Case of foveal hypoplasia with nystagmus

PRESENTING AUTHOR: Dr. LAKKIMSETTY BHARADWAJ, JUNIOR RESIDENT, GUNTUR MEDICAL COLLEGE, GUNTUR.

CO AUTHORS

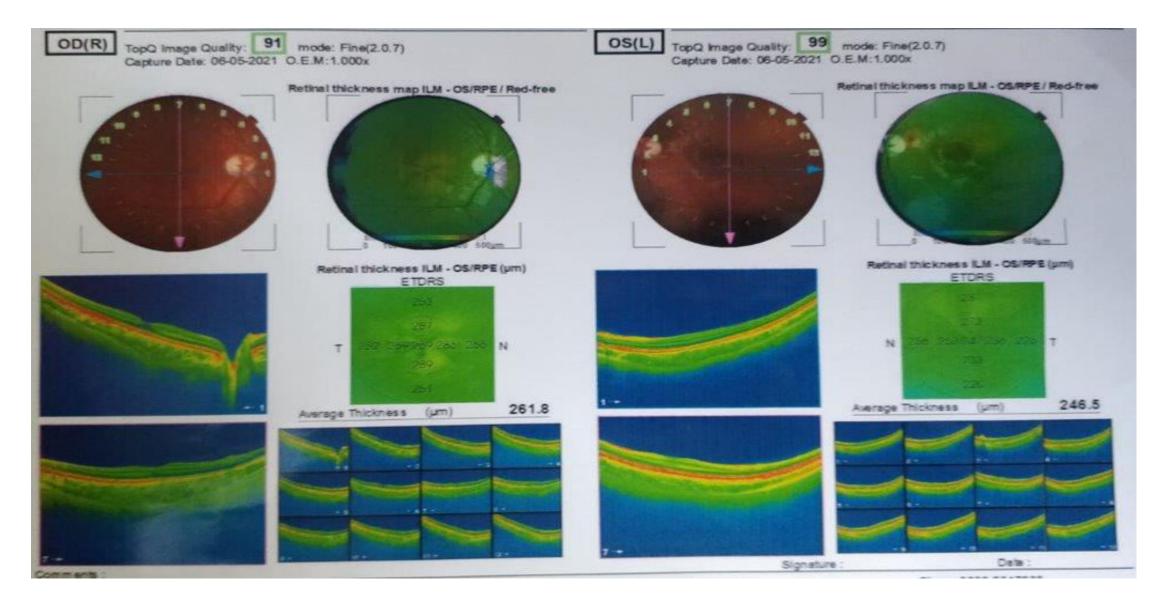
Dr. VEMPARALA RAJESWARI, JUNIOR RESIDENT, GUNTUR MEDICAL COLLEGE, GUNTUR.

Dr.L.J.SANDHYALI M.S.OPHTHAL, PROFESSOR, GUNTUR MEDICAL COLLEGE, GUNTUR

Dr. A.V.PITCHI REDDY M.S.OPHTHAL, ASST PROFESSOR, GUNTUR MEDICAL COLLEGE, GUNTUR

- A 9year old male child was brought to opd by his mother with complaint of defective vision and unable to recognise people since early childhood.
- There is no similar complaint in siblings. On examination there is end gaze nystagmus, bilaterally facial symmetry, full ductions and versions in all gazes .right eye vision CF 3mts, anterior segment findings are normal, lens- clear. Left eye vision CF2mts, anterior segment findings are normal, lens clear. fundus examination of both eyes shows absent foveal reflex.
- On Oct foveal hypoplasia of both eyes is noted (LE>RE).

OCT Image of both Eyes



DISCUSSION:

- Foveal hypoplasia is a retinal disorder where there is a lack of full development of fovea. Several diseases were known to be associated with foveal hypoplasia which include albinism, aniridia, ROP, incontinentia pigmenti, isolated foveal hypoplasia, stickler syndrome.
- Genetics: Mutations of PAX6 Gene known to cause isolated foveal hypoplasia which has an autosomal dominant inheritance.
- Mutations of GPR143 and SLC38A8 gene were identified to cause autosomal recessive pattern.
- In the above case only poor visual acuity and absent foveal reflex and no other systemic associations are noted. These findings suggest that it is a case of isolated foveal hypoplasia with end gaze nystagmus.