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ANKYLOBLEPHARON ASSOCIATED WITH KERATOCONUS*†

BY

I. A. R. BROWN

Birmingham

THIS report concerns a patient showing both bilateral external ankyloblepharon and keratoconus, an association which I have been unable to find in the literature.

Case Report

A man born in 1901 was referred for an ophthalmic opinion for the first time at the age of 63 by his general practitioner on account of failing vision in the right eye for 3 to 4 years. He was seen at the Birmingham and Midland Eye Hospital.

History.—The patient said that his left eye had always been weak but denied having had any pain or inflammation in it at any time. Since childhood his lids had had a tendency to droop and he thought there had been some recent aggravation of this. Several photographs he produced, taken as a young man in the Army, showed that the appearance of his lids had altered little, if at all, in this time.

The patient said that his parents were free from eye trouble, but family photographs showed two male siblings with slightly drooping lids. A female sibling whose portrait was examined had normal lids; and another, whose photograph was not seen, was also said to be unaffected. To the patient's knowledge none of these people with drooping lids have a "weak eye". Up to now all efforts to trace and examine the relations have failed.

Examination.—There was symmetrical bilateral external ankyloblepharon (Fig. 1) with continuous fusion of the lid margins for a distance of about 8 mm. from the area of the outer canthus. A small degree of ptosis existed on both sides, levator action being slightly impaired. The external ocular movements were full.

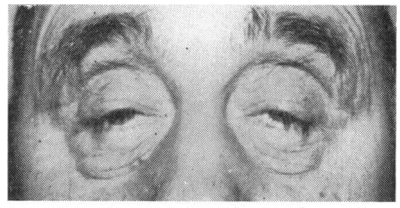

FIG. 1.—Bilateral ankyloblepharon with ptosis.

RIGHT EYE: Visual acuity 6/12, with +0·5 D cyl., axis 90°; an additional +2·5 D sph. gave N5. The slight fall in visual acuity was attributable to early nuclear sclerosis of the lens. No other ocular abnormality was found. Slit-lamp examination showed a normal anterior segment.

LEFT EYE: Visual acuity hand movements at 1 metre with a refractive error of approximately −4·5 D sph., +4 D cyl., axis 105° (not apical). With a dilated pupil and through a pinhole this eye saw 6/36. Macroscopically the left eye showed a conical cornea (Figs 2 and 3, opposite) with the apex above and temporal to the geometrical centre. This finding was confirmed with a Placido disc. Slit-lamp examination showed typical features of keratoconus with marked thinning

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† Address for reprints: Birmingham and Midland Eye Hospital, Church Street, Birmingham.

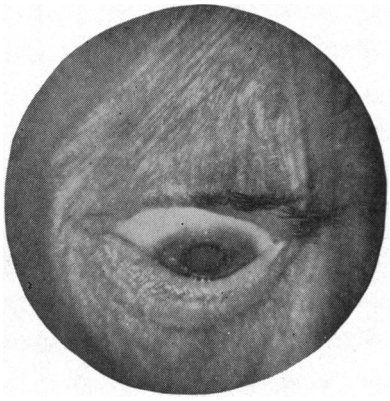

FIG. 2.—Left eye looking down, showing conical cornea.

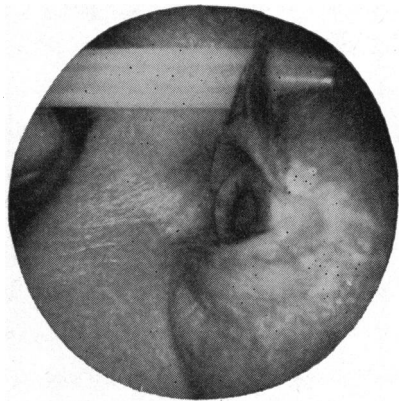

FIG. 3.—Left keratoconus with ankyloblepharon.

of corneal substance in the area of the apex of the cone and patchy opacification in this region. Fleischer's ring was absent. The anterior segment was normal, apart from early nuclear sclerosis present in the lens. No fundus changes were seen.

The patient had no other physical abnormalities and his general health was good.

Summary

A male patient aged 63 showed bilateral external ankyloblepharon and unilateral keratoconus. There was a familial background, at least to the lid condition.

I should like to thank Mr. P. Jameson Evans for permission to present this case.