CONGENITAL DISLOCATION OF THE LENS*

BY

M. WHITING

London

THE general details about arachnodactyly and the accompanying ocular anomalies in a case of Marfan's syndrome given by Pahwa and Gupta (1962) were very complete and detailed, but it is possible that some suggestions on the subject of treatment in cases of lens displacement may be worth while. All those who have attempted needling the lens in cases of arachnodactyly will be well aware of the difficulty involved, partly owing to the abnormal mobility of the lens and partly because opening the capsule often produces nothing but a small localized opacity.

My first experience of this complication was gained when two children—a brother and sister in their early 'teens—both affected in the same way with upward displacement of the lens came to Moorfields about the mid 1930s. I attempted to needle the lens in one eye of the boy, but repeated attempts produced only a localized effect and I then thought of doing an iridotomy below. I employed a method which was, I think, shown to me by Mr. A. C. Hudson, and has definite advantages over the better-known optical iridectomy.

When, as in this case, the lens is displaced upwards, a keratome section is made in the upper part of the cornea 4 mm. from the limbus. De Wecker's scissors are then introduced and one blade is passed behind and the other in front of the iris at about 6 o'clock. Closing the blades a radial iridotomy is made involving about two-thirds of the iris width.

The visual result of this procedure was so satisfactory that I abandoned further attempts at discission and substituted radial iridotomy.

In 1958 I saw and operated on another patient of whom more precise details can be given.

Case Report

A girl aged 11 years and 11 months was first seen on June 3, 1955.

Her sight had been defective since birth, and glasses had been prescribed when she was 4 years old, giving a visual acuity of 6/36 in each eye.

Examination.—Both lenses were displaced upwards with a small aphakic area when the pupils are of normal size (Figs 1 and 2, opposite).

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FIG. 1.—Right eye, lens displaced upwards. Radial iridotomy downwards.

FIG. 2.—Left eye, lens displaced upwards. Moderate dilatation of pupil.

The visual acuity with pupils dilated and aphakic corrections +8 D sph., +1 D cyl., axis 180° in each eye was 6/18.

Operation (24.8.55).—A right radial iridotomy was done at 5 o'clock.

Progress.—Shortly afterwards, on 6.9.55, the child complained of pain. There was ciliary injection and one corner of the iridotomy was found to be adherent to the cornea. This adhesion was divided with Lang's twin knives and the eye has since been quite free from trouble.

The most recent examination, on 2.2.62, gave the following visual acuity: Right eye, with +8 D sph., +3 D cyl., axis 180°, 6/9; Left eye with +6.5 D sph., +3 D cyl., axis 180°, 6/12 partly.

Discussion

It may be considered that this operation involves the least disturbance of the eye and certainly less than that accompanying removal of the lens, either

by extraction or by needling. If, in fact, retinal detachment is a real risk in eyes which have lens displacement associated with arachnodactyly it would seem that iridotomy should be preferred.

The left eye in the case reported would probably have benefited by an iridotomy in the same way as the right eye, but the patient was a little reluctant to submit to any further operation and, since the visual acuity with an aphakic correction was 6/12 partly, it was decided to leave the left eye alone for the present.

REFERENCE

PAHWA, J. M., and GUPTA, D. P. (1962). *Brit. J. Ophthalm.*, **46**, 105.