

**Clinical Image***Open Access, Volume 5***Traumatic anterior lens dislocation management**

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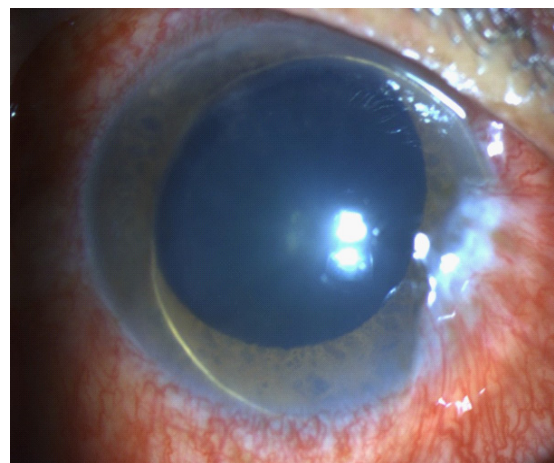
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**Description**

We report the case of a 52 year old man with no notable medical history with a setting of track road accident with blunt trauma to the righteye. The patient developed a red and painful right eye prompting him to present himself to our emergency room five days later. On ophthalmologic examination, we found on the right eye a visual acuity at count fingers at 1 m, an areflexic mydriasis, an intraocular pressure of 50 mmhg, a small superior subconjunctival hemorrhage with perikeratic circle, a mild stromal corneal edema with a slightly cataractous lens in the anterior chamber with complete lenticulo-corneal touch. The ocular fundus showed a normal papilla with loss of the foveal reflex and a mild vitreous hemorrhage in the inferior periphery. The examination of the left eye was normal. The patient benefited from systemic and local treatment to lower intraocular pressure then an anterior vitrectomy and phacophagy were performed. Anterior lens dislocation should promptly be taken care of medically and surgically to avoid permanent vision impairment secondary to lenticulo-corneal touch and to angle-closure glaucoma.



**Figure 1:** Slit lamp examination showing lens in the anterior chamber with complete lenticulo-corneal touch.

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