

EYE-CONIC CASE

Glimpse of an enticing case scenario

A rare case of Goldenhar Syndrome

- DR. PAVITHRA PRADEEP

An 11 year old boy was brought by his parents with complaints of mass growing in left eye. As per history given by parents the lesion was present since birth and showed increase in size. Patient was diagnosed with Goldenhar syndrome at 2 years of age. On examination, facial asymmetry with deviation of angle of mouth to left side, flattening of left side of face with loss of malar prominence, microtia with preauricular skin tags on both sides, accessory digits in both upper limb, cleft palate with constricted maxillary arch and kyphosis were noted.

Left eye limbal dermoid extending from pupillary margin upto lateral canthus inferotemporally with inferotemporal vascularisation noted. Other ocular features were normal. Anterior Segment Optical Coherence Tomography done for the depth of lesion. Computed tomography of skull showed asymmetry of bilateral mandible and zygomatic bone. Excision and biopsy of the ocular dermoid with mucous membrane and amniotic membrane graft with lid reconstruction was done and was referred to facio-maxillary surgeon for jawline correction.



Goldenhar syndrome is a congenital disorder characterized by classic triad of mandibular hypoplasia, microtia with preauricular skin tag and bulbar dermoid cyst. Incidence is 1 in 3500 with male to female ratio of 3:2, associated with anomalous development of 1st and 2nd brachial arches. Major risk factors include maternal antenatal exposure to alcohol, drugs like thalidomide, retinoic acid, tamoxifen, cocaine, rubella infection. Autosomal dominant inheritance can be present. Absence or underdevelopment of internal organs like heart, kidney and lungs, scoliosis, limbal dermoid, hearing loss, granulosa cell tumours are associated with Goldenhar syndrome. Treatment is multistage and multidisciplinary. (Consent obtained from the patient's guardian for the publication.)

EYE HUNT

- Dr. DHIVYA . R

D	S	T	A	R	G	A	R	D	T	A	R	T
R	H	R	E	T	S	O	F	N	D	E	Y	M
R	K	F	U	C	H	U	R	E	L	L	J	V
T	L	A	Y	A	N	D	O	A	H	X	B	J
Y	D	K	H	O	D	A	D	O	U	S	T	K
M	A	L	Y	U	G	I	N	H	C	S	L	E
N	N	M	R	A	O	Z	E	H	V	M	Q	H
L	D	I	I	R	B	H	T	J	G	E	T	R
T	Y	V	E	Q	U	M	T	F	X	G	Q	L
O	S	H	V	O	S	S	I	U	S	N	Y	I
I	P	S	H	L	N	A	M	I	Z	R	N	C
S	A	M	P	A	O	E	L	E	S	I	T	H

1. Ring expander in cataract surgery
2. Climatic droplet keratopathy
3. Pigmented Ring on the anterior lens surface in case of trauma
4. Blackspots surrounded by halos in advanced hypertensive choroidopathy
5. Pigmented line in Pseudoexfoliation Syndrome
6. Pulsatile proptosis + conjunctival chemosis + ocular bruit – classification
7. Bull's eye maculopathy + Fundus flavimaculatus flecks + silent choroid on FFA
8. Corneal graft endothelial rejection line – composed of inflammatory cells
9. An embryological remnant- spots on posterior lens surface
10. Pigmented macular lesion in pathological myopia

EYE QUEST

To tease your brain a little

XYZ hypothesis for Corneal Epithelial Proliferation

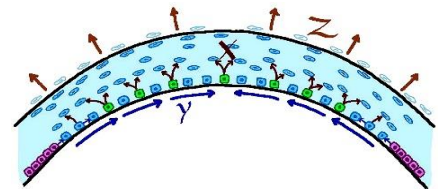
- Dr. DIVYA M

EYE-OPENER
Lets brush-up our basics

XYZ Theory explaining corneal homeostasis proposed by Thoft et al in 1983. This is the first explanation for the repopulation of corneal epithelial cells that was introduced
Corneal limbus acts as a reservoir for ocular stem cells.

According to this theory, $X+Y=Z$, Where
X = Proliferation and anterior migration of basal epithelial cells
Y = Centripetal movement of epithelial cells from limbus
Z = Cell loss from the corneal surface

In traumatic or immunologic injuries, the Limbal Epithelial Stem Cells cannot adequately regenerate the corneal epithelium, a condition that is called limbal stem cell deficiency/dysfunction



Congratulations Dr. SHARMILA PRIYADARSHINI. S on receiving

Outstanding research work on Thesis topic on - Correlation between Macular Hole volume and Rate of closure in Idiopathic Macular Hole Surgery.

EYE-WORTHY SNAP

Captured clinical findings

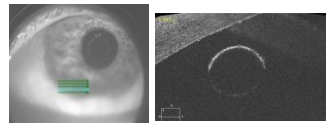
Free Floating Iris Cyst

- DR AMAN GUPTA

This is a case of free floating iris cyst in the LE of a 40 year old male patient. A primary cyst may arise from Iris Pigment Epithelium or iris stroma, which can be idiopathic in etiology. Secondary iris cysts results from trauma, surgery or medications. In rare cases, these iris cysts may dislodge from posterior chamber resulting in a free floating cyst in Anterior Chamber.



Periodic IOP monitoring, gonioscopy, specular microscopy and ultrasound biomicroscopy are mandatory in such patients. Surgical removal is considered only if patient is symptomatic or there is rapid enlargement of cyst or significant reduction in endothelial cell count.



AS OCT showing free floating cyst

Congratulations Dr. Anjana and Dr. Priyadharsini for winning 2nd price in TamilNadu Ophthalmic Association Quiz competition conducted in August 2024 in Chennai.

EYE APPRECIATE

EYE QUEST

JULY - ANSWER

1. Loch ness monster
2. Fleischer ring
3. HornerTrantas spots
4. vogts striae
5. Mizuo nakumara phenomenon
6. Kestenbaums index

STUDENTS LEAD



DR. SHARMILAA PRIYADARSHINI. S



DR. ANURANI KURIAN

STUDENT MEMBERS



DR. PAVITRAVARSAA



DR. SAISRI HRUDYA



DR. SARA. S

SUPERVISING EDITOR



DR. DHIVYA ASHOK KUMAR



www.dragarwal.com



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