

A CASE OF BLEPHAROPHIMOSIS SYNDROME(BPES)

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- A 17 year old female presented with drooping of upper eyelids in both eyes since early childhood.
- She has past history of corrective procedure surgery for both eyelids 5 years back at Aravind eye hospital, madhurai.
- No history of birth trauma.
- developmental milestones normally attained
- Attending college
- Menstrual h/o: regular.
- Family history: her father and younger brother have similar appearance of the eyelids in both eyes
- No h/o consanguinity.



Local examination:

- Head posture: midline,
- Facial symmetry: b/l symmetrical
- Eyes are orthophoric
- EOM: Uniocular and binocular movements are normal in both eyes
- No chin elevation
- Inter medial canthal distance : 36mm
- IPD : 56mm
- Epicanthus inversus present



| Parameters | RE | LE |
|-------------|---|---|
| VA | 6/6 | 6/6 |
| EYEBROWS | Position is slightly elevated with deep wrinkling of the forehead | Position is slightly elevated with deep wrinkling of forehead |
| EYELIDS | Multiple SCARS PRESENT ABOVE THE EYELID probably due to sling surgery | MULTIPLE SCARS PRESENT ABOVE THE EYELID probably due to sling surgery |
| EYELASHES | NORMAL | NORMAL |
| CONJUNCTIVA | NORMAL | NORMAL |
| CORNEA | CLEAR | CLEAR |
| AC | NORMAL | NORMAL |
| IRIS | NORMAL | NORMAL |
| PUPIL | NSRL | NSRL |
| LENS | clear | clear |



| PARAMETERS | RE | LE |
|---|------|------|
| PALPEBRAL FISSURE VERTICAL HEIGHT (No increase in PFH on jaw movements) | 6mm | 7mm |
| HORIZONTAL WIDTH | 20mm | 21mm |
| MRD1 | 3mm | 4mm |
| MRD2 | 3mm | 3mm |
| BELLS PHENOMENON | Good | Good |
| LPS ACTION | 3mm | 4mm |
| | | |





Discussion:

- Blepharophimosis ptosis epicanthus inversus syndrome (BPES) is a rare congenital oculofacial disorder in an autosomal dominant pattern. Diagnosis is primarily made by presence of a combination of typical oculofacial features and primary ovarian insufficiency in type I.
- Mutations of FoxL2Gene located on long arm of chromosome3 (3q23)
- FoxL2Gene appears to be involved in development of eyelid muscles as well as in growth and development of ovarian cells.
- In the above case only oculofacial feature ptosis with normal menstrual history and a diagnosis of type II BPES is made, and genetic counselling was advised



References :

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