ANTERIOR TRAUMATIC CAPSULAR CATARACT

The "ring of fire" reflex described by Vogt in posterior lenticonus is possibly the result of such a "tube" formation and the play of light which it may produce. Whatever other secondary features are found associated with lenticonus posterior could follow intra-uterine trauma which in the light of these case reports must be given special consideration. If by definition these cases cannot be included under the term lenticonus posterior then perhaps they may be considered as traumatic post phakal protrusions.

REFERENCES

AN UNUSUAL TYPE OF ANTERIOR TRAUMATIC CAPSULAR CATARACT*

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Some time ago I had the good fortune to examine a patient who had walked into a limb of a tree which he did not see, thus striking his eye directly upon one of its pointed terminal twigs. Nothing was done for the eye that night—the eye was neither painful nor irritated. The next morning the patient visited his family physician who referred him to an eye specialist. He was immediately hospitalized, and for a period of two weeks drops were instilled in his eyes. After 48 hours the patient noticed a gradual diminution of vision in his left eye. He was told that he had sustained a penetrating injury of the cornea and that a traumatic cataract was developing.

One month after the original injury the patient appeared at my office. Several interesting slit-lamp findings were observed. A "thru and thru" irregular corneal scar was seen just about the centre of the cornea 1 mm. in size and shaped like a letter "V." The anterior capsule of the lens presented an elongated white opacification which was primarily scar tissue. (See Fig. 1.) There were several folds radiating from the main scarred mass of the anterior capsular cataract. (See Fig. 2.) The anterior chamber was rather shallow. The appearance of the radiating folds and the suggestion that the anterior capsule was thrown into multiple waves was so striking that a photograph was attempted which is shown in Fig. 2.

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If it is characteristic for the various so-called glass membranes to be thrown into wavy folds as is seen in "wrinkles in Descemet's membrane" in severe forms of keratitis—then one would expect such waves to be more commonly seen in anterior capsular cataract. On the other hand the folds may be the result of radiations from an indented wound with epithelial proliferation upon the lens capsule and subsequent shrinkage with scar contraction and striae formation.

The case is presented primarily because of the photographic study and the speculation as to the nature of production of the radiating folds.