



Rare and Interesting Case of Goldners Syndrome in A 3 Years Old Male Child

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Abstract

It was in year 1850 an Austrian ophthalmologist by the name of Goldenhar was the first to describe a syndrome complex characterized by the congenital presence of congenital limbal dermoid with associated congenital presence of preauricular skin tag and preauricular appendage. So, this entity became famous as Goldenhar's syndrome. Sometimes presence of congenital enophthalmos and congenital coloboma of the eyelid may also be seen. But it is very rare. GHS is also termed as oculo auriculo vertebral syndrome or dysplasia with cranio facial dysplasia involving head and face in particular ear nose soft palate and mandible. HFE associated congenital anomalies in GHS occur only in 5 to 15 percent of cases and are due to incomplete development of 1st and 2nd branchial arch. Due to defect in genes not inherited autosomal dominant or recessive. Almost more than 80 percent case of GHS are normal as far as vision and mental faculty is concerned. Since 5 to 15 percent case have these additional congenital lesions which are in the form of facial asymmetry high arched palate hare lip and cleft palate defects in kidney limbs and spine congenital heart squint underlying orbital involvement defects in teeth and hearing impairment of mental faculty memory. So, we have to work up these cases and do following investigations 1: Ultrasound abdomen; 2: X-rays spine and limbs; 3: Echocardiography; 4: MRI orbits; 5: Complete eye examination; 6: Dental and ENT examination and 7: EEG.

Keywords: Congenital Limbal; Dermoid Preauricular Appendage; Tag Facial Asymmetry; Hare Lip; Cleft Palate; High Arched Palate; Defects in Spine or Limbs; Congenital Heart Defects in Teeth; Hearing Defect; Congenital Heart Defects in Mental Faculty

Introduction

Coming to scenario of congenital limbal dermoid they are usually unilateral may be bilateral. But very rare incidence is 1 in 10,000 or 1 in 3500 or 1 in 5,600 inferotemporal site is the commonest. About 70 percent male female ratio is 3 to 2 they may involve entire cornea or may be confined to conjunctiva only they are graded. According to corneal involvement grade 1, 2, 3; grade one is epithelial involvement, grade 2 is des membrane and grade 3 is involvement of entire ANT segment.

Case Report

3 years old male child was seen by me in my clinic with parents having noticed a small pale white inferotemporal limbal opacity of cornea. since birth left eye with associated presence of preauricular skin tag R side. This syndrome complex was characteristic of GHS child was born full term after LSCS. No history of exposure to oxygen or jaundice breast fed. Normal mile stones. No associated congenital anomalies vision mydriatic refraction, ANT SEG and fundii

were normal. So, this child only needed counselling of parents. However, if the limbal dermoid involves pupillary area and threatens vision the modality of treatment is surgical which is both visual and cosmetic surgical. Procedures are 1: Lamellar keratoplasty, 2: Stem cell graft, 3: Amniotic membrane graft; 4: Smile lenticule tattooing and fibrin glue.

Discussion

GHS is a rare entity in most of case patients are normal as far as vision and mental faculty is concerned however only 5 to 15 percent case have additional congenital anomalies [1-4].

Conclusion

Only these 5 to 15 percent case of GHS have too worked up for additional congenital anomalies. otherwise we have to do proper counselling of parents if one gets a case of GHS without additional congenital lesions.

Bibliography

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