

Clinical Image

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Rosette cataract

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Clinical image description

A 50-year-old man presented to our ophthalmology clinic with progressively diminishing vision in the left eye for 6 months. He had sustained a blunt trauma from a fist punch to the left side of his face, 6 months before. His best corrected visual acuity was 20/25 in the left eye and 20/20 in the right eye. The intraocular pressure was 15 mm Hg in both eyes. The slit lamp biomicroscopy of the left eye showed white axial opacities in the form of five distinct quadrangular 'petals', giving it a characteristic rosette pattern (Figures 1& 2).

The cataracts presenting with petaloid/rosette-shaped opacifications are typically seen in patients who have sustained blunt or penetrating physical trauma to the eye, and rarely due to electric shock, exposure to infrared energy or ionising radiation.

These opacifications may appear immediately after, or even up to few months after the trauma is inflicted. The opacities formed due to trauma may be stable or progressive. A thorough ocular examination in such cases is essential to ensure other ocular comorbidities, that is, rupture of globe, subluxation of lenses, choroidal detachment, angle recession glaucoma, retinal detachment, traumatic optic neuropathy, retrobulbar haemorrhage, and so on, are not missed.

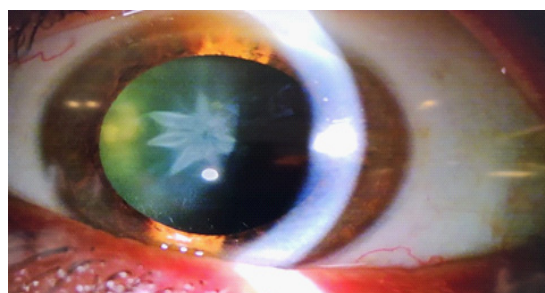


Figure 1: Slit lamp examination showing a rosette shaped cataract of the left eye.

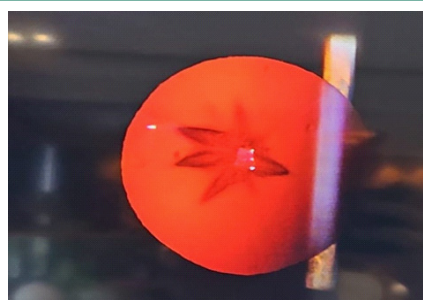


Figure 2: Retroillumination at the slit lamp examination showing rosette shaped cataract of the left eye.

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