TRANSIENT CYST FORMATION IN THE ANTERIOR CAPSULE OF THE LENS*

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Case Report

A man aged 43, a tailor by trade, was referred to the hospital with a tentative diagnosis of glaucoma.

History.—He had suddenly seen clouds, never previously noticed, with his left eye, and when cycling in the evening he had seen haloes around lights. These resembled the prodromal subjective phenomena of acute glaucoma, but glaucoma was excluded and the visual disturbances were explained by the slit-lamp findings.

Examination.—A delicate cyst was seen in the anterior capsule of the lens, with some tiny dots and ring-shaped opacities in its extremely thin walls. The Figure indicates the shape and size of the cyst, which had apparently developed by a splitting of the anterior capsule, or a local circumscribed detachment of the zonular lamella.

No separation of this size causing disturbing clinical symptoms could be found in the literature. The anatomy reminds one of the dehiscence of the zonular lamella found in glassworkers (Schnyder, 1926; Duke-Elder, 1954), but this cyst did not rupture, and the patient’s work was not at all comparable with glassworking. Nor was there reason to consider the affection a presenile condition, since senile exfoliation starts in the zone behind the iris and not in the centre.

The visual acuity of the affected eye was reduced to 6/12 with +0.5 D sph., −1 D cyl. The right eye was completely normal with normal visual acuity.

Follow-up.—On further examination 4 years later a well-marked but translucent macula capsulæ lentis was found of about the same size as the cyst seen 4 years previously. Only a slight trace of fluid was left in the most inferior part of the cyst. Extremely small glistening dots and irregular lines were seen in this area by slit-lamp examination. By ordinary focal illumination, the central area of the capsule was slightly more opaque than the rest, a difference which might easily be overlooked in a routine examination. The visual acuity had improved to about normal, all subjective sensations had vanished, and the patient considered himself completely cured. This second examination, in which we found the subjective experiences of the patient confirmed by the objective findings, made it probable that the information he gave at the first examination had been reliable.

It must be concluded that a cyst developed in the anterior lens capsule or between the lens capsule and the zonule, giving rise to pronounced subjective complaints, which almost completely disappeared within 4 years.

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FIGURE.—Cyst of the anterior capsule of the lens.
(A) Front view, showing size and position of cyst
(B) Slit-lamp sections through the cyst
(C) Appearance of section No. 3.

REFERENCES