5 Inoue M, Iriyama A, Kadonosono K, Tamaki Y, Yanagi Y. Effects of perfluorocarbon liquids and silicone oil on human retinal pigment epithelial cells and retinal ganglion cells. *Retina* 2009; **29**(5): 677–681.
6 Lee GA, Finnegan SJ, Bourke RD. Subretinal perfluorodecalin toxicity. *Aust NZJ Ophthalmol* 1998; **26**(1): 57–60.
7 Tewari A, Eliott D, Singh CN, Garcia-Valenzuela E, Ito Y, Abrams GW. Changes in retinal sensitivity from retained subretinal perfluorocarbon liquid. *Retina* 2009; **29**(2): 248–250.
8 Le Tien V, Pierre-Kahn V, Azan F, Renard G, Chauvaud D. Displacement of retained subfoveal perfluorocarbon liquid after vitreoretinal surgery. *Arch Ophthalmol* 2008; **126**(1): 98–101.

L Konstantinidis and TJ Wolfensberger

Jules Gonin Eye Hospital, University of Lausanne, Lausanne, Switzerland
E-mail: thomas.wolfensberger@fa2.ch

Eye (2010) **24,** 1109–1111; doi:10.1038/eye.2009.281; published online 4 December 2009

Sir,

Realignment of a previously dislocated intraocular lens with a secondary intraocular lens: a rare cause of severe myopia

An 88-year-old man, with a history of a retained right dislocated intraocular lens and secondary lens insertion, presented to our department with reduced vision. He had undergone uncomplicated phacoemulsification with posterior chamber lens insertion in 1996. Two years later a YAG capsulotomy was performed. In 2005, the vision in his right eye had suddenly decreased to 1/60 on Snellen visual acuity testing. Further examination revealed a complete dislocation of his intraocular lens into the vitreous inferiorly. There was no preceding trauma and he did not have pseudoexfoliation. The patient had a secondary sulcus intraocular lens inserted and the dislocated lens was not removed. He was happy with the improvement in his vision.

Three years later the patient re-presented with a 2-week history of reduced vision in his right eye. His right visual acuity was now counting fingers. The sulcus-fixated lens was well positioned, with no obvious evidence of the previously dislocated intraocular lens. Retinoscopy showed a high myopic refraction of approximately −20 D and visual acuity improved to 6/12 with correction. Autorefraction confirmed high myopia in his right eye. On further slit lamp examination it was difficult to identify a double lens. However, YAG lens pitting was visible behind the main lens implant. The pitting was not seen to be mobile with eye movement, suggesting that the original lens may have realigned and was now stable. Ultrasound imaging was equivocal and showed a lens in the vitreous adjacent to the sulcus lens (see Figure 1). The authors cannot fully

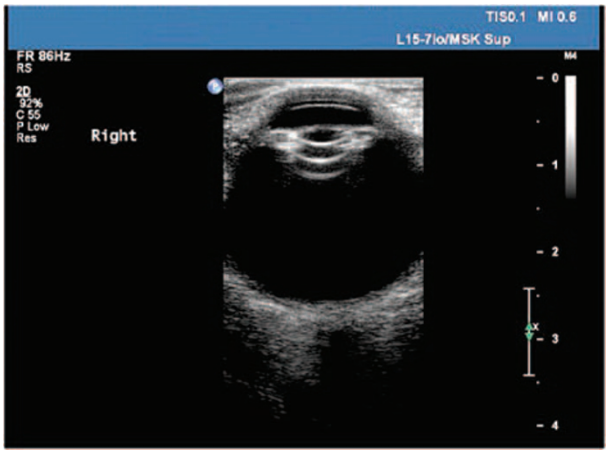

Figure 1 Ultrasound imaging showing a lens in the inferior vitreous.

account as to how the lens relocated and subsequently seemed stable. It is presumed that it lodged on or in the anterior vitreous. Re-dislocation of intraocular lenses and de-centration have been reported,[1] but to the authors' knowledge the realignment of a previously dislocated intraocular lens with a secondary intraocular lens resulting in severe myopia has not been described before.

At the time of investigation the patient was undergoing treatment for other co-morbidities, and a general anaesthetic for further surgery was contraindicated. He unfortunately died due to these co-morbidities, and further help for his unusual symptoms could not be offered.

Conflict of interest

The authors declare no conflict of interest.

Reference

1 Kim SS, Smiddy WE, Feuer W, Shi W. Management of dislocated intraocular lenses. *Ophthalmology* 2008; **115**(10): 1699–1704.

S Dhesi, R Rajendram and A Elliott

Frimley Park Hospital, Camberley, Surrey, UK
E-mail: sundeepdhesi@doctors.net.uk

Eye (2010) **24,** 1111; doi:10.1038/eye.2009.277; published online 27 November 2009

Sir,

A case of diffuse fluorescein leakage not associated with a CNV in *Pseudoxanthoma elasticum*

Pseudoxanthoma elasticum (PXE) is an inherited multisystem disorder that is associated with accumulation of mineralised and fragmented elastic