AMBLYOPIA RECOVERY AT FORTY YEARS OF AGE*

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CASE REPORT

L. H. C., Goan male aged 40, complained in September, 1947, that his left (and only seeing) eye had become blurred, and that he found difficulty in recognizing people at accustomed distances. He did not associate a recent extraction of two teeth with his ocular symptoms. He had worn the same myopic correction from the age of 10: right 2.50 D, and left 3.00 D. The short-sightedness was first noticed when he went to a "black-board school" at the age of 9½. He regarded his right eye as useless and could not recall a time when it was not "cock-eyed".

Examination.—Left eye: vision 6/24 with glasses, J 4 without. A fine dusty exudate in the vitreous somewhat obscured the fundus; no lesion was detected. There were no keratic precipitates, though a few fine particles were suspended in the aqueous. Vision could not be improved.

Right eye: with the left eye fixing, the right diverged some 10° to 15°. When the left eye was covered the right took up fixation. Vision was recorded as less than 6/60 with glasses. After dilatation with homatropine an anterior capsular opacity was revealed. This was somewhat X-shaped, the crossing of the limbs occupying the anterior pole and covering an area just larger than a normal pupil. There was no suggestion of a pyramid, the main body and the limbs seeming to be of uniform thickness. Deep to this opacity the slit lamp showed a limited cloudiness of the cortex (not a reduplication). The cornea was entirely free of stigmata, there were no remnants of pupillary membrane or other congenital abnormality, and the fundus appeared quite normal and healthy.

Subsequent History.—Shortly after this examination the patient went on leave to India and was not seen by me again until November, 1949 (two years later), when vision in the left eye was 6/36 with glasses, and J 4 without. Despite a fine vitreous haze and some larger clouds of opacity, moth-eaten superficial choroiditic changes could be detected centrally. There were no keratic precipitates and the lens was uniformly clear. The patient complained of the unsightly appearance of an almost mature cataract in the right eye, the lens being almost totally opaque. The capsular opacity was as before, the cornea free of precipitates.

Operation.—In June, 1950, under pentothal-flaxedil anaesthesia, a round-pupil intracapsular extraction of the right lens was carried out, a small peripheral iridectomy being made after the extraction. Reaction was minimal, the chamber being formed at the first dressing after 48 hours, and the eye soon becoming white.

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Results.—Ten days after the operation the corrected right eye could just make out the 6/60 letter, but it was very blurred. An inconclusive double-image test afforded fleeting indications of a crossed diplopia roughly corresponding to the angle of squint. On the synoptophore (with + 10 D in the right carrier and - 3 D in the left) there was occasional doubtful simultaneous perception, but the right image tended to disappear at the objective angle of 10°. It was concluded that retinal correspondence was normal and that there was some macular suppression.

August, 1950. As vision in the left eye had now dropped to 6/60 with glasses, and as the right eye with correction could read 6/36, it was decided to experiment with distance glasses (+ 8.50 D sph. $\bar{c}$ + 3.50 D cyl. at 180°, prescribed for the right eye).

February, 1951. Left eye: vision (with - 3.00 D) 6/60 vaguely.

Right eye: vision (with above correction) 6/9.

The patient was quite happy using the corrected right eye for distance, and the unaided left eye for office work.

SUMMARY

A case is presented in which recovery of vision from less than 6/60 to 6/9 followed extraction of the lens in an eye assumed to have been amblyopic and known to have been divergent for some 40 years (the whole of the patient's life).