



Images in clinical medicine



Phacolytic glaucoma: a rare glaucoma case

DIbrahim Boumehdi, DKawtar Bouirig

Corresponding author: Ibrahim Boumehdi, Université Mohammed V de Rabat, Hôpital des Spécialités de Rabat, CHU Ibn Sina, Rabat, Maroc. sdeibm@gmail.com

Received: 16 Aug 2022 - Accepted: 03 Jan 2023 - Published: 06 Jan 2023

Keywords: Phacolytic glaucoma, inflammation, uveitis

Copyright: Ibrahim Boumehdi et al. PAMJ Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Ibrahim Boumehdi et al. Phacolytic glaucoma: a rare glaucoma case. PAMJ Clinical Medicine. 2023;11(10). 10.11604/pamj-cm.2023.11.10.36836

Available online at: https://www.clinical-medicine.panafrican-med-journal.com//content/article/11/10/full

Phacolytic glaucoma: a rare glaucoma case

Ibrahim Boumehdi^{1,&}, Kawtar Bouirig¹

¹Université Mohammed V de Rabat, Hôpital des Spécialités de Rabat, CHU Ibn Sina, Rabat, Maroc

Corresponding author

Ibrahim Boumehdi, Université Mohammed V de Rabat, Hôpital des Spécialités de Rabat, CHU Ibn Sina, Rabat, Maroc

Image in medicine

A 70-year-old male with no known medical history presented to our hospital with severe pain in his left eye for one week. The best-corrected visual acuity was light perception. Slit-lamp examination of the left eye revealed diffuse corneal edema with major inflammation of the anterior segment. We can see some lens matter in the anterior chamber associated with an advanced white cataract. The intraocular pressure was 70 mmHg by applanation tonometry. Slit-lamp examination of the right eye was unremarkable. Phacolytic glaucoma is caused by an inflammatory process caused by the leakage of lens material through the capsule of a mature cataract. local and general steroids and hypotonic treatments were given to reduce anterior chamber inflammation and intraocular pressure. The patient underwent





extracapsular cataract extraction with intraocular lens implantation. Two weeks later, the best

corrected visual acuity was 5/10 with normal ocular pressure and a quiet anterior chamber.



Figure 1: A) corneal edema, with some lens pieces in the anterior chamber; B) lens after extracapsular cataract extraction