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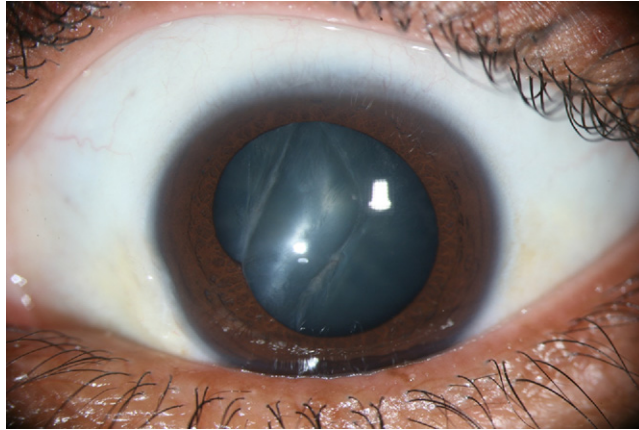


Figure. The patient's left eye, as seen on biomicroscopic examination. Used with permission of Kuan-Jen Chen, MD, Department of Ophthalmology, Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Kwei-Shan, Taoyuan, Taiwan.

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A 30-year-old woman presented to the emergency department, complaining of blurry vision after a blunt injury to her left eye 3 days ago. She had no history of ocular surgery. On ophthalmology consultation, her visual acuity with correction was 20/100 in the left eye. Slit-lamp biomicroscopic examination was performed (Figure).

*For the diagnosis and teaching points, see page 26.
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DIAGNOSIS:

Blunt ocular injury with anterior lens capsule rupture. Slit-lamp biomicroscopic examination showed a rupture of the anterior lens capsule extending in the superior and inferonasal direction (Figure). An anterior cortical opacity was identified. The patient underwent lens aspiration and intraocular lens implantation. During the surgery, it was found that the anterior lens capsular tear did not extend to the equator or posterior capsule. Two months later, the best corrected visual acuity was 20/20.

Anterior capsule tears are common after penetrating injuries of the anterior segment; however, they are rare after blunt ocular injuries. Tears of the anterior lens capsule from blunt injury have been reported.^{1,2} Banitt et al² surmise that the anterior lens capsule may be torn by direct contusion from rapid focal indentation of the cornea on the lens (coup injury) or by a fluid-mechanical, anteriorly directed rebound of the vitreous, bursting open the anterior capsule (contrecoup injury).² Because there are usually no tears of the posterior capsule or vitreous prolapse, visual outcomes are commonly favorable in patients with blunt ocular injury with isolated anterior lens capsular rupture.

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