**Austin Publishing** Group

## **Clinical Image**

## **Traumatic Rosette Cataract**

Houda Brarou<sup>1\*</sup>; Soundouss Sebbata<sup>1</sup>; Soukaina Laaouina<sup>1</sup>; Zineb Saif; Taoufik Abdellaoui<sup>2</sup>; Aissam Fiqhi; Yassine Mouzari<sup>1</sup>; Abdelbarre Oubaaz<sup>1</sup> <sup>1</sup>Department of Ophtalmology, Military Hospital Mohammed-V, Mohammed V University -Rabat, Morocco <sup>2</sup>Sidi Mohamed ben Abdellah University, Fes, Morocco

## \*Corresponding author: Houda Brarou

Department of Ophtalmology, Military Hospital Mohammed-V, Mohammed V University -Rabat, Morocco. Tel: 00212673721525 Email: houdaophthalmology@gmail.com

Received: November 09, 2023 Accepted: December 21, 2023 Published: December 28, 2023

## **Clinical Image**

A 39-years-old man was referred to the ophthalmology department because of a progressive unilateral decrease of visual acuity over the previous 9 months. The patient reported having blunt ocular trauma from a fist punch one year earlier. On examination, he was noted to have a stellate-shaped axial opacification of the right lens. Traumatic cataracts are caused by blunt or penetrating ocular trauma. The proposed mechanism for indirect injury is shock waves progressing through the eye along the line of concussion. Opacification of the lens may occur in the cortex or capsule and can result in the formation of a stellate-shaped or rosette-shaped cataract. If such injuries disrupt the visual axis, cataract surgery may be required. This patient regained full visual acuity after successful phacoemulsification and intraocular-lens implantation.



Citation: Brarou H, Sebbata S, Laaouina S, Saif Z, Abdellaoui T, et al. Traumatic Rosette Cataract. Austin Ophthalmol. 2023; 7(3): 1053.