

## Capturing clarity: Lens dislocation unveiled through multimodal imaging

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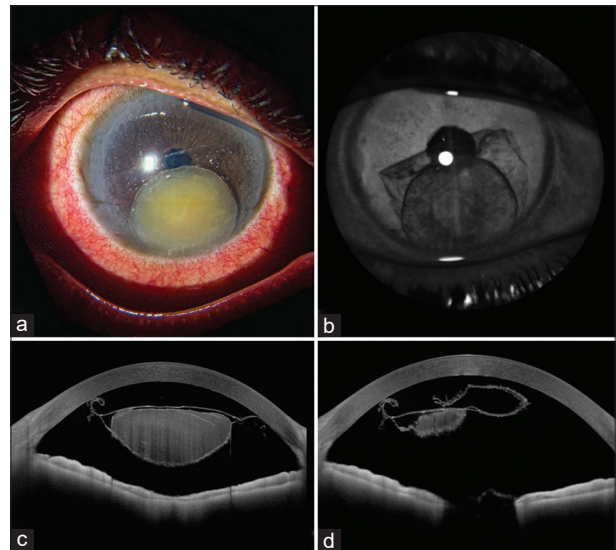
### Abstract

A 63-year-old male presented with defective vision in the right eye. Slit-lamp examination revealed lens displacement into the anterior chamber. Multimodal imaging confirmed the diagnosis, leading to successful lens explantation, vitrectomy, and secondary IOL implantation. Postoperatively, the patient's vision improved from finger counting to 20/30 within a month, highlighting the utility of advanced imaging in complex cases.

**Keywords:** Multimodal Imaging, Dislocated Lens, Clarity

### CASE

A 63-year-old male presented with defective vision in the right eye (OD). A slit-lamp examination revealed displacement of the lens, along with anterior capsule into the anterior chamber (AC) [Figure 1a], whereas posterior examination remained unremarkable. Anterior segment optical coherence tomography and anterior showed the crystalline lens with the anterior capsule floating in AC [Figure 1b-d]. Subsequent management involved OD intraocular lens (IOL) explantation, vitrectomy, and secondary IOL implantation. A mere month post-surgery, the patient's vision soared from finger counting close to face to 20/30, illuminating the capturing power and utility of multimodal imaging in complex ocular challenges.<sup>[1,2]</sup>



**Figure 1:** (a) The slit-lamp photographs reveal a dislocated lens with the anterior capsule encroaching the anterior chamber in the right eye under diffuse illumination. (b) Anterior segment optical coherence tomography infrared image showing a dislocated lens with anterior capsule floating in the anterior chamber of the right eye. (c and d) Anterior segment OCT image showing a dislocated lens hanging by the anterior capsule in the anterior chamber of the right eye

### 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

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not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.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

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There are no conflicts of interest.

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