



Scenario of Limbal Dermoid

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Limbal dermoid are kind of cong anomalies have got genetic predisposition are associated with other associated with other cong Anomalies of ant segment.

They are usually unilateral however in rare conditions can be bilateral if associated with cong presence of preauricular skin tag or preauricular apo engage the condition is known as Goldenhar Syndrome Maurice Goldenhar an Australian ophthalmologist who in the year 1850 was the first to describe this syndrome complex sometimes presence of squint anophthalmos coloboma of the upper lid iris retina astigmatism microphthalmos blepharophimosis syndrome however it is very rare.

Limbal dermoid may involve entire cornea or may be only confined to conjunctiva.

Graded according to corneal involvement:

- Grade 1 is epithelial involvement.
- Grade 2 Descemet's membrane involvement.
- Grade 3 is involvement of entire ant segment.

Incidence of limbal dermoid in GBH syndrome is 1 in 10,000.

Inferotemporal site is the commonest about 70 percent.

If limbal dermoid is not involving pupillary are then the treatment is only observation and reassurance to parents.

However, if involvement of visual axis occurs to threaten vision the surgery is the modality of treatment which is both:

- Visual and cosmetic
- Lamellar keratoplasty
- Autograft
- Stem cell graft
- Amniotic membrane graft
- Smile lenticule tattooing fibrin glue.

Discussion

Limbal dermoid are cong lesions which are graded according to corneal involvement grade 1 2 and 3 one has to see their associated cong anomalies.

However, if they do not involve visual axis treatment is only observations and reassurance to parents if visual axis is involved the surgery is modality of treatment both visual and cosmetic.

Conflict of Interest

I have no financial interest in publishing this article.



Figure

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