Q

Re microspherophakia…which of the following are true?

- Due to faulty development of $2^\circ$ lens fibers
Re microspherophakia...which of the following are true?

- Due to faulty development of $2^o$ lens fibers  T
Q

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

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

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

- Due to faulty development of $2^\circ$ lens fibers  \( \text{T} \)
- Associated with high hyperopia  \( \text{F} \)

Does microspherophakia actually cause the high myopia with which it is associated?
Re microspherophakia...which of the following are true?

- Due to faulty development of $2^\circ$ lens fibers **T**
- Associated with high hyperopia **F**

Does microspherophakia actually cause the high myopia with which it is associated? Yes
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers  ✔
- Associated with high hyperopia  ✗

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

How does it cause high myopia?
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers  T
- Associated with high 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. Note the extreme curvature of the lens
Re microspherophakia…which of the following are true?

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

- Due to faulty development of 2° lens fibers  T
- Associated with high 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’)
Re microspherophakia…which of the following are true?

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

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

- Associated with high hyperopia  
  - F T

- Can cause pupillary block with subsequent angle closure glaucoma  
  - T
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers  \( T \)
- Associated with high 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?
Re microspherophakia...which of the following are true?

- Due to faulty development of $2^\circ$ lens fibers  \( \text{T} \)
- Associated with high hyperopia  \( \text{F} \)
- Can cause pupillary block with subsequent angle closure glaucoma  \( \text{T} \)

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

Microspherophakia with pupillary block leading to shallow AC
Re microspherophakia…which of the following are true?

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

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

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

- Due to faulty development of 2° lens fibers: **T**
- Associated with high hyperopia: **F**
- Can cause pupillary block with subsequent angle closure glaucoma: **T**
- Angle closure can be successfully prophylaxed with miotics: **F**

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

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

- Due to faulty development of 2° lens fibers  \( \text{T} \)
- Associated with high hyperopia  \( \text{F} \) \( \text{T} \)
- Can cause pupillary block with subsequent angle closure glaucoma  \( \text{T} \)
- Angle closure can be successfully prophylaxed with miotics  \( \text{F} \) \( \text{T} \)

What surgical maneuvers are sometimes used to prophylax against angle closure?
Iridotomy, or lensectomy
Re microspherophakia... which of the following are true?

- Due to faulty development of $2^{\circ}$ lens fibers  \( \text{T} \)
- Associated with high hyperopia  \( \text{F} \text{ T} \)
- Can cause pupillary block with subsequent angle closure glaucoma  \( \text{T} \)
- Angle closure can be successfully prophylaxed with miotics  \( \text{T} \text{ F} \text{ T} \)

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

Iridotomy

Some surgeons argue that \textit{two} iridotomies $180^{\circ}$ apart should be created to preclude pupillary blockage by a subluxed microspherophakic lens!
Re microspherophakia…which of the following are true?

- Due to faulty development of $2^\circ$ lens fibers: **T**
- Associated with high hyperopia: **F**
- Associated with high myopia: **F**
- Can cause pupillary block with subsequent angle closure glaucoma: **T**
- Angle closure can be successfully prophylaxed with miotics: **F**
- Cycloplegics should be avoided, as they can close an already crowded angle: **F**
Re microspherophakia…which of the following are true?

- Due to faulty development of $2^\circ$ lens fibers **T**
- Associated with high hyperopia **F**  
  Associated with high myopia **T**
- Can cause pupillary block with subsequent angle closure glaucoma **T**
- Angle closure can be successfully prophylaxed with miotics **F**  
  Angle closure can be successfully prophylaxed with miotics **T**
- Cycloplegics should be avoided, as they can close an already crowded angle **F**
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers  **T**
- Associated with high hyperopia  **F**  **T**
- Can cause pupillary block with subsequent angle closure glaucoma  **T**
- Angle closure can be successfully prophylaxed with miotics  **F**  **T**
- Cycloplegics should be avoided, as they can close an already crowded angle  **F**  **T**
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers: True
- Associated with high hyperopia: False
- Can cause pupillary block with subsequent angle closure glaucoma: True
- Angle closure can be successfully prophylaxed with miotics: False
- Cycloplegics should be avoided, as they can close an already crowded angle: False

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?
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers  T
- Associated with high hyperopia  F  T
- Can cause pupillary block with subsequent angle closure glaucoma  T
- Angle closure can be successfully prophylaxed with miotics  F  T
- Cycloplegics should be avoided, as they can close an already crowded angle  F  T

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

- Due to faulty development of 2° lens fibers: **T**
- Associated with high hyperopia: **F**
- Can cause pupillary block with subsequent angle closure glaucoma: **T**
- Angle closure can be successfully prophylaxed with miotics: **F**
- Cycloplegics should be avoided, as they can close an already crowded angle: **T**
- Strongly associated with Marfan syndrome: **T**
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers: True
- Associated with high hyperopia: False
- Associated with high myopia: False
- Can cause pupillary block with subsequent angle closure glaucoma: True
- Angle closure can be successfully prophylaxed with miotics: False
- Cycloplegics should be avoided, as they can close an already crowded angle: True
- Strongly associated with Marfan syndrome: False
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers \( T \)
- Associated with high hyperopia \( F \) \( T \)
- Can cause pupillary block with subsequent angle closure glaucoma \( T \)
- Angle closure can be successfully prophylaxed with miotics \( F \) \( T \)
- Cycloplegics should be avoided, as they can close an already crowded angle \( F \) \( T \)
- Strongly associated with Marfan syndrome \( F \) \( T \)
- Weill-Marchesani syndrome \( T \)
Microspherophakia

Microspherophakia in Weill-Marchesani syndrome
Re microspherophakia...which of the following are true?

- Due to faulty development of 2º lens fibers \( \text{T} \)
- Associated with high hyperopia \( \text{T} \) \( \text{F} \)
- Can cause pupillary block with subsequent angle closure glaucoma \( \text{T} \)
- Angle closure can be prophylaxed with miotics \( \text{F} \) \( \text{T} \)
- Cycloplegics should be avoided, as they can close an already crowded angle \( \text{F} \) \( \text{T} \)
- Strongly associated with Marfan syndrome \( \text{F} \) \( \text{T} \)

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 Marfan syndrome)
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers  \( \text{T} \)
- Associated with high hyperopia  \( \text{F} \)
- Can cause pupillary block with subsequent angle closure glaucoma  \( \text{T} \)
- Angle closure can be prophylaxed with miotics  \( \text{F} \)
- Cycloplegics should be avoided, as they can close an already crowded angle  \( \text{F} \)
- Strongly associated with Marfan syndrome  \( \text{F} \)

What are the findings in Weill-Marchesani?

Patients with Weill-Marchesani have:

- …short stature

Weill-Marchesani syndrome
Microspherophakia

Weill-Marchesani syndrome: Short stature
Q

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

- Due to faulty development of 2º lens fibers  **T**
- Associated with high hyperopia  **F T**
- Can cause pupillary block with subsequent angle closure glaucoma  **T**
- Angle closure can be prophylactically treated 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**

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...short stature

...short fingers
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- Associated with high hyperopia  **F T**
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- Angle closure can be prophylaxed 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?

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- ...short stature
- ...short fingers

Weill-Marchesani syndrome
Microspherophakia

Weill-Marchesani syndrome: Short fingers
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers  
- Associated with high hyperopia  
- Can cause pupillary block with subsequent angle closure glaucoma  
- Angle closure can be prophylaxed with miotics  
- Cycloplegics should be avoided, as they can close an already crowded angle  
- Strongly associated with Marfan syndrome

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Microspherophakia

Weill-Marchesani syndrome
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers \( T \)
- Associated with high hyperopia \( T \)
- Can cause pupillary block with subsequent angle closure glaucoma \( T \)
- Angle closure can be prophylaxed with miotics \( F \)
- Cycloplegics should be avoided, as they can close an already crowded angle \( F \)
- Strongly associated with Marfan syndrome \( F \)

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- Angle closure can be successfully prophylaxed with miotics **F**
- Cycloplegics should be avoided, as they can close an already crowded angle **F**
- Strongly associated with Marfan syndrome **F**

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 Marfan syndrome)
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers  T  
- Associated with high hyperopia  F  T  
- Can cause pupillary block with subsequent angle closure glaucoma  T  
- Angle closure can be successfully prophylaxed 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)
Microspherophakia

Weill-Marchesani syndrome

Marfan syndrome
Q

Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers  T
- Associated with high hyperopia  F T
- Can cause pupillary block with subsequent angle closure glaucoma  T
- Angle closure can be successfully prophylaxed 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 is the formal term for:

- Abnormally short fingers? Brachydactyly
- Abnormally long fingers? Arachnodactyly (Think of it as the opposite of Marfan syndrome)

Weill-Marchesani syndrome
Re microspherophakia...which of the following are true?

- Due to faulty development of 2º lens fibers [T]
- Associated with high hyperopia [F, T]
- Can cause pupillary block with subsequent angle closure glaucoma [T]
- Angle closure can be successfully prophylaxed with miotics [F]
- Cycloplegics should be avoided, as they can close an already crowded angle [F, T]
- Strongly associated with Marfan syndrome [F, T]

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- Short stature (Tall stature)
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- Stiff joints (Lax joints)

(Think of it as the opposite of Marfan syndrome)
Re microspherophakia...which of the following are true?

- Due to faulty development of 2º lens fibers  **T**
- Associated with high hyperopia  **F**  **T**
- Can cause pupillary block with subsequent angle closure glaucoma  **T**
- Angle closure can be successfully prophylaxed 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**

Weill-Marchesani is strongly associated with microspherophakia. With what conditions is microspherophakia occasionally associated?
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers  **T**
- Associated with high hyperopia  **F**  **T**
- Can cause pupillary block with subsequent angle closure glaucoma  **T**
- Angle closure can be successfully prophylaxed 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**

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

- Due to faulty development of 2° lens fibers  T
- Associated with high hyperopia  F  T
- Can cause pupillary block with subsequent angle closure glaucoma  T
- Angle closure can be successfully prophylaxed with miotics  F
- Cycloplegics should be avoided, as they can close an already crowded angle  F  T
- Strongly associated with Marfan syndrome  F  T

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

- Ruby = Rubella
- Lowe syndrome
- Alport syndrome
- Marfan syndrome
- Peters anomaly

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

- Due to faulty development of 2° lens fibers  T
- Associated with high hyperopia  F T
- Can cause pupillary block with subsequent angle closure glaucoma  T
- Angle closure can be successfully prophylaxed with miotics  F
- Cycloplegics should be avoided, as they can close an already crowded angle  F
- Strongly associated with Marfan syndrome  F

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

Ruby = Rubella
Lowe syndrome
Alport syndrome
Marfan syndrome
Peters anomaly

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

Lowe syndrome, Alport syndrome

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- Cycloplegics should be avoided, as they can close an already crowded angle  \( \text{F} \)
- Strongly associated with Marfan syndrome  \( \text{F} \)

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- Lowe syndrome
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- Peters anomaly

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

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

Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:
Re microspherophakia…which of the following are true?

- Due to faulty development of 2° lens fibers  □
- Associated with high hyperopia  □
- Associated with high myopia  □
- Can cause pupillary block with subsequent angle closure glaucoma  □
- Angle closure can be successfully prophylaxed with miotics  □
- Cycloplegics should be avoided, as they can close an already crowded angle  □
- Strongly associated with Marfan syndrome  □

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- Alport syndrome
- Marfan syndrome
- Peters anomaly

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

What is their classic (nonocular) presenting sign? Hematuria

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- Due to faulty development of 2° lens fibers  T
- Associated with high myopia  F  T
- Associated with high hyperopia  F  T
- Can cause pupillary block with subsequent angle closure glaucoma  T
- Angle closure can be successfully prophylaxed with miotics  F  T
- Cycloplegics should be avoided, as they can close an already crowded angle  F
- Strongly associated with Marfan syndrome  F

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- Cycloplegics should be avoided, as they can close an already crowded angle  
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Ruby LAMP is a mnemonic for the other conditions associated with microspherophakia:

Ruby = Rubella

- Lowe syndrome
- Alport syndrome
- Marfan syndrome
- Peters anomaly

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?

- Lowe syndrome
- Alport syndrome
- Marfan syndrome
- Peters anomaly
- Congenital rubella
Microspherophakia

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

- Due to faulty development of 2° lens fibers  T
- Associated with high hyperopia  F T
- Can cause pupillary block with subsequent angle closure glaucoma  T
- Angle closure can be successfully prophylaxed with miotics  F
- Cycloplegics should be avoided, as they can close an already crowded angle  F
- Strongly associated with Marfan syndrome  F

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

Ruby = Rubella

Lowe syndrome
Alport syndrome
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Peters anomaly

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?
Lowe syndrome, Alport syndrome, Marfan syndrome, Peters anomaly and congenital rubella
Microspherophakia

Anterior lenticonus in Alport syndrome
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers **T**
- Associated with high hyperopia **F**
- Can cause pupillary block with subsequent angle closure glaucoma **T**
- Angle closure can be successfully prophylaxed with miotics **F**
- Cycloplegics should be avoided, as they can close an already crowded angle **F**
- Strongly associated with Marfan syndrome **F**
- Occurs as part of ectopia lentis et pupillae **T**
Re microspherophakia...which of the following are true?

- Due to faulty development of 2° lens fibers **T**
- Associated with high hyperopia **F**
- Can cause pupillary block with subsequent angle closure glaucoma **T**
- Angle closure can be successfully prophylaxed with miotics **F**
- Cycloplegics should be avoided, as they can close an already crowded angle **F**
- Strongly associated with Marfan syndrome **F**
- Occurs as part of ectopia lentis et pupillae **T**
Re microspherophakia…which of the following are true?

- Due to faulty development of lens fibers: **T**
- Associated with high hyperopia: **F**
- Can cause pupillary block with subsequent angle closure glaucoma: **T**
- Angle closure can be successfully prophylaxed with miotics: **F**
- Cycloplegics should be avoided, as they can close an already crowded angle: **F**
- Strongly associated with Marfan syndrome: **F**
- 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
Re microspherophakia...which of the following are true?

- Due to faulty development of 2o lens fibers [T]
- Associated with high hyperopia [F]
- Can cause pupillary block with subsequent angle closure glaucoma [T]
- Angle closure can be successfully prophylaxed with miotics [F]
- Cycloplegics should be avoided, as they can close an already crowded angle [F]
- Strongly associated with Marfan syndrome [F]
- 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.
Re microspherophakia…which of the following are true?

- Due to faulty development of the lens fibers, T
- Associated with high hyperopia, F
- Can cause pupillary block with subsequent angle closure glaucoma, T
- Angle closure can be successfully prophylaxed with miotics, F
- Cycloplegics should be avoided, as they can close an already crowded angle, F
- Strongly associated with Marfan syndrome, F
- Occurs as part of ectopia lentis et pupillae, T

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**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
Re microspherophakia…which of the following are true?

- Due to faulty development of lens fibers
  - True
- Associated with high hyperopia
  - False
- Can cause pupillary block with subsequent angle closure glaucoma
  - True
- Angle closure can be successfully prophylaxed with miotics
  - False
- Cycloplegics should be avoided, as they can close an already crowded angle
  - False
- Strongly associated with Marfan syndrome
  - False
- Occurs as part of ectopia lentis et pupillae
  - True

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

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

- Due to faulty development of lens fibers  
  - T
- Associated with high hyperopia  
  - T
- Can cause pupillary block with subsequent angle closure glaucoma  
  - T
- Angle closure can be successfully prophylaxed with miotics  
  - F
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