Poster-only Abstracts

c - Surgical approach to a case of Peters-plus anomaly

Dr Hana Mansour
Ghannam AB, El Zein L
American University of Beirut Medical Centre, Beirut, Lebanon
Correspondence: ham48@mail.aub.edu

Case: 4-month-old girl with multiple congenital abnormalities including agenesis of the corpus callosum, cardiac defects, cherry red haemangiomas and gastrointestinal abnormalities presented for leukocoria.
Patient blinks to light but does not fix or follow. Examination showed bilateral corneal central opacities with scarring, anterior chambers are shallow with irido-corneal projections. Irises are round and reactive; lenses are peripherally clear with central lenticulo-corneal touch. Pressures are within normal limits. Ocular coherence tomography of the cornea confirmed central loss of the endothelial and descemet membrane with overlying oedema and scarring. Axial lengths were 17.7 mm in both eyes, with Cup/Disc ratio of 0.2 (right eye) with mild pallor, and Cup/Disc ratio of 0.05 (left eye) and a healthy nerve. Genetic testing confirmed the diagnosis of Peters-plus syndrome: homozygous mutation in the *B3GLCT* gene.
Given the poor prognosis of corneal transplants at such a young age, it was decided to create optical iridectomies temporally in both eyes to allow some vision and avoid secondary glaucoma. Using a 23-gauge microincision vitrectomy (MVR) blade, the anterior chamber was entered temporally and viscoelastic was used to try to break the iridocorneal projections and to separate the lens from the cornea. Afterwards the 23-gauge oculotome was used to create a temporal sector iridectomy of about 2.5 clock hours. The oculotome was also used to break the thick iridocorneal projections. After the surgery was over, the patient had deep chambers, with big temporal sector iridectomies and intact anterior lens capsules in both eyes. The patient was following objects in both eyes.