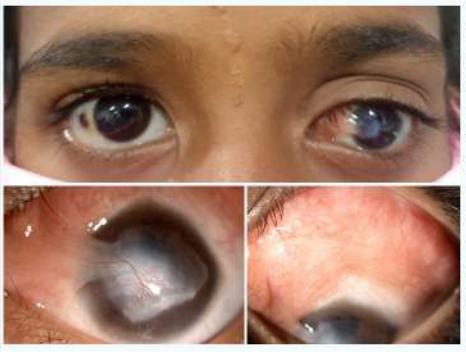
EYE - DAWN
DR.AGARWALS
NEWSLETTER
RISE WITH KNOWLEDGE

JANUARY 2024
BY POST GRADUATES

EYE - CONIC CASE
Glimpse of an enticing case scenario

A RARE CASE OF CHORISTOMA
- Dr Sharmilaa Priyadarshini S



An 8-year-old female child was brought by her parents to OPD with complaints of growth in left eye since six months of age, gradually increasing in size with diminution of vision and not associated with pain or redness. On examination child had a hypertrophic skin lesion over the forehead extending till tip of nose. She had left eye hypotropia, exotropia with mild ptosis and dystopia. OS BCVA- 2/60 and N48.

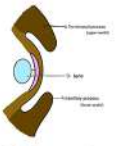
On Slit lamp examination of Left eye, reddish pink fleshy non tender conjunctival mass involving entire superior fornix and superior conjunctiva extending up to nasal conjunctiva with degenerative changes was seen. Lesion was extending over nasal cornea with pannus covering the pupillary axis. Pupil was irregular in shape, reacting to light. Elevation restriction -2 was noted with other extraocular movements being normal. Fundus examination showed large optic disc with deep cup, 0.4 cup-disc ratio and peripapillary changes. Foveal reflex was dull and retinal pigment epithelial changes were present superior to fovea. Right eye had a temporal pigmented conjunctival lesion of size 4x5mm with defined margins and cystic spaces with a feeder vessel suggestive of conjunctival nevus. Rest of the anterior segment and fundus appeared normal. ASOCT of Left eye showed hyperreflective lesion in cornea extending till anterior stroma. Clinical diagnosis of OD conjunctival nevus and OS Conjunctival mass with pseudo pterygium and corneal opacity was made.

On further investigation, MRI brain and orbit depicted curvilinear pericallosal lipoma with calcification, hypoplastic corpus callosum, dysplastic left lesser wing of sphenoid, fatty signal intensity lesion on the left superior ocular surface suggestive of conjunctival lipodermoid, and dense calcification on the ocular surface suggestive of epibulbar choristoma. Later patient was managed by Left eye conjunctival mass debulking with amniotic membrane graft and corneal pannus removal and specimen sent for histopathology examination. Histopathology of the section with haematoxylin-eosin stain showed squamous epithelium with subepithelium showing mature cartilage, skeletal muscle fibers, fatty tissue and adnexal structures suggestive of choristoma. Choristoma is a rare, benign, congenital proliferative tumor, which is defined as normal tissue that stops migrating during embryonic development and located in an abnormal position. Epibulbar choristoma normally occurs sporadically and develops alone, or it may be associated syndrome including Goldenhar syndrome, nevus sebaceous of Jadassohn, organoid nevus syndrome, linear nevus sebaceous syndrome. Sites are predominantly in the cornea, recti muscle, and conjunctiva. Main stay of treatment is surgical removal. Recurrence is more common. Differential diagnosis include epibulbar dermoid, limbal dermoid, epithelial inclusion cyst, prolapsed orbital fat, papilloma, and dermolipoma.

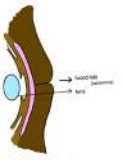
EYE - OPENER
Lets brush-up our basics

EMBRYOLOGY OF EYELIDS
- Dr Dhivya R

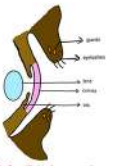
1. **Eyelids formation:** By 6th week of gestation, maxillary process extends to form lower eyelid and frontonasal process extends to form upper eyelid.
2. **Eyelid fusion:** By 9th week of gestation, outer layers which form the epidermis fuses completely.
3. **Development of eyelid structures:** Between week 9 to 18 of gestation, muscles, glands and all appendages of eyelids develop.
4. **Eyelid disjunction:** Around 20th week of gestation, separation of eyelids starts due to lipid production, keratinisation & pull of the retractors.



Eyelids Formation



Eyelids Fusion



Eyelids Disjunction

Clinical Aspects:

* Congenital Coloboma of eye lids: Arises from defective eye lid development either during fusion or re-separation.
* Congenital Ankyloblepharon: Failure of separation of lid due to temporary epithelial arrest and rapid mesenchymal proliferation allowing union of eye lids at abnormal position.

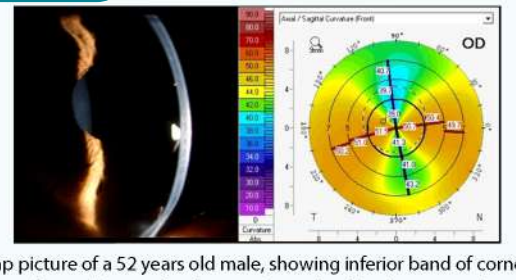
EYE QUEST
To tease your brain a little

CONNECT ME IF U CAN!!!
- Dr.Sai Sri Hrudya

1. Devic Disease	A. Sunset Glow Fundus
2. Charles Bonnet Syndrome	B. BRAO
3. Best Disease	C. Autoimmune Disease
4. Encephalotrigeminal angiomatosis	D. Prostaglandin Perioribitopathy
5. Alagille Syndrome	E. Visual Hallucination
6. Sympathetic Ophthalmia	F. Posterior Embryotoxon
7. Deep Superior Sulcus Syndrome	G. Diagnostic Test is EOG
8. Susac syndrome	H. Trabecular Dysgenesis

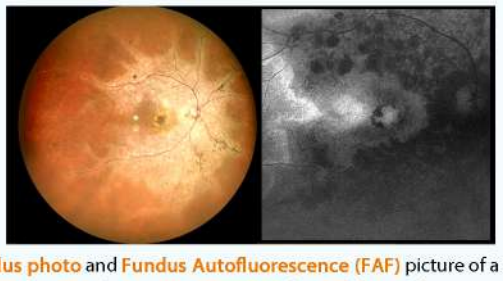
EYE - WORTHY SNAP
Captured clinical findings

POT | BEER BELLY APPEARANCE
- Dr.Priyadarshni S



Right eye slit lamp picture of a 52 years old male, showing inferior band of corneal stromal thinning with corneal ectasia immediately superior to the thinning suggestive of BEER BELLY APPEARANCE (POT BELLY APPEARANCE). This is a classical sign of PELLUCID MARGINAL DEGENERATION, one of the non-inflammatory corneal ectasias. The corresponding Pentacam image shows CRAB CLAW SIGN in curvature map

PIGMENTED PARAVENOUS RETINOCHOROIDAL ATROPHY
- Dr.Anurani Kurian



Right eye Fundus photo and Fundus Autofluorescence (FAF) picture of a 36 year old female showing Pigmented Paravenous Retinochoroidal Atrophy (PPRCA) which is characterized by pigment accumulation along the distribution of retinal veins. The findings are usually incidental with minimal effect on vision and thus requires no treatment.

EYE QUEST
DECEMBER - ANSWERS

1. Kearns - Sayre Syndrome
2. 8 Ball Hyphema (Total hyphema)
3. Retinitis pigmentosa
4. Thyroid Eye Disease (Graves' Ophthalmopathy)

STUDENTS LEAD


DR. SHARMILAA PRIYADHARSHINI. S


DR. ANURANI KURIAN

STUDENT MEMBERS


DR. PAVITRAVARSAA


DR. SAI SRI HRUDYA


DR. SARA. S

SUPERVISING EDITOR


DR. DHIVYA ASHOK KUMAR

www.dragarwal.com

No.222, TTK Road, Alwarpet, Chennai, Tamil Nadu 600018.