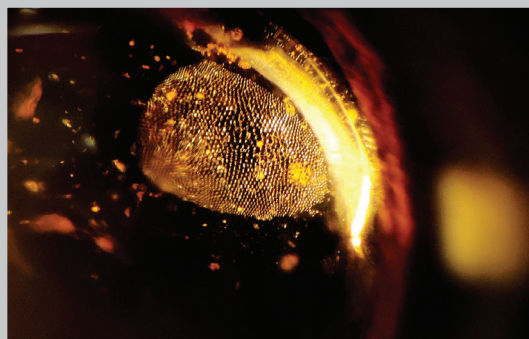


WINNERS OF THE 2023 CRST PHOTO CONTEST



◀ THE BEEHIVE

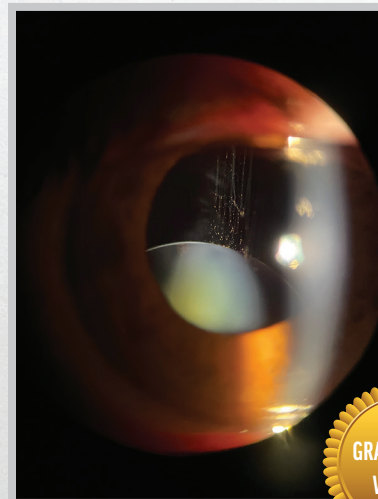
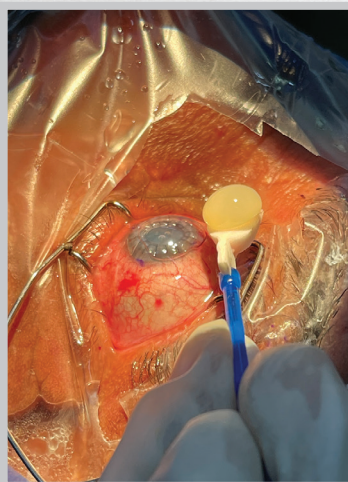
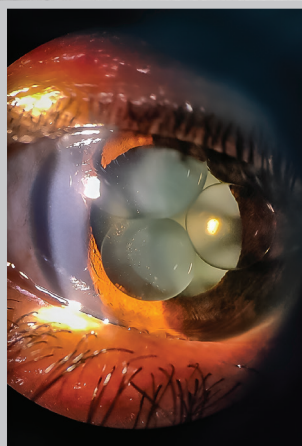
Deepanshu Agrawal, MBBS, DO, DNB, FVRS, and Rinal Pandit, MBBS, MS, FMRF, FAICO

Captured at a postoperative visit 1 month following cataract surgery and silicone oil removal, the image reveals a honeycomb pattern of residual silicone oil droplets on a hydrophilic IOL.

THE PEARL ▶

Aows AlJammal, MBChB

The photograph shows a mature cataract in a patient undergoing simultaneous penetrating keratoplasty and cataract extraction.



▶ HANGING ON BY A THREAD

Abha Amin, MD

In the photograph, zonulopathy has caused lens subluxation.

▶ SILICONE BALLET: TRIO OF BUBBLES IN THE EYE

By Muhammad Saad, MBBS, FCPS Resident

The photograph shows a unique composition of silicone bubbles within the eye.



▶ RESTING DEMODEX ON AN EYELASH

Goktug Demirci, MD

The photograph of a patient with ocular rosacea features a resting *Demodex folliculorum* amid cylindrical dandruff. The image is an unfiltered light microscope capture.



▲ CORNEAL KELOID IN A RADIAL KERATOTOMY WOUND

Giuliano Freitas, MD, PhD

A whitish, elevated lesion has risen from a radial keratotomy wound in the eye of a 72-year-old man.



▲ ENDOPHTHALMITIS IN A PATIENT WITH PRESUMED AXENFELD-RIEGER SYNDROME

Sarishka Desai, MD

Severe endophthalmitis has occurred in a patient with congenital glaucoma and anterior segment dysgenesis, presumed to be Axenfeld-Rieger syndrome.



◀ RADIANT NEVUS OF OTA BEAUTY

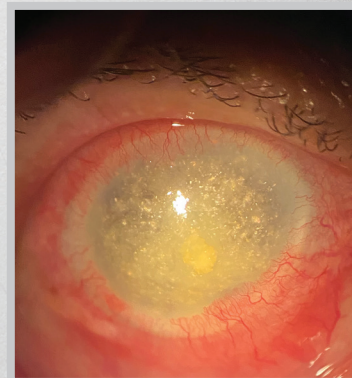
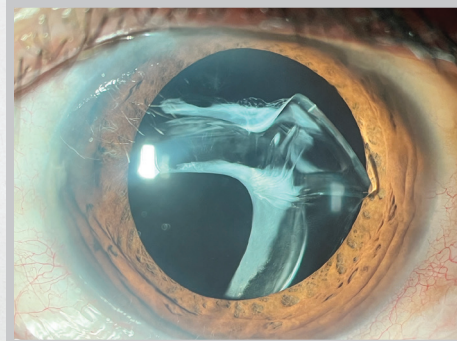
Akshita Ghiya, MD

In this 14-year-old girl with Nevus of Ota, grey-blue hyperpigmented lesions surround the left eye, and hyperpigmented patches in the sclera can also be seen.

▼ DEAD BAG SYNDROME

Andres German Alza, MD

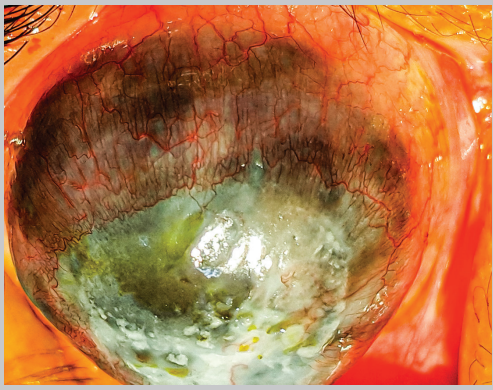
The IOL-capsular bag complex has dislocated in the eye of a patient who underwent bilateral cataract surgery.



▲ WYNNORRIFIC: A PARADOX OF BEAUTY AND HORROR

Jesus Santiago Vidaurri-Martinez, MD

The photograph captures a rare occurrence of synchysis scintillans in the anterior chamber.



▲ BLOOD IS COMING, GAME OF VISION

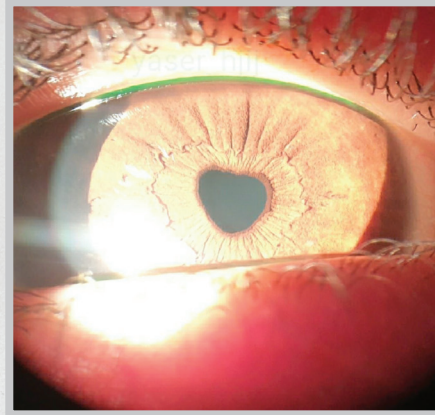
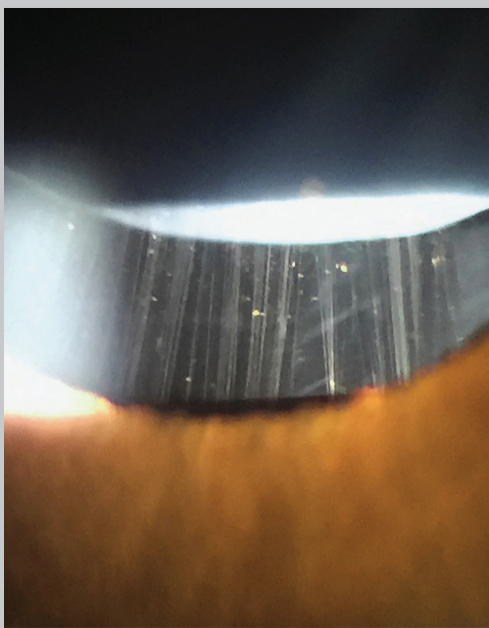
Mohamed Afifi, MRCSEd, FICO, EBO

The photograph captures an acute invasion of blood vessels into the cornea from the conjunctiva. The cornea is under siege from all sides.

▼ ZONULAR DEHISCENCE

Darrin Landry, CRA, OCT-C, FOPS

Superior zonular dehiscence led to lens dislocation. The image was captured with sclerotic scatter illumination.



◀ HEART-SHAPED PUPIL

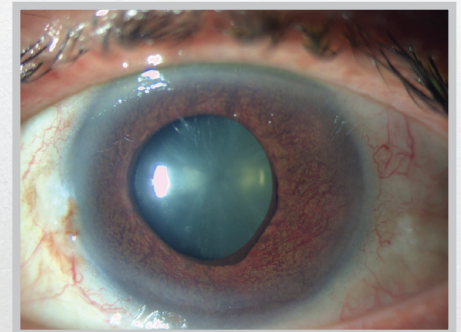
Abu Serhan Hashem, MD

The pupil has a unique heart-shaped appearance.

RIVERS OF BLOOD ▶

Nayeli Bernal, MPH

A patient exhibits neovascular glaucoma.



▲ CAROTID CAVERNOUS FISTULA

Ana Miguel, MD, PhD, FEBO, GCSRT

A patient sought a second opinion for nontraumatic bilateral hyperemia in the left eye (photo) that had developed 10 months earlier. Clinical signs included chemosis, nonpulsatile proptosis, corkscrew vessels, and paresis of the left fourth cranial nerve. An MRI report confirmed a carotid-cavernous fistula, which was successfully treated with endovascular intervention.

Slit Lamp

▼ CATARACT SURGERY ON A VASCULARIZED CORNEA

Riadh Romdhane, MD

A patient who was blind in both eyes due to vascularized corneas and cataracts underwent extracapsular cataract extraction. Postoperatively, they regained the ability to see up to 3 m.



▲ DISLOCATED SUTURED PLATE HAPTIC IOL

Steven G. Safran, MD, PA

The patient had a sutured plate haptic IOL. When the suture broke, the lens fell posteriorly onto the retina. The lens was successfully removed, and intrascleral haptic fixation of the replacement IOL was performed with the Yamane technique.

▼ HOUSTON, WE HAVE A PROBLEM!

Rami Shasha, MD, FRCSC, ABO

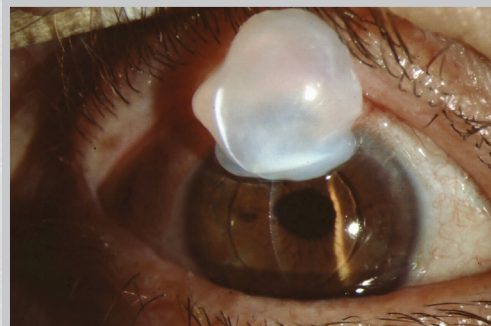
A patient was referred following an aborted cataract procedure at another facility. A slit-lamp examination revealed a large nuclear fragment occupying nearly 50% of the anterior chamber.



ICE FINGER OF DEATH ▶

Rodolfo Bonatti, MD

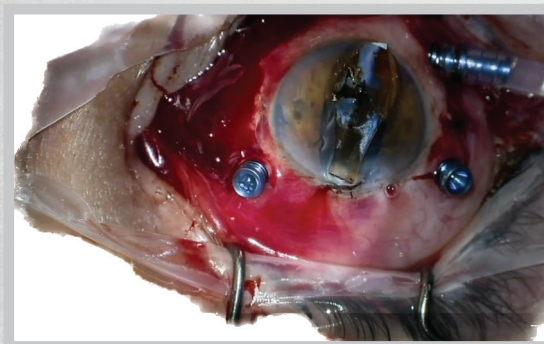
When the tube of an Ahmed Glaucoma Valve (New World Medical) is too long, it can make contact with the crystalline lens and cause a localized freezing cataract to form.



▶ MASSIVE BLEB ELEVATION

Thomas Tien, MD and Irving M. Raber, MD

A patient presented with bleb dysesthesia resulting from significant bleb elevation following a trabeculectomy.



▲ MIRACULOUS EXTRACTION

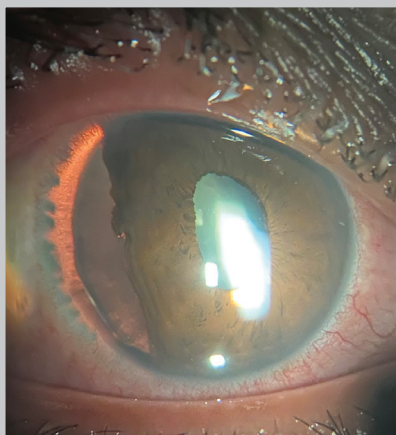
Claudio Brancato, MD

A 62-year-old man presented after sustaining accidental ocular trauma in a domestic setting that damaged his right eye. The foreign body, presumed to be glass or metal, was successfully emulsified and removed via corneal access.

▼ STAPLE IN CORNEA

Ashley Perez

A staple causes penetrating corneal trauma.



◀ TRAUMATIC IRIDODYALYSIS

Jesus Santiago

Vidaurre-Martinez, MD

The photograph illustrates traumatic iridodialysis secondary to blunt trauma. Both the crystalline lens and zonules remain intact over the area of dialysis, with ciliary processes in situ.



▲ TRAUMATIC INCLUSION CYST

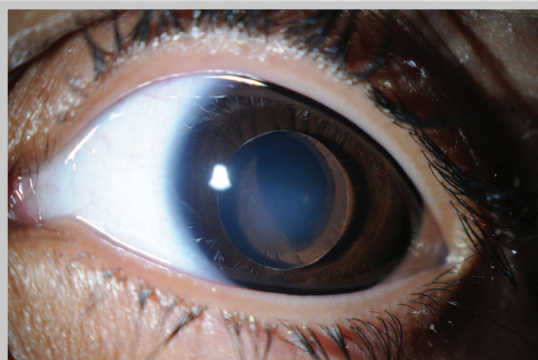
Mehrnaz Atighehchian, MD

The image shows a traumatic conjunctival-scleral inclusion cyst following a penetrating injury. A 15-year-old male patient exhibited a sizable traumatic conjunctival inclusion cyst 4 years following the initial repair of a corneal-scleral laceration. The size of the cyst has increased since 1 year earlier.

TRAUMATIC LENS DISLOCATION IN AN EYE WITH ANTERIOR MEGALOPHTHALMOS ▶

Huda Al-Ghadeer, MD, FRCS

A slit-lamp photograph of the left eye reveals megalocornea, microspherophakia, lens dislocation in the anterior chamber, and ectropion uveae.



Trauma