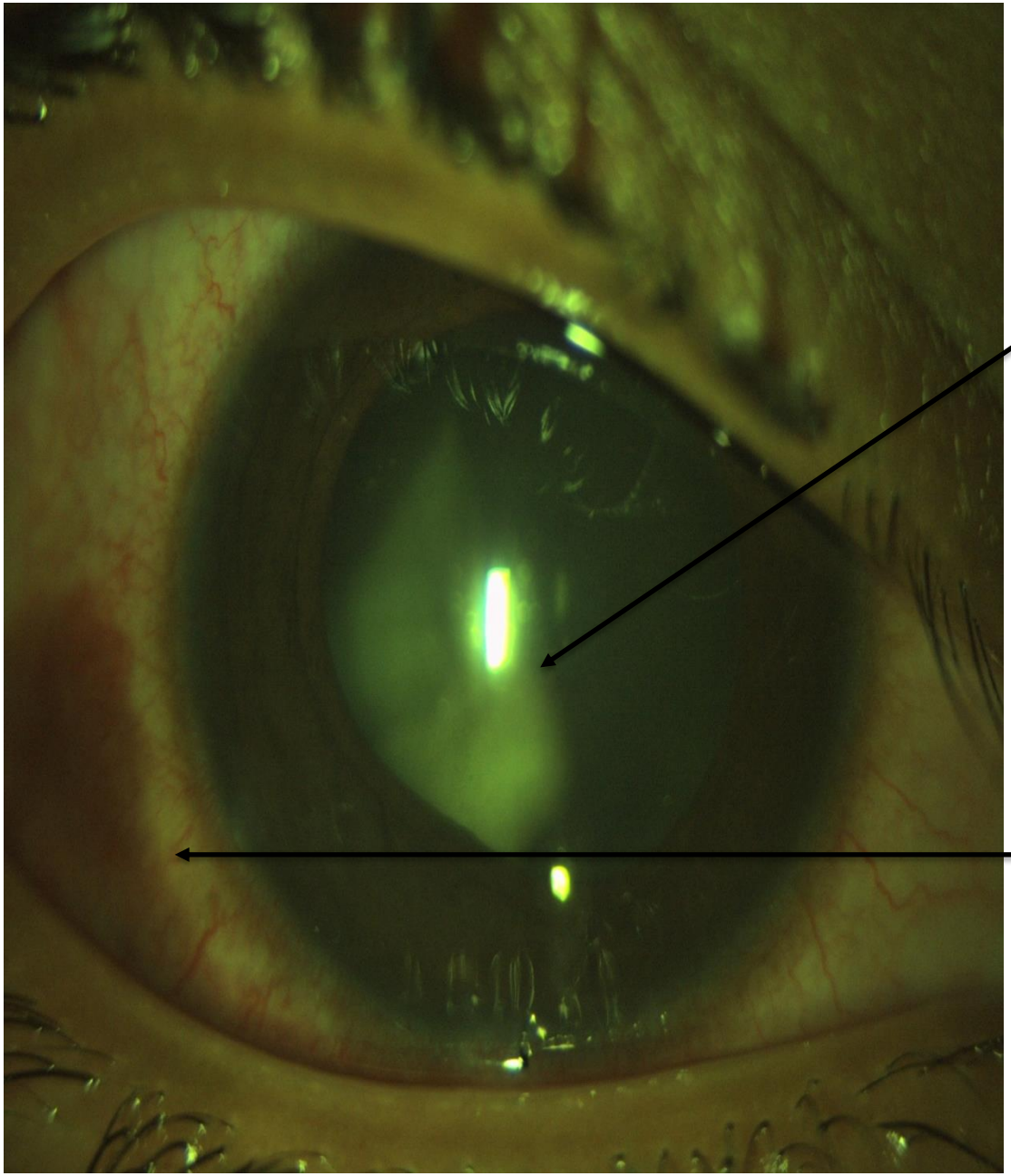
HISTORY

- A 8 year old male child was brought by parents to OPD with alleged history of trauma to Right eye due to wooden stick
- Patient complained of redness, pain , diminution of vision in right eye after episode.
- The following findings were noted

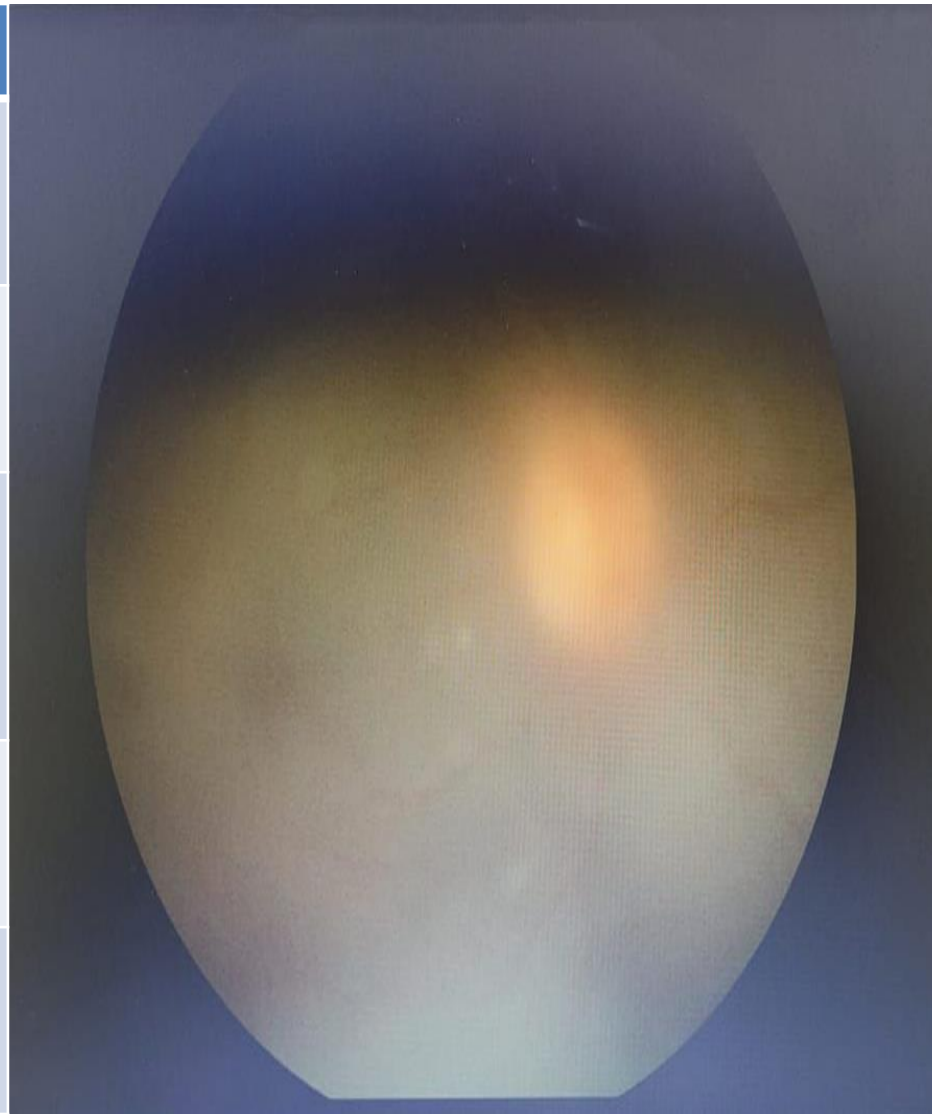
ANTERIOR SEGMENT

	Right Eye	Left Eye
Best corrected visual acuity	6/24--> no improvement on pinhole (not accepting any value)	6/6
Lid	Edema	Normal
Conjunctiva	Congestion +	Clear
Cornea	Full-thickness, corneal tear 1mm linear at 6 o clock With Seidels test positive	Clear
Anterior Chamber	shallow, Cells 4+	Normal depth
Iris	Normal pattern	Normal pattern
Pupil	RTL	RTL
Lens	Exudates + on lens	Clear
IOP	Digitally low	Digitally Normal
EOMS	Full and free in all directions	Full and free in all directions


Exudates On Lens
Congestion+

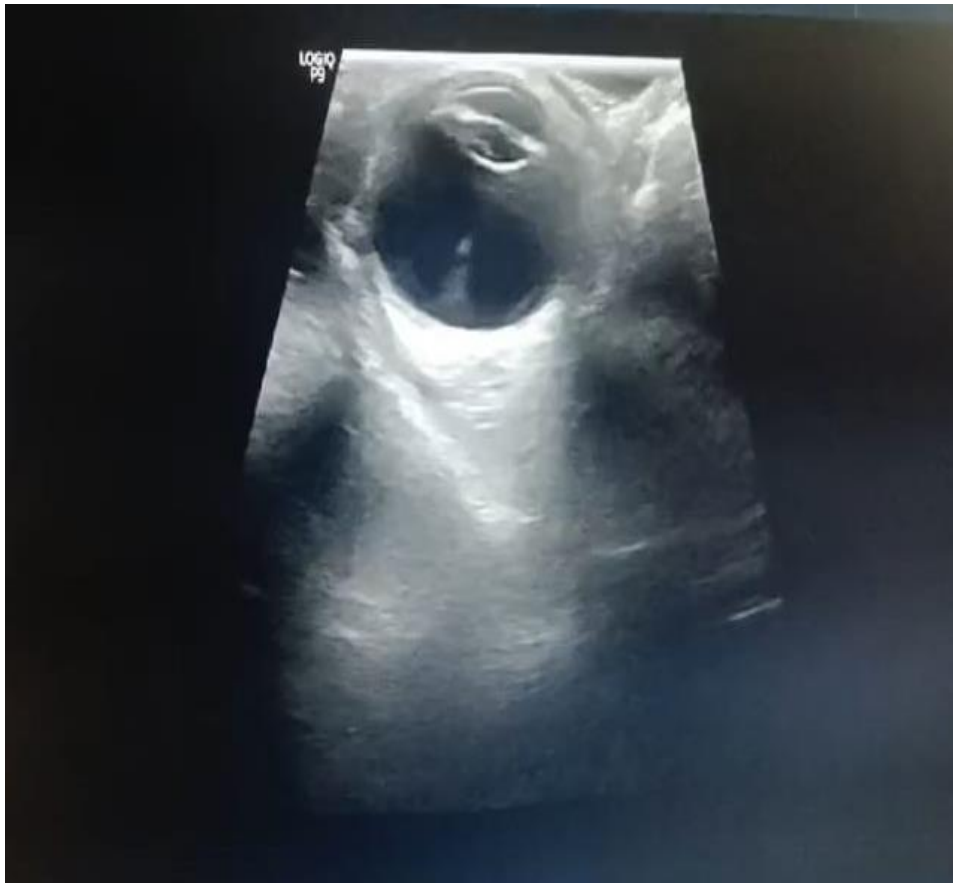
FUNDUS EXAMINATION

	Right Eye	Left Eye
Media	Hazy	Clear
BV	Normal	Normal
OD/CDR	Disc hazily seen, normal in size and shape	N/0.3
MAC/FR	DNS	N/+
General Fundus	Vitritis ++	WNL



- Right eye B-scan- Multiple dot echoes with slight reflectivity with good after movements suggestive of Vitritis. Retina on and no evidence of retinal detachment and choroidal detachment.

Provisional diagnosis : Right eye traumatic endophthalmitis with corneal tear with exudates on lens

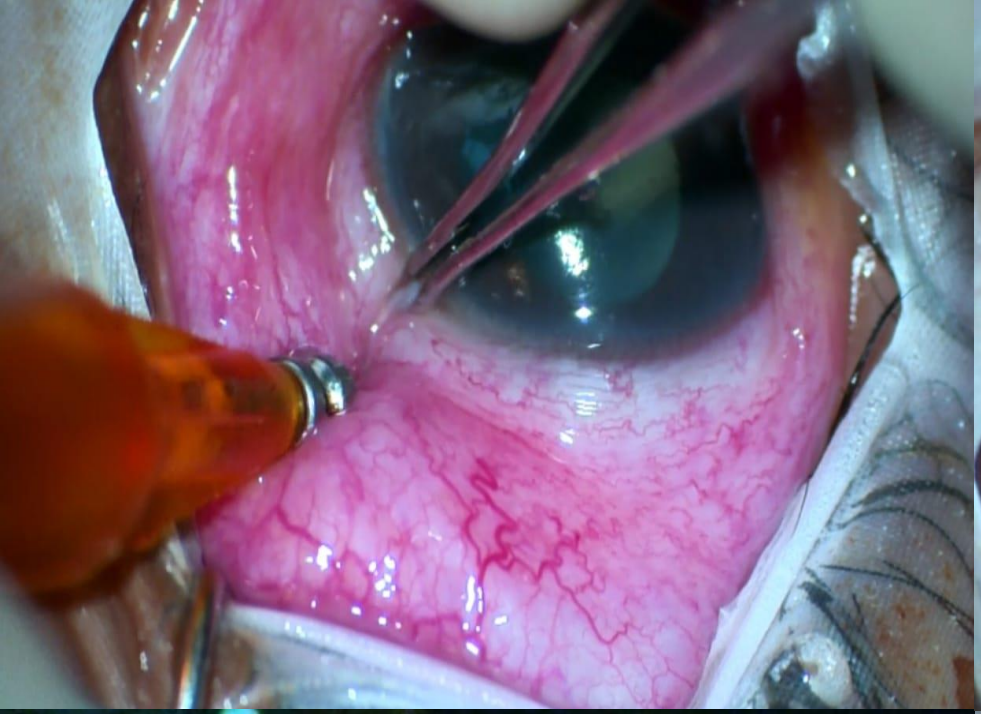


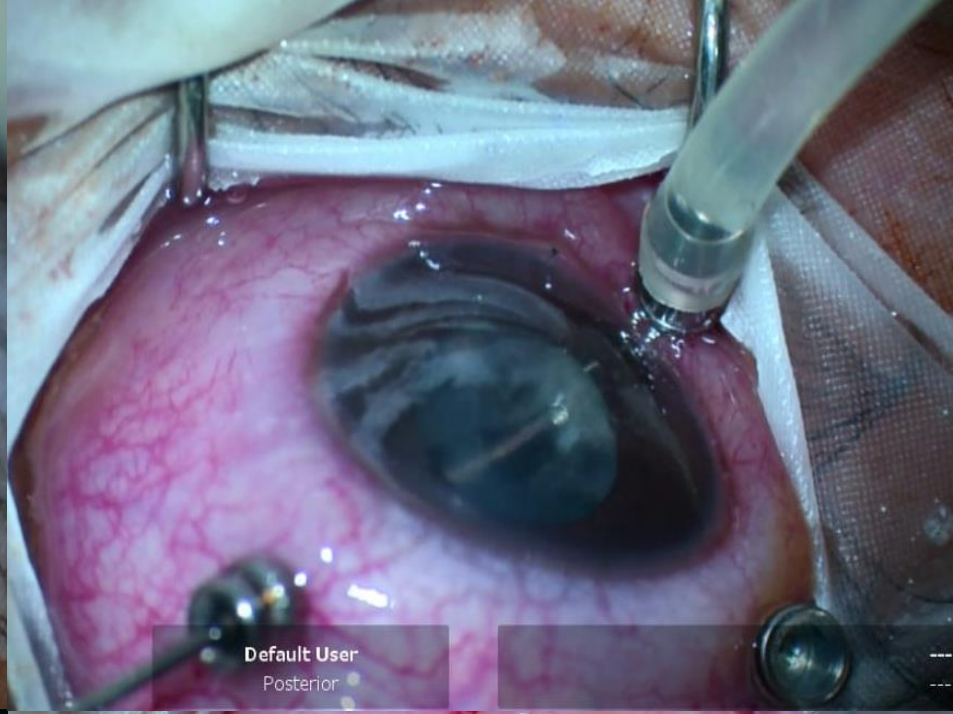
MANGEMENT

- Complete all routine and septic work up sent (blood culture, etc.) – showed no significant changes.
- Patient underwent Right eye corneal tear repair with 1 suture with AC tap with intravitreal injection Vancomycin , Ceftazidime , Voriconazole under GA.
- Intravitreal vori+vanco+cefta repeated in right eye.

MANAGEMENT

- Increasing lens opacity (lenticular hyperechoic shadow on Bscan) and vitritis patient underwent Right eye vitreous biopsy +Pars plana lensectomy + Pars plana vitrectomy + Posterior vitreous detachment+ Base dissection + Fluid Air Exchange + Endo laser + Silicon Oil injection+ Intravitreal voriconazole +Vancomycin +ceftazidime under general anaesthesia.
- AC &Vitreous tap- negative

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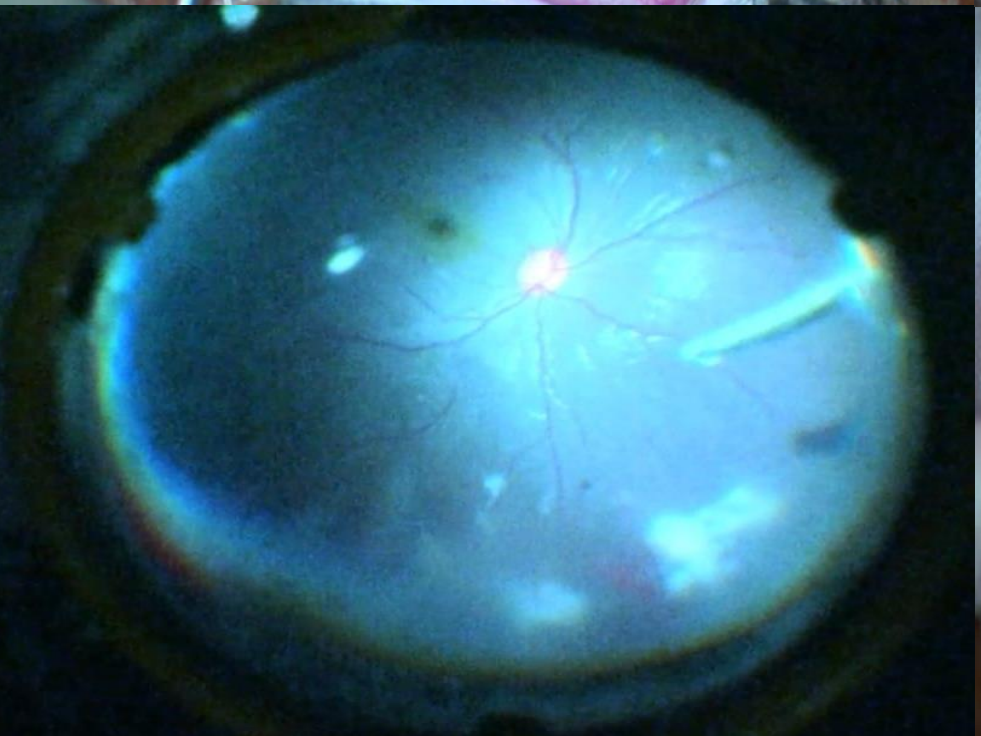

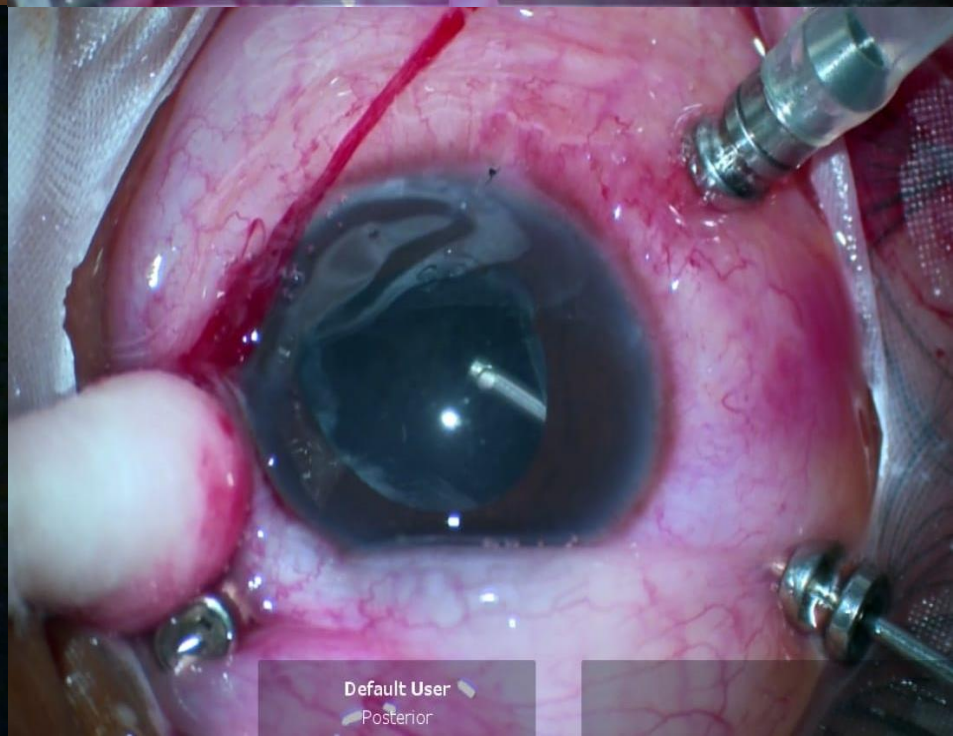
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CONCLUSION

- The presence of lens exudates in traumatic endophthalmitis often indicates severe inflammation and bacterial load, complicating management and worsening prognosis.

- Management Challenges: Treatment includes immediate intravitreal antibiotics and possibly pars plana vitrectomy. Lens exudates may require removal via lens extraction or vitrectomy for better control of infection.

-Outcomes: Visual prognosis is generally poor in cases with lens exudates due to delayed diagnosis and persistent inflammation. Aggressive early intervention is critical.

-Early Detection and Treatment: Immediate recognition and management of traumatic endophthalmitis with lens exudates are essential to prevent irreversible vision loss.

-Surgical Intervention: Timely surgical removal of exudates is crucial for infection control and improved outcomes.

-Prognosis: Despite advances in treatment, the prognosis remains guarded, highlighting the need for prompt, aggressive management