Morning Report
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HPI

• 5 year old F who presented for evaluation of eye lesions both eyes; left > right.
• Lesions have been noted since just after birth and have not had any significant change in size.
• Pt denies associated symptoms, including denies eye irritation or pain.
• Pt was referred in from outside Ophthalmology for evaluation and treatment, as pt is about to start school and MOC was interested in possible removal.

POHx  No Medications
Refractive error- intolerant of glasses previously

PMHx
Surgery on her mouth and ears          NKDA

ROS
Negative as per hpi
OBJECTIVE

VAsc:
20/70 Right eye
20/80 Left eye.

Pupils:
4->2, R, R, no APD both

Tp
STP both

EOM- full

DFE
C/d 0.2 BOTH
M/V/P- WNL BOTH
Differential Diagnosis

• Limbal Dermoids
  – Goldenhar’s Syndrome
  – Organoid Nevus Syndrome
    • Nevus Sebaceous of Jadassohn
• Conjunctival Epithelial Cyst
• Papilloma
• Conjunctival Nevus
• Atypical Pterygium
Goldenhar Syndrome

- Originally described in 1845 by German Carl Ferdinand Von Arlt
- Clearly defined by Goldenhar in 1952
- Part of the oculoariculovertebral spectrum
- Due to disruptions in development of first and second branchial arches
Goldenhar Syndrome

• Most cases are sporadic
• Features:
  – Hemifacial microsomia (unilateral or bilateral)
  – Epibulbar/Limbal Dermoids
    • Keratinized Surface Epithelium
    • Underlying dermal layer often with hair follicles and fat
    • Can create astigmatism leading to blurred vision
  – Auricular Skin Tags
  – Upper Eyelid Coloboma
  – Increased Incidence of Duane Syndrome
• Retrospective study
• 51 eyes of 49 patients
• Excision of dermoid with lamellar keratoplasty (48 eyes)
• Simple Excision (2 eyes)
• Penetrating Keratoplasty (1 eye)
• Mean graft size was inversely related to the age of the patient
• 96.7 % had post-op vision better than 6/24
• 86.7% had post op vision better than or equal to 6/12
• 43.4% had >1 D of astigmatism pre-op; 60% post op

Concluded that lamellar keratoplasty can achieve excellent visual results but pt must be followed for progression of astigmatism
• Large Limbal Dermoid was excised
• Pericardial Graft was placed on conjunctival side of the limbus
• Amniotic membrane was then placed