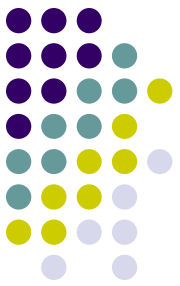


# Q

## Microspherophakia

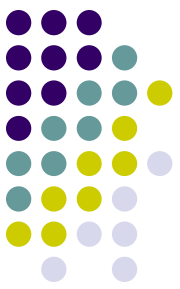
- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2<sup>o</sup> lens fibers

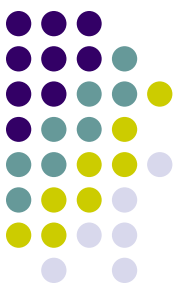


# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2<sup>o</sup> lens fibers **T**

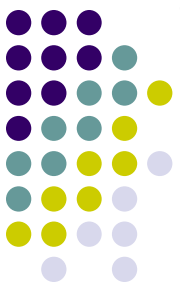




# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2<sup>o</sup> lens fibers **T**
  - Associated with high hyperopia



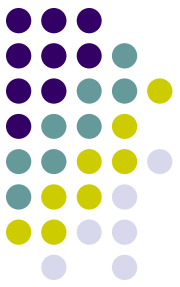
# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2<sup>o</sup> lens fibers **T**
  - Associated with high hyperopia **F**

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2<sup>o</sup> lens fibers **T**
  - Associated with high <sup>myopia</sup>~~hyperopia~~ **F T**



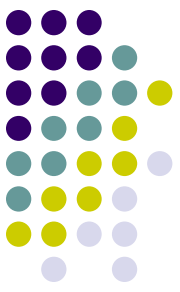


# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with **high** <sup>myopia</sup> hyperopia ~~F~~ T

*Does microspherophakia actually cause the high myopia with which it is associated?*



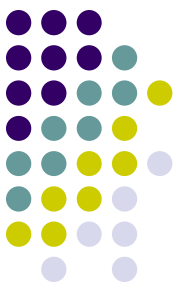
# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with **high** <sup>myopia</sup> hyperopia ~~F~~ T

*Does microspherophakia actually cause the high myopia with which it is associated?*

Yes



# Q

## Microspherophakia

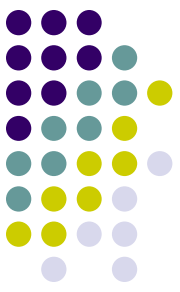
- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with **high** <sup>myopia</sup> hyperopia F T

*Does microspherophakia actually cause the high myopia with which it is associated?*

Yes

*How does it cause high myopia?*





# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with **high** <sup>myopia</sup> hyperopia **F** **T**

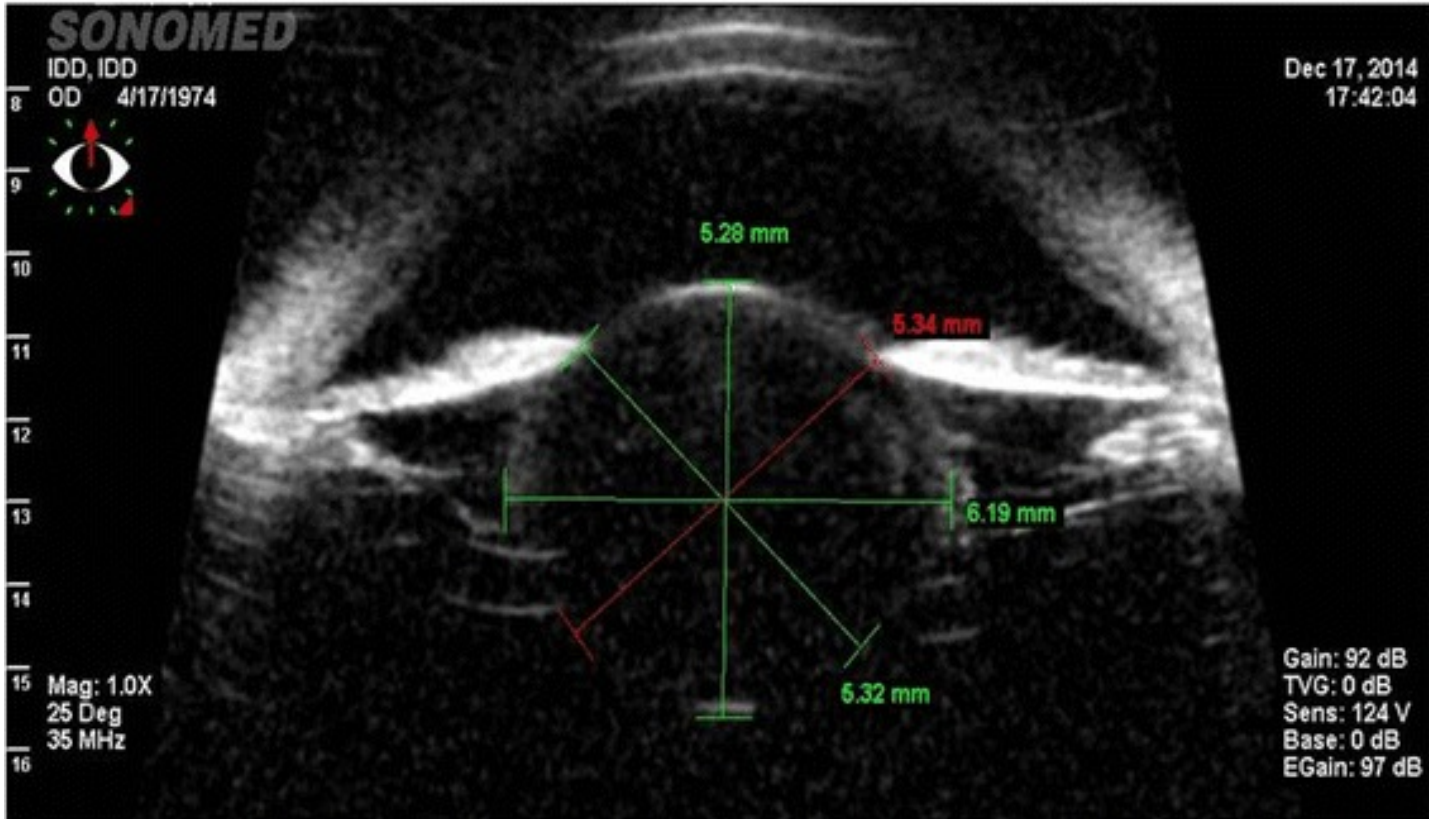
*Does microspherophakia actually cause the high myopia with which it is associated?*

Yes

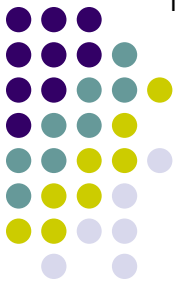
*How does it cause high myopia?*

The surface of the spherical lens is far more curved than that of a normal lens, and thus possesses significantly more converging power

# Microspherophakia



Microspherophakia. Note the extreme curvature of the lens



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with **high** <sup>myopia</sup> hyperopia F T

*Does microspherophakia actually cause the high myopia with which it is associated?*

Yes

*How does it cause high myopia?*

The surface of the spherical lens is far more curved than that of a normal lens, and thus possesses significantly more converging power

*How does this differ from 'run of the mill' high myopia?*



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with **high** *myopia* ~~hyperopia~~ F T

*Does microspherophakia actually cause the high myopia with which it is associated?*

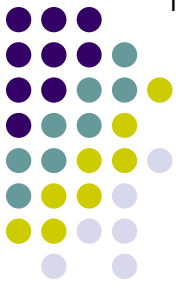
Yes

*How does it cause high myopia?*

The surface of the spherical lens is far more curved than that of a normal lens, and thus possesses significantly more converging power

*How does this differ from 'run of the mill' high myopia?*

Most cases of high myopia are due to excessive length of the optical axis (so-called 'axial myopia')



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~ <sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**

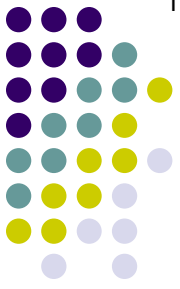


# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with high <sup>myopia</sup>hyperopia ~~F~~ T
  - Can cause **pupillary block** with subsequent angle closure glaucoma T

*What is the mechanism by which microspherophakia can lead to pupillary block and subsequent angle-closure glaucoma?*



# A

## Microspherophakia

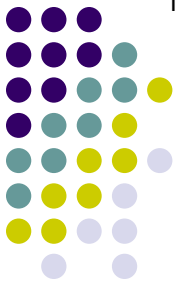
- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with high <sup>myopia</sup>hyperopia ~~F~~ T
  - Can cause **pupillary block** with subsequent angle closure glaucoma T

*What is the mechanism by which microspherophakia can lead to pupillary block and subsequent angle-closure glaucoma?*

If zonular laxity is present, the lens may be able to drift far enough forward to block the pupillary aperture, leading to acute angle closure

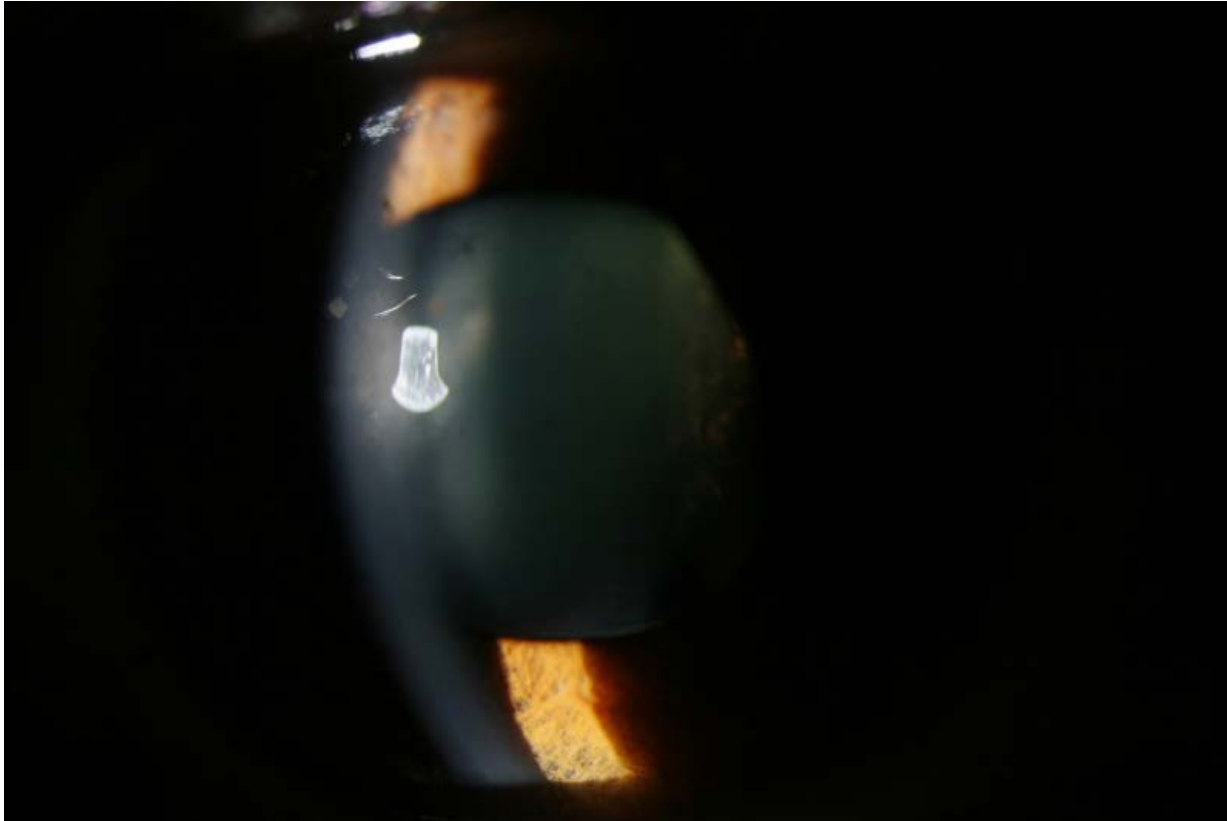


# Microspherophakia



Microspherophakia. Lens is able to fit through the pupillary aperture with mydriasis

# Microspherophakia



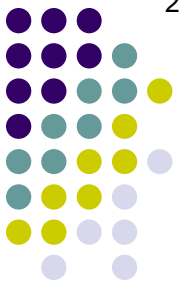
Microspherophakia with pupillary block leading to shallow AC



# Q

## Microspherophakia

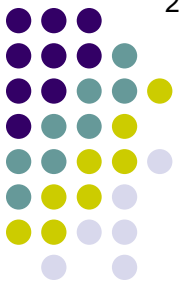
- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can be successfully prophylaxed with miotics



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup>~~hyperopia~~ **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can be successfully prophylaxed with miotics **F**



## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup>~~hyperopia~~ **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics **F T ^**



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup>hyperopia ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T** ^

*What surgical maneuvers are sometimes used to prophylax against angle closure?*



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup> ~~hyperopia~~ **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics **F T** ^

*What surgical maneuvers are sometimes used to prophylax against angle closure?  
Iridotomy, or lensectomy*



## Microspherophakia

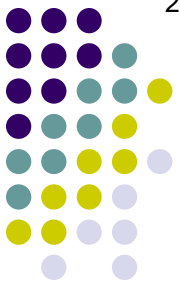
- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers T
  - Associated with high <sup>myopia</sup> hyperopia ~~F~~ T
  - Can cause pupillary block with subsequent angle closure glaucoma T
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ T ^

What surgical maneuvers are sometimes used to prophylax against angle closure?

Iridotomies or iridectomy

Some surgeons argue that **two** iridotomies 180° apart should be created to preclude pupillary blockage by a subluxed microspherophakic lens!

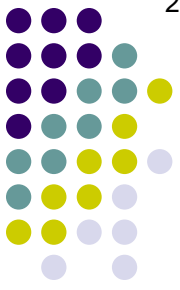




# Q

## Microspherophakia

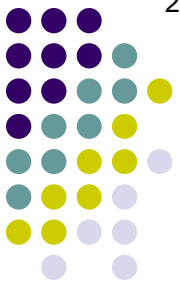
- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T**<sup>^</sup>
  - Cycloplegics should be avoided, as they can close an already crowded angle



# A

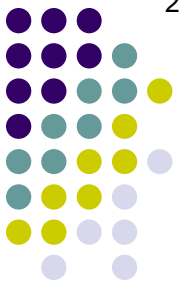
## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T**<sup>^</sup>
  - Cycloplegics should be avoided, as they can close an already crowded angle **F**



## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can ~~be~~<sup>not</sup> successfully prophylaxed with miotics ~~F~~ **T**
  - Cycloplegics should be ~~avoided~~<sup>used</sup>, as they can ~~close an already crowded angle~~<sup>reduce the risk of pupillary block</sup> ~~F~~ **T**

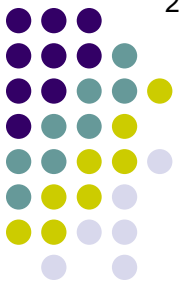


# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup>hyperopia ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T** <sup>^</sup>
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ ~~F~~ **T** <sup>^</sup>

*Pilo is used to manage pupillary-block angle-closure glaucoma. Why shouldn't it be used in cases secondary to microspherophakia, and why is cycloplegia employed therein?*



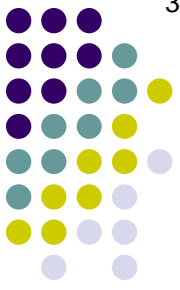
# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup>hyperopia ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T** <sup>^</sup>
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ ~~F~~ **T** <sup>^</sup>

*Pilo is used to manage pupillary-block angle-closure glaucoma. Why shouldn't it be used in cases secondary to microspherophakia, and why is cycloplegia employed therein?*

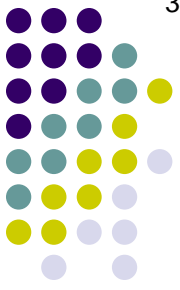
Pilo will cause the lens to move farther forward, and will likely worsen the pupillary block. Cycloplegics will pull the lens *posteriorly*, away from the pupil.



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T**
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ ~~F~~ **T**
  - Strongly associated with Marfan syndrome



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~ <sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T** <sup>^</sup>
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ ~~F~~ **T** <sup>^</sup>
  - Strongly associated with Marfan syndrome **F**



## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~ <sup>myopia</sup> **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics **F T**
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ **F T**
  - Strongly associated with ~~Marfan~~ <sup>Weill-Marchesani</sup> syndrome **F T**



# Microspherophakia



Microspherophakia in Weill-Marchesani syndrome



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma
  - Angle closure can <sup>no</sup> be relieved with miotics **F T**
  - Cycloplegics should ~~be avoided~~, as they can <sup>lock</sup> close an already crowded angle **F T**
  - Strongly associated with ~~Marfan~~<sup>Weill-Marchesani</sup> **syndrome** **F T**

What are the findings in Weill-Marchesani?  
Patients with Weill-Marchesani have:

stature

Weill-Marchesani

**syndrome**



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma
  - Angle closure can <sup>no</sup> be relieved with miotics **F T**
  - Cycloplegics should ~~be avoided~~, as they can <sup>lock</sup> close an already crowded angle **F T**
  - Strongly associated with ~~Marfan~~<sup>Weill-Marchesani</sup> **syndrome** **F T**

What are the findings in Weill-Marchesani?  
 Patients with Weill-Marchesani have:  
 ...**short stature**

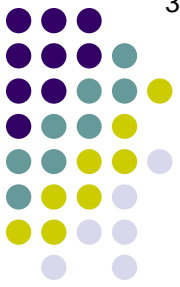
*Weill-Marchesani*

**syndrome**

# Microspherophakia



Weill-Marchesani syndrome: Short stature





# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma
  - Angle closure can <sup>no</sup> be relieved with miotics **F T**
  - Cycloplegics should ~~be avoided~~, as they can <sup>lock</sup> close an already crowded angle **F T**
  - Strongly associated with ~~Marfan~~<sup>Weill-Marchesani</sup> **syndrome** **F T**

*What are the findings in Weill-Marchesani?*

Patients with Weill-Marchesani have:

...**short** stature

fingers

*Weill-Marchesani*

**syndrome**



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~<sup>myopia</sup> **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma
  - Angle closure can <sup>no</sup> be relieved with miotics **F T**
  - Cycloplegics should ~~be avoided~~, as they can <sup>lock</sup> close an already crowded angle **F T**
  - Strongly associated with ~~Marfan~~<sup>Weill-Marchesani</sup> **syndrome** **F T**

*What are the findings in Weill-Marchesani?*

Patients with Weill-Marchesani have:

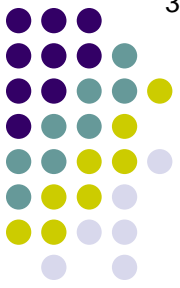
...**short** stature

...**short** fingers

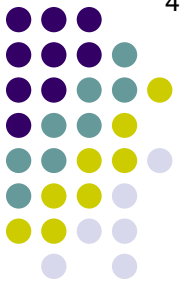
*Weill-Marchesani*

**syndrome**

# Microspherophakia



Weill-Marchesani syndrome: Short fingers



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup>hyperopia **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma
  - Angle closure can <sup>no</sup> be prevented with miotics **F T**
  - Cycloplegics should be avoided, as they can close an already crowded angle **F T**
  - Strongly associated with <sup>Weill-Marchesani</sup>Marfan **syndrome** **F T**

*What are the findings in Weill-Marchesani?*

Patients with Weill-Marchesani have:

...**short** stature

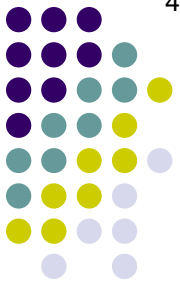
...**short** fingers

joints

*Weill-Marchesani*

**syndrome**





# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup>hyperopia **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma
  - Angle closure can <sup>no</sup> be prevented with miotics **F T**
  - Cycloplegics should <sup>lock</sup> be avoided, as they can close an already crowded angle **F T**
  - Strongly associated with <sup>Weill-Marchesani</sup>Marfan **syndrome** **F T**

*What are the findings in Weill-Marchesani?*

Patients with Weill-Marchesani have:

...**short** stature

...**short** fingers

...**stiff** joints

*Weill-Marchesani*

**syndrome**



# Q

## Microspherophakia

● *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers T
- Associated with high ~~hyperopia~~<sup>myopia</sup> F T
- Can cause pupillary block with subsequent angle closure glaucoma

- Angle closure can <sup>no</sup> be relieved with miotics F T

- Cycloplegics should be avoided, as they can close an already crowded angle F T

- Strongly associated with Marfan **syndrome** F T

*What are the findings in Weill-Marchesani?*

Patients with Weill-Marchesani have:

...**short** stature

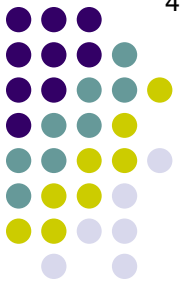
...**short** fingers

...**stiff** joints

(Think of it as the opposite of  syndrome)

*Weill-Marchesani*

**syndrome**



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**
- Associated with high <sup>myopia</sup>hyperopia **F T**
- Can cause pupillary block with subsequent angle closure glaucoma

- Angle closure can <sup>no</sup> be relieved with miotics **F T**

- Cycloplegics should be avoided, as they can close an already crowded angle **F T**

- Strongly associated with Marfan **syndrome** **F T**

*What are the findings in Weill-Marchesani?*

Patients with Weill-Marchesani have:

...**short** stature

(**Tall** stature)

...**short** fingers

(**Long** fingers)

...**stiff** joints

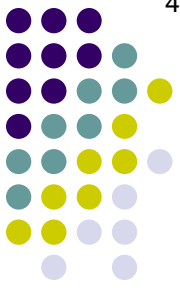
(**Lax** joints)

(Think of it as the opposite of **Marfan** syndrome)

*Weill-Marchesani*

**syndrome**

# Microspherophakia



Weill-Marchesani syndrome



Marfan syndrome



# Q

## Microspherophakia

● Re microspherophakia... which of the following are true?

● Due to faulty development of 2° lens fibers T

● Associated with high <sup>myopia</sup> hyperopia F T

● Can cause pupillary block closure glaucoma

● Angle closure can be prevented with miotics F T

What is the formal term for:

--Abnormally short fingers?

--Abnormally long fingers?

... short stature  
... **short fingers**

(Tall stature)

(**Long fingers**)

... stiff joints

(Lax joints)

(Think of it as the opposite of Marfan syndrome)

● Cycloplegics should be avoided, as they can close an already crowded angle F T

● Strongly associated with <sup>Weill-Marchesani</sup> Marfan **syndrome** F T



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**

- Associated with high <sup>myopia</sup> hyperopia **F T**

- Can cause pupillary block closure glaucoma

What is the formal term for:

--Abnormally short fingers? **Brachydactyly**

--Abnormally long fingers? **Arachnodactyly**

- Angle closure can <sup>no</sup> be prevented with miotics **F T**

... short stature  
... **short fingers**

(Tall stature)

(**Long fingers**)

... stiff joints

(Lax joints)

(Think of it as the opposite of Marfan syndrome)

- Cycloplegics should be avoided, as they can close an already crowded angle **F T**

*Weill-Marchesani*

- Strongly associated with Marfan **syndrome** **F T**

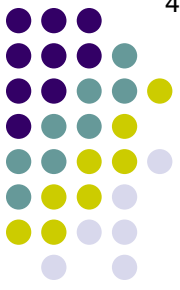


# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup> ~~hyperopia~~ **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics **F T**
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ **F T**
  - Strongly associated with <sup>Weill-Marchesani</sup> ~~Marfan~~ **syndrome** **F T**

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia **occasionally** associated?*



# A

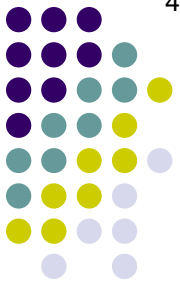
## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup> ~~hyperopia~~ **F T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics **F T**
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ **F T**
  - Strongly associated with <sup>Weill-Marchesani</sup> ~~Marfan~~ **syndrome** **F T**

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia **occasionally** associated?*

Low syndrome, Alport syndrome, Marfan syndrome, Peters anomaly and congenital rubella

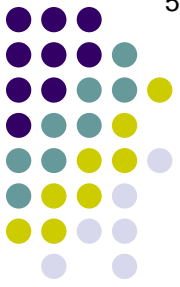




## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high <sup>myopia</sup> ~~hyperopia~~ **F T**
  - Ca **Ruby LAMP** is a mnemonic for the other conditions associated with microspherophakia:
    - cl **Ruby** = Rubella
    - An **Lowe** syndrome
    - wit **Alport** syndrome
    - Marfan** syndrome
    - Cy **Peters** anomaly
  - ~~close an already crowded angle~~ **F T**
  - Strongly associated with <sup>Weill-Marchesani</sup> ~~Marfan~~ **syndrome** **F T**

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia **occasionally** associated?*  
Lowe syndrome, Alport syndrome, Marfan syndrome, Peters anomaly and congenital rubella



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**
- Associated with high <sup>myopia</sup>hyperopia **F T**

- Ca Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:

Ruby = Rubella

- An **Lowe syndrome**
- wit **Alport syndrome**

Marfan syndrome

- Cy **Peters anomaly**

close an already

- Strongly associa

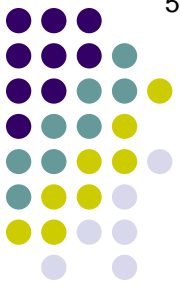
*In three words (including syndrome), what are Lowe and Alport syndromes?*

two words

syndromes

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia occasionally associated?*

**Lowe syndrome, Alport syndrome**, Marfan syndrome, Peters anomaly and congenital rubella



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**
- Associated with high <sup>myopia</sup>hyperopia **F T**

- *Ca Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:*

cl Ruby = Rubella

- **Low** syndrome
- **Alport** syndrome

Marfan syndrome

- Cy Peters anomaly

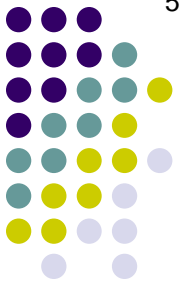
close an already

- Strongly associated

*In three words (including syndrome), what are Lowe and Alport syndromes?*  
Familial oculorenal syndromes

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia occasionally associated?*

**Low** syndrome, **Alport** syndrome, Marfan syndrome, Peters anomaly and congenital rubella



# Q

## Microspherophakia

● *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**
- Associated with high <sup>myopia</sup> hyperopia **F T**

● *Ca Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:*

clo Ruby = Rubella

- An **Low** syndrome
- wit **Alport** syndrome

Marfan syndrome

- Cy Peters anomaly

close an already

- Strongly associated

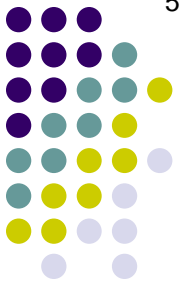
*In three words (including syndrome), what are Lowe and Alport syndromes?*

Familial oculorenal syndromes

*What is their classic (nonocular) presenting sign?*

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia occasionally associated?*

**Low** syndrome, **Alport** syndrome, Marfan syndrome, Peters anomaly and congenital rubella



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**
- Associated with high <sup>myopia</sup>hyperopia **F T**

- *Ca Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:*

cl Ruby = Rubella

- **Low** syndrome
- **Alport** syndrome

Marfan syndrome

- Cy Peters anomaly

close an already

- Strongly associated

*In three words (including syndrome), what are Lowe and Alport syndromes?*

Familial oculorenal syndromes

*What is their classic (nonocular) presenting sign?*

Hematuria

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia occasionally associated?*

**Low** syndrome, **Alport** syndrome, Marfan syndrome, Peters anomaly and congenital rubella



# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**
- Associated with high <sup>myopia</sup>hyperopia **F T**

- Ca Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:

clo Ruby = Rubella

- An **Low**e syndrome
- wit **Al**port syndrome

Marfan syndrome

- Cy Peters anomaly

close an already

- Strongly associa

*In three words (including syndrome), what are Lowe and Alport syndromes?*

Familial oculorenal syndromes

*What is their classic (nonocular) presenting sign?*

Hematuria

*Microspherophakia is **not** the classic lens finding in the oculorenal syndromes (and should not be the first one out of your mouth if pimped about them). What is?*

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia **occasionally** associated?*

**Low**e syndrome, **Al**port syndrome, Marfan syndrome, Peters anomaly and congenital rubella



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*

- Due to faulty development of 2° lens fibers **T**
- Associated with high <sup>myopia</sup>hyperopia **F T**

- *Ca Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:*

cl Ruby = Rubella

- **Low** syndrome
- **Alport** syndrome

Marfan syndrome

- Cy Peters anomaly

close an already

- Strongly associated

*In three words (including syndrome), what are Lowe and Alport syndromes?*

Familial oculorenal syndromes

*What is their classic (nonocular) presenting sign?*

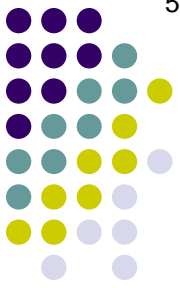
Hematuria

*Microspherophakia is **not** the classic lens finding in the oculorenal syndromes (and should not be the first one out of your mouth if pimped about them). What is?*

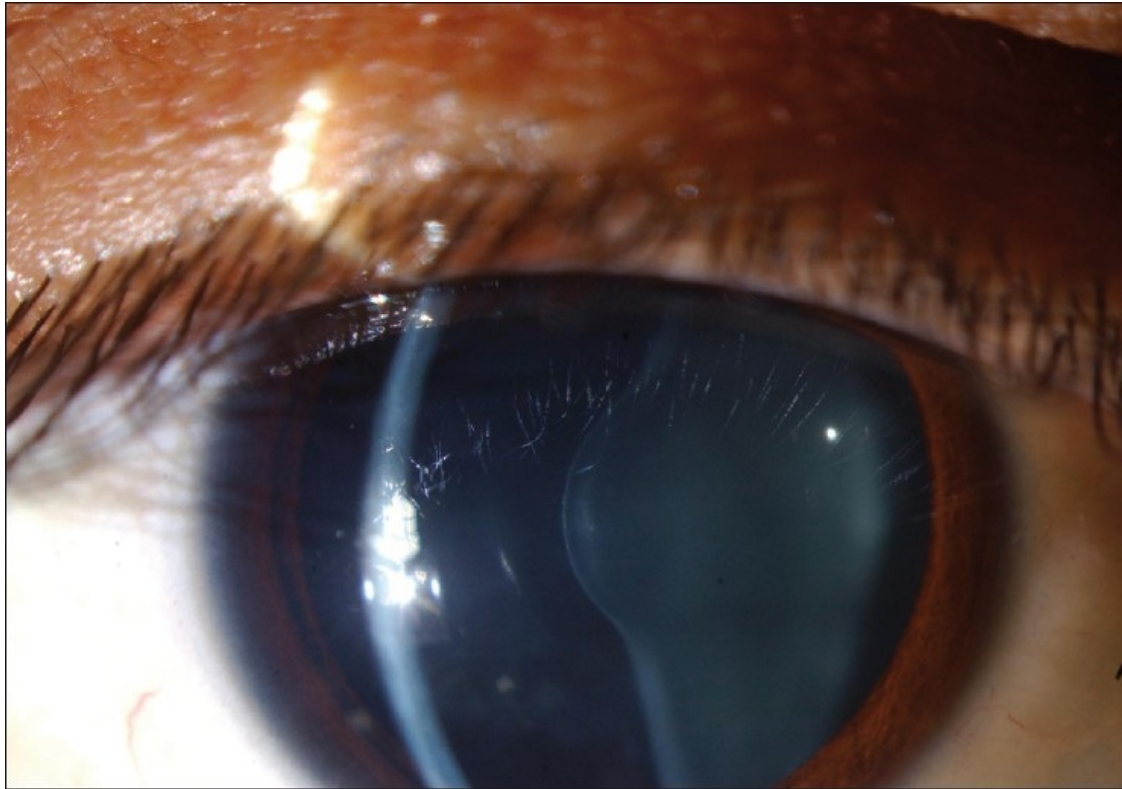
**Lenticonus**

*Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia **occasionally** associated?*

**Low** syndrome, **Alport** syndrome, Marfan syndrome, Peters anomaly and congenital rubella



## Microspherophakia



Anterior lenticonus in Alport syndrome

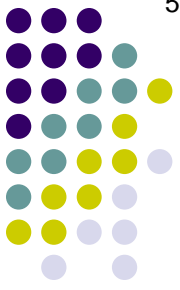




# Q

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~ <sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T** <sup>^</sup>
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ ~~F~~ **T** <sup>^</sup>
  - Strongly associated with ~~Marfan~~ <sup>Weill-Marchesani</sup> syndrome ~~F~~ **T**
  - Occurs as part of *ectopia lentis et pupillae*



# A

## Microspherophakia

- *Re microspherophakia... which of the following are true?*
  - Due to faulty development of 2° lens fibers **T**
  - Associated with high ~~hyperopia~~ <sup>myopia</sup> ~~F~~ **T**
  - Can cause pupillary block with subsequent angle closure glaucoma **T**
  - Angle closure can <sup>not</sup> be successfully prophylaxed with miotics ~~F~~ **T** <sup>^</sup>
  - Cycloplegics should be <sup>used</sup> ~~avoided~~, as they can <sup>reduce the risk of pupillary block</sup> ~~close an already crowded angle~~ ~~F~~ **T** <sup>^</sup>
  - Strongly associated with ~~Marfan~~ <sup>Weill-Marchesani</sup> syndrome ~~F~~ **T**
  - Occurs as part of *ectopia lentis et pupillae* **T**



# Q

## Microspherophakia

- *Re microspherophakia... which of the following*

*What is ectopia lentis et pupillae?*

- Due to
- Associa
- Can ca  
closure
- Angle o  
with mi
- Cyclop  
close-a
- Strongly
- Occurs as part of ***ectopia lentis et pupillae*** **T**



# A

## Microspherophakia

- *Re microspherophakia... which of the following*

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

- Due to
- Associated
- Can cause angle closure
- Angle of
- with mi
- Cyclop
- close a
- Strongly
- Occurs as part of ***ectopia lentis et pupillae*** **T**



# Q

## Microspherophakia

- *Re microspherophakia... which of the following*

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

- Due to

- Associated

*How common is it?*

- Can cause angle closure

- Angle of
- with mi

- Cyclop
- close a

- Strongly

- Occurs as part of ***ectopia lentis et pupillae*** **T**



# A

## Microspherophakia

- *Re microspherophakia... which of the following*

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

- Due to

- Associated

*How common is it?*

It is very rare

- Can cause angle closure

- Angle of vision with mi

- Cyclopia close-a

- Strongly associated with

- Occurs as part of ***ectopia lentis et pupillae*** **T**



# Q

## Microspherophakia

- *Re microspherophakia... which of the following*

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

- Due to

- Associated

*How common is it?*

It is very rare

- Can cause

closure

*Is it unilateral, or bilateral?*

- Angle of

with mi

- Cyclop

close-a

- Strongly

- Occurs as part of **ectopia lentis et pupillae** **T**



# A

## Microspherophakia

- *Re microspherophakia... which of the following*

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

- Due to

- Associated

*How common is it?*

It is very rare

- Can cause

closure

*Is it unilateral, or bilateral?*

Bilateral

- Angle of

with mi

- Cyclop

close-a

- Strongly

- Occurs as part of **ectopia lentis et pupillae** **T**





# Q

## Microspherophakia

- *Re microspherophakia... which of the following*

- Due to

- Associated

- Can cause

closure

- Angle of

with mi

- Cyclop

close-a

- Strongly

- Occurs as part of **ectopia lentis et pupillae** **T**

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

*How common is it?*

It is very rare

*Is it unilateral, or bilateral?*

Bilateral

*In what direction are the pupils and lenses displaced?*



# A

## Microspherophakia

- *Re microspherophakia... which of the following*

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

- Due to

- Associated

*How common is it?*

It is very rare

- Can cause

closure

*Is it unilateral, or bilateral?*

Bilateral

- Angle of

with mi

*In what direction are the pupils and lenses displaced?*

In opposite directions—pupils inferotemporal , lenses superonasal

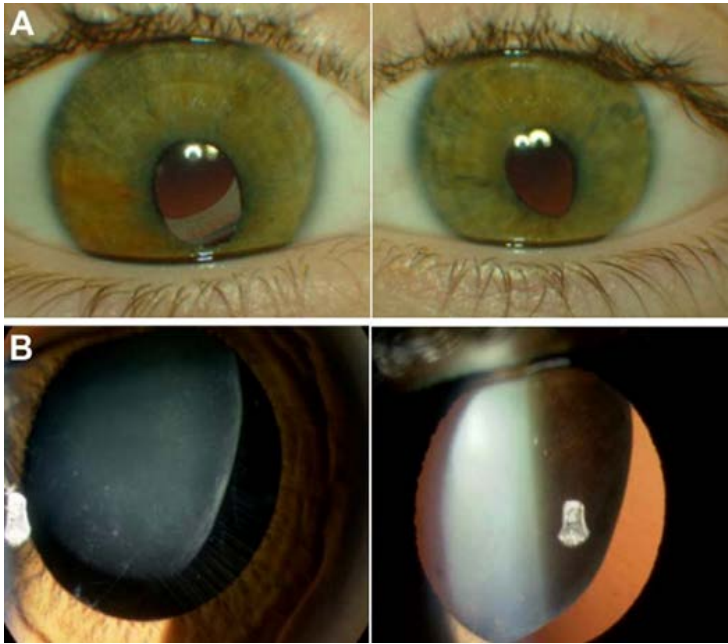
- Cyclop

close-a

- Strongly

- Occurs as part of ***ectopia lentis et pupillae*** **T**

# Microspherophakia



Ectopia lentis et pupillae



# Q

## Microspherophakia

- *Re microspherophakia... which of the following*

- Due to

- Associated

- Can cause

closure

- Angle of

with mi

- Cyclop

close a

- Strongly

- Occurs as part of **ectopia lentis et pupillae** **T**

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

*How common is it?*

It is very rare

*Is it unilateral, or bilateral?*

Bilateral

*In what direction are the pupils and lenses displaced?*

In opposite directions—pupils inferotemporal , lenses superonasal

*The pupils typically have two further abnormalities—what are they?*

--

--



# A

## Microspherophakia

- *Re microspherophakia... which of the following*

- Due to

- Associated

- Can cause
- closure

- Angle of
- with mi

- Cyclop
- close a

- Strongly

- Occurs as part of **ectopia lentis et pupillae** **T**

*What is ectopia lentis et pupillae?*

A genetic condition the hallmark of which is the displacement of the pupil and (microspherophakic) lens

*How common is it?*

It is very rare

*Is it unilateral, or bilateral?*

Bilateral

*In what direction are the pupils and lenses displaced?*

In opposite directions—pupils inferotemporal , lenses superonasal

*The pupils typically have two further abnormalities—what are they?*

--They are very miotic, and dilate poorly

--They are slit-like in shape