Spontaneous Anterior Dislocation of the Lens in Homocystinuria
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Abstract

Purpose: To report an unusual case of a spontaneously dislocated crystalline lens into the anterior chamber associated with Homocystinuria. Methods: A 44-year-old woman with no ocular trauma history presented with a spontaneously dislocated crystalline lens into the anterior chamber accompanied by corneal touch and increased intraocular pressure. The crystalline lens was extracted by phakoemulsification followed by a retro-pupillary iris claw. Results: Surgery was successful with improved visual acuity stabilized eye pressure and clarification of the cornea. Conclusion: Homocystinuria is a rare etiology of spontaneous anterior dislocation of the lens that requires multidisciplinary management.

Keywords: Dislocation - Homocystinuria - Lens.

INTRODUCTION

Homocystinuria is an inherited metabolic disease causing an accumulation of homocysteine and methionine at a toxic level in the body. Its incidence varies across regions [1]. Ranging from 1/1800 to 1/900,000. Patients show a wide spectrum of severity and age at presentation [2], the diagnosis is often delayed. Ectopia lentis is the outstanding ophthalmic feature of homocystinuria [3].

CASE REPORT

We report the case of an 44 years old female patient, who had an emergency consultation for a blurred vision and painful right eye for 24 hours.

The patient had a history of venous thrombosis of the lower limbs 6 years ago treated with anticoagulants, with no ocular trauma history.

An uncorrected visual acuity of hand motions was found at the right eye. The slit-lamp microscopy examination revealed spontaneous crystalline lens dislocation into the anterior chamber with corneal touch, stromal edema and Descemet fold at the right. Intraocular pressure was 58 mmHg at the right eye and 14 mmHg at the left.

The examination of the left eye showed uncorrected visual acuity at 2/10, superior crystalline ectopia and normal posterior segment. A general physical examination revealed no other abnormalities.

Medical treatment has been started including Intravenous Mannitol, oral acetazolamide and local hypotonics to reduce IOP, we used Mydriasis with patient supine position to redislocate the lens posteriorly.

After the eye pressure has been normalized and the cornea cleared, we proceeded to surgery to remove crystalline lens.

Iconography

Fig-1: Slit lamp photo of the right eye showing conjunctival hyperemia, with total anterior- lens dislocation with endothelial decompensation.
DISCUSSION

There are many causes for anterior crystalline lens dislocation: trauma, inherited disorders, including Marfan syndrome, homocystinuria, spherophakia, retinitis pigmentosa, pseudoexfoliation syndrome, as well as spontaneous cases [4,5]. Homocystinuria is an autosomal recessive disorder of methionine metabolism first described in 1962 [6].

Due to a deficiency in beta-synthase cystathionine which it pathophysiology is not fully understood. As well as the accumulation of Homocysteine, the defect leads to increased concentrations of S-adenosylhomocysteine, enhanced remethylation to methionine, and depletion of cystathionine and cysteine [2].

Lens zonules normally have a high cysteine content, and its deficiency may affect normal zonular development, thereby predisposing to myopia and lens dislocation. Homocysteine inhibits cross-linkage in collagen and elastic tissue and predisposes to zonule degeneration [7].

Some patients have a severe childhood-onset multisystem disease, whilst others are asymptomatic into adulthood. Ocular (crystalline luxation, myopia, glaucoma), skeletal (osteoporosis, arachnodactylya), vascular (venous thrombosis, heart attack of the young subject, Cerebrovascular stroke), neuropsychiatric (mental retardation, personality disorders) and cutaneous abnormalities are the usual symptoms [2].

Thrombotic vascular occlusions constitute the main cause of morbi-mortality of these patients and increase the risk of anesthesia. The risk of thromboembolism also increases after surgical procedures [3]. Ectopia lentis is the most consistent clinical finding in CBS deficiency [8].

Other reported ophthalmic complications of homocystinuria include retinal detachment, microphthahlos, optic atrophy, peripheral cystoid retinal degeneration, retinal arterial occlusions, band keratopathy, and secondary glaucoma [3].

Plasma total homocysteine should be the frontline test for diagnosis of CBS deficiency. Plasma free homocysteine measurement is not recommended because of its low sensitivity and reproducibility [2].

Our patient has a high level of Plasma total homocysteine 112 µmol/l (N<15 µmol/l) and Plasma methionine 80 µmol/l (N<40 µmol/l). She followed a low-methionine died and was refered to an internist doctor for the dosage of vitamins and supplement treatments.

The early initiation of methionine restriction will reduce the incidence of the ectopia lentis. This dietary restriction and use of vitamins B6 and folic acid should be the first line of treatment of this disease [3].

Lens luxation into the anterior chamber is rare compared with luxation into the vitreous body. However, anterior dislocation of the crystalline lens can cause severe complications such as corneal edema and acute glaucoma. Therefore, unlike with a lens dislocated into the vitreous, an anteriorly dislocated crystalline lens should always be removed Jaffe et al. [9] suggest an intracapsular extraction through a limbal incision, while Peyman et al. [10] recommend vitrectomy with scleral incision. Choi et al. [11] and Seong et al. [12] suggest phakoemulsification with anterior vitrectomy.
In our case, Surgical treatment by a limbal incision under topical anaesthesia, a phacoemulsification was performed by using viscoelastic material in order to protect endothelial cells during surgical invasion, then we proceeded to a retro-pupillary iris claw to correct aphakia, peripheral iridectomy and anterior vitrectomy.

However, due to frequently associated high intraocular pressure, surgical treatment shows higher risk of expulsive hemorrhage and endothelial cell loss [13].

**CONCLUSION**

Spontaneous anterior dislocation of the lens is a rare entity, it may be secondary to homocystinuria, a metabolic disease requiring multidisciplinary management.

It is an ophthalmological emergency that needs rapid treatment to avoid severe complications such as corneal endothelium damage and acute glaucoma.

**REFERENCES**

1. Gascon P and Spontaneous bilateral dislocation of the crystalline lens in the case of a patient with homocystinuria, with anterior chamber OCT showing endothelial damage.