EYE - DAWN
DR.AGARWALS
NEWSLETTER
RISE WITH KNOWLEDGE

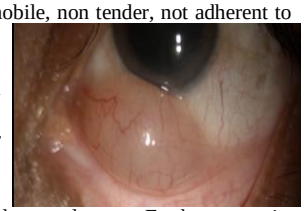
JULY 2024
BY POST GRADUATES

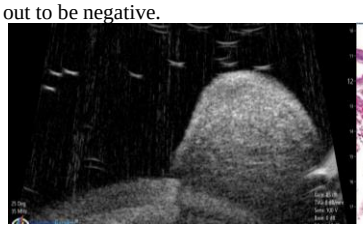
EYE-CONIC CASE
Glimpse of an enticing case scenario

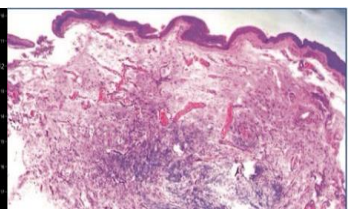
A RARE CASE OF CONJUNCTIVAL MYXOID STROMAL TUMOR

- DR SIKHA BINCE

A 57 year old male patient came with complaints of swelling in left eye since 1 year, which was gradually increasing in size and not associated with pain. Slit lamp examination of left eye revealed a well defined yellowish white sub-conjunctival lesion of size 11x 9 mm in bulbar conjunctiva, extending from inferior limbus to fornix. Lesion was soft, mobile, non tender, not adherent to sclera. Anterior and posterior segment were otherwise unremarkable. On investigation, Ultrasound biomicroscopy showed a homogenous lesion with few hyperechoic areas. The lesion was excised and sent for Histopathology examination which showed a fibro myxoid channels and stellate fibroblasts suggestive of Conjunctival myxoid stromal tumor. Further systemic evaluation was advised to rule out other syndromic associations which came out to be negative.







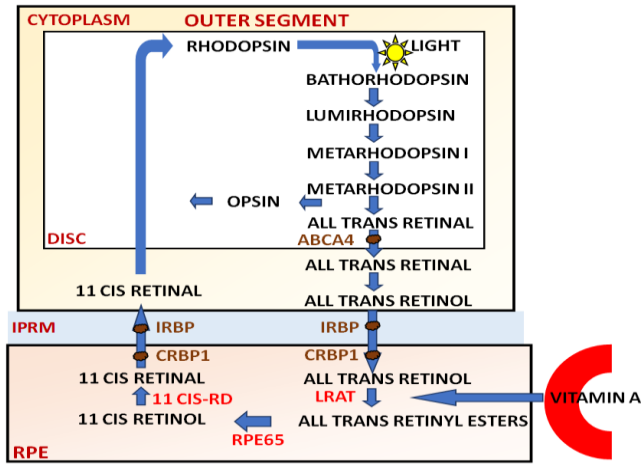
Myxomas are benign connective tissue neoplasms, commonly seen in heart and rarely involve ocular structures like conjunctiva, eyelids, cornea and orbit. Conjunctival myxoma presents as slow growing, painless, well circumscribed yellowish to pink cystic lesions. Histopathology shows hypocellular tumour containing spindle and stellate cells in a mucoid stroma which are vimentin positive and S100 negative on Immunohistochemistry. They can appear as a localised presentation or as a part of Carneys syndrome which comprises of cardiac and extra- cardiac myxoma, spotty mucocutaneous pigmentation and endocrine overactivity. Differential diagnosis are conjunctival cyst, lymphangioma, myxoid neurofibroma, amelanotic melanoma and myxoid liposarcoma.

EYE-OPENER
Lets brush-up our basics

VISUAL CYCLE

- DR ABINAYA

The visual cycle facilitates a consistent provision of 11-cis-retinal to sustain vision through a sequence of reactions occurring in the photoreceptor outer segment and retinal pigment epithelium, allowing for the regeneration of 11-cis-retinal from all-trans-retinal form.



CARRIERS:

- ABCA4[ATP Binding Cassette Transporter Protein4]
- IRBP [Inter Photoreceptor Retinoid Binding Protein
- CRBP1 [Cellular Retinol Binding Protein 1]

ENZYMES:LRAT [Lecithin Retinol Acyl Transferase]
RPE65[Retinoid Isomerohydrolase]
11 CIS-RD [11-Cis Retinol Dehydrogenase]

CLINICAL SIGNIFICANCE:

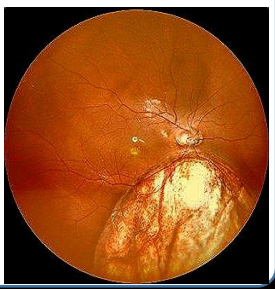
- Mutations of the ABCR gene, which encodes the ABC transporter protein ABCA4, lead to Stargardt disease
- Mutation of the retinoid isomerohydrolase RPE65 gene (RPE65), which encodes the RPE65 protein, causes Leber congenital amaurosis (LCA)

EYE-WORTHY SNAP
Captured clinical findings

RETINOCHOROIDAL COLOBOMA

- DR PAVITHRA S

Right eye wide-angle colour fundus photograph of a 24-year-old male showing retinochoroidal coloboma located inferior to the optic disc. According to Ida Mann's classification, this falls into Type 3, where the coloboma is extending below the lower border of optic disc. This condition typically arises from the failure of the optic fissure closure during embryonic development. Regular follow-up is recommended for the patient due to the heightened risk of retinal detachment associated with this condition.



NOTE : IDA MANN'S CLASSIFICATION:

Type 1: coloboma extending above the anatomic disc.
Type 2: coloboma extending up to the superior border of disc.
Type 3: coloboma extending below lower border of disc.
Type 4: coloboma involving the disc only.
Type 5: coloboma present below the disc with normal retina above and below the coloboma.
Type 6: pigmentation present in the periphery.
Type 7: coloboma involving only the periphery.

EYE QUEST
To tease your brain a little

EYE RIDDLES!!!

-DR NEETHU

1. It is a loop of blood vessels peeking over the angles in this monstrous disease.

2. It is a ring, not in the hands but on the ocular surface, at the base of the cone.

3. It presents as gelatinous dots at the limbus and appears when they rub a lot.

4. It is the wrinkle on the ocular surface, when pressurized it disappears.

5.It is a chameleon ; it can change colours. It is normal in dark but become golden yellow in light .

6.Count the number of capillaries and form an index.

EYE QUEST
APRIL - ANSWER

1)PTERYGIUM 2)JAEGER 3)XYZ 4)SCORE 5)PTOSIS 6)XEROPHTHALMIA 7)ARLT 8)OAT gene 9)WHITNALL 10)WALDS

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