

Frozen in Development: Persistent Fetal Vasculature Presenting with Cataract

Congelado no Desenvolvimento: Persistência da Vasculatura Fetal em Catarata

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Persistent fetal vasculature (PFV) is a rare congenital anomaly due to failed regression of the hyaloid artery and primary vitreous.¹ It is the most frequent identifiable cause of unilateral congenital cataract, with a high risk of amblyopia, although idiopathic cases remain the most common overall.^{2,3}

We report a 49-year-old male with amblyopia and myopia in the right eye (OD), referred for an eyelid lesion. He was born at term following an uneventful pregnancy and delivery. Slit-lamp examination revealed an eyelid lesion obstructing the visual axis, a corneal leucoma with neovascularization, and a white cataract. Visual acuity in the OD was light perception. The fellow eye had best-corrected visual acuity of 8/10 and no relevant abnormalities.

The clinical image demonstrates a whitish lens opacity with abnormal vascular proliferation, consistent with cataract secondary to PFV. Posterior segment visualization was precluded by media opacity; however, B-scan ultrasonography revealed a retrolental echogenic band, supporting the diagnosis of PFV.

Management included excision of the eyelid lesion, histologically confirmed as basal cell carcinoma; incomplete excision prompted planned re-excision. Given the long-standing amblyopia, cataract surgery is under multi-

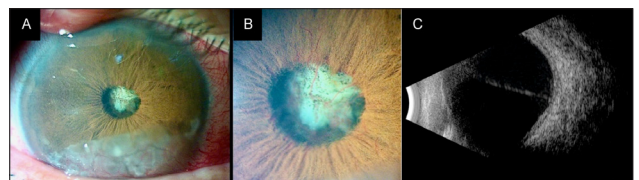


Figure 1. Multimodal imaging of the right eye.

(A) Slit-lamp photograph showing a dense central whitish lenticular opacity associated with persistent fibrovascular tissue and inferior corneal leucoma. (B) Magnified view highlighting abnormal retrolenticular vascularization. (C) B-scan ultrasonography demonstrates a central, linear fibrovascular stalk extending from the posterior pole toward the lens, consistent with persistent fetal vasculature.

disciplinary evaluation. PFV remains a vision-threatening anomaly with limited therapeutic outcomes, highlighting the importance of early recognition.

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CF: Contributed to data collection and analysis, literature review, and manuscript drafting.

RB: Contributed to case interpretation and critically reviewed the manuscript.

The authors approved the final version to be published.

CF: Participou na recolha e análise dos dados clínicos, na revisão da literatura e na redação do manuscrito.

RB: Contribuiu para a interpretação do caso e reviu criticamente o manuscrito.

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