Purpose: To describe a case on inadvertent injection of a dexamethasone implant (Ozurdex) into the crystalline lens and review the literature regarding this topic. Methods: Review of the clinical chart of a patient suffering from injection of Ozurdex into the crystalline lens. Review of the results of a search in Pubmed using the following strategy: (ozurdex AND crystalline lens) OR (intravitreal dexamethasone implant AND crystalline lens) OR (ozurdex AND phacoemulsification) OR (intravitreal dexamethasone implant AND phacoemulsification) Results: Our patient received the implant to treat a macular edema secondary to branch retinal vein occlusion (BRVO) complicating a preexisting diabetic retinopathy (DR). The implant was well tolerated with only a slight increase in intraocular pressure (IOP) and with the resolution of the macular edema and improvement in visual acuity. The cataract surgery ended with vitrectomy and placement of the intraocular lens in the sulcus. Other nine cases has been described and studied to describe the outcomes and possible risk factors. Conclusions: This complication can take place in expert hands. It should be mentioned in the corresponding informed consent. This implant seems to be effective and well tolerated inside the lens not producing posterior uveitis or phacolitic glaucoma. IOP rise does not always take place, and when it does it can be controlled medically. It has not been established when cataract surgery should be scheduled. Cataract surgery should be performed by an experienced vitreoretinal surgeon. Prognosis is good. Most cases ended up with good visual acuity, despite previous retinal pathology. Financial Disclosure: No