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A Case Exhibiting a Symblepharon, Corneal Opacities and a Probably Fibrofatty Tumor of the Conjunctiva; all of Prenatal Origin, in a Woman with Hereditary Cataracts at an Early Age

BURTON CHANCE

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A CASE EXHIBITING A SYMBLEPHARON, CORNEAL OPACITIES AND A PROBABLY FIBROFATTY TUMOR OF THE CONJUNCTIVA; ALL OF PRENATAL ORIGIN, IN A WOMAN WITH HEREDITARY CATARACTS AT AN EARLY AGE.

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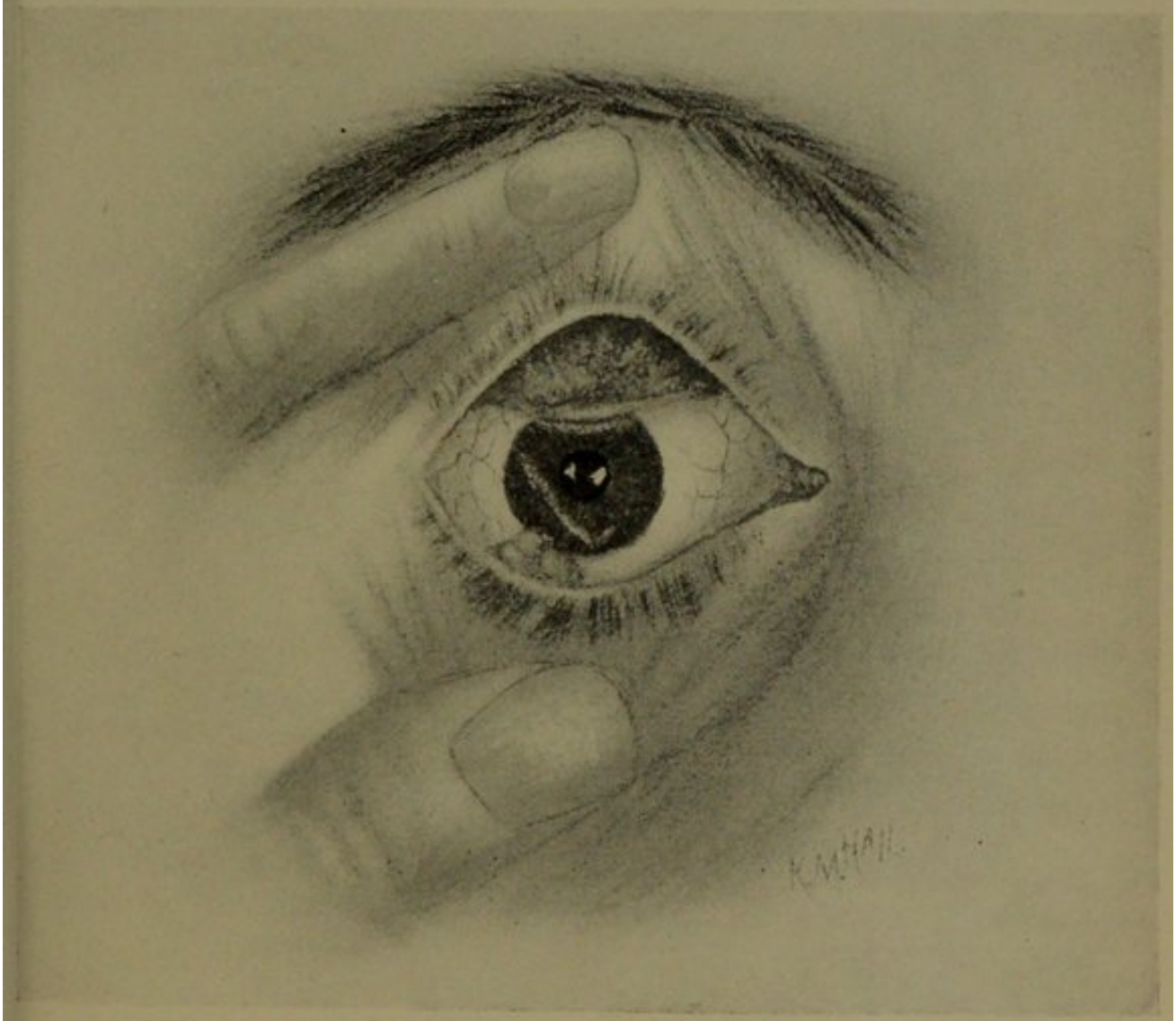
Mrs. E. M., aged 52, consulted me in March, 1907, for the removal of "Cataracts." Two years before this I removed soft cataracts from the eyes of her daughter, aged 24. The lady's mother had had bad sight from early years, which E. M., in her childhood, had been told was caused by cataracts. The history of her mother's mother is uncertain, yet it is believed that she too had cataracts. The lady herself was healthy and robust, except for imperfect eyesight, which in the previous three years had failed so much that she was able to tell the movement of the hand at only a foot or two. She never had had inflamed eyes, neither had they ever been injured; but she had had "birth marks" on them: there was a story of prenatal impression connected with their origin. The description of these "birth marks" is the object of this communication.

The external appearance of the eyelids was healthy and their actions normal, but projecting from below into the fissure of the right eye was a pearly, unpigmented, vascular mass which approximately measured 6x4 mm. On withdrawing the lower lid, the tumor was seen to be adherent to the globe; it appeared to spring from the retrotarsal fold, and, advancing across the limbus, its base blended with the cornea about 2 mm. beyond the limbus in the lower and outer eighth. The point of union was defined by a dense white line. The tumor projected beyond the plane of the lids, though it could not readily be seen when the lids were tightly closed. It was irregular in outline and nodular in form; the outer portion was cyst-like. The surface was smooth and conjunctival in appearance, and, it was soft and easily palpable on its firm base in the sclera. I regarded it as a fibrofatty tumor. On raising the upper lid the retrotarsal fold was seen to be bridged across by a broad symblepharon, as wide as the



Dr. Burton Chance's case of unusual corneal condition of pre-natal origin

tarsus, and attached to the cornea 3 mm. within the limbus. This singular formation was adherent to the globe. It was striated, moderately vascular, smooth on the surface, soft and pliant. Where it was attached to the cornea there was a very dense white line, and beyond this, like a shadow, was a fainter line. The attachment melted into the substance of the cornea and beyond into the sclera, so that a fine probe could not be insinuated beneath the borders. The tarsal cartilage was present in the upper lid. The movements of the lids and globe were not impeded by the malformations present.

Beneath the epithelial layer of the cornea was a densely opaque white line, which extended obliquely across it from about 2 mm. above the horizontal meridian, well within the limbus, downwards to beyond the vertical, where it ended in a hook, projecting upwards and inwards. The width of the line was almost uniformly 1 mm. The remaining portions of the cornea were clear and the entire exposed surface sparkling. The cornea was not under-sized.

(The accompanying drawing is perfect in details, yet the artist was not able to depict the vividness of the ensemble as it appeared to the beholder.)

In the upper outer quadrant of the cornea of the left eye was a broad, dense, pearly white, scleral tongue, which extended to about 3 mm. within the limbus. This tongue was evenly continuous with the sclera, and where it ended on the cornea there was the same sort of line and shadow as was noticed demarcating the abnormal structures in the right eye. The corneal surface was not appreciably elevated by the projecting tongue, and the remaining portions of the membrane were perfectly clear.

I must regard these opacities and the adhesion of the eyelid to the globe as of inflammatory origin, yet in a most careful study of the corneas with a strong loup no obliterated nor patulous vessels could be found, and as the irises were normal in their structure and in their functions, it is all the greater evidence that they were not caused by disturbance in the evolution of the embryologic layers. The patient would not allow me to remove any

portion of the abnormal tissues; I can only conjecture as to their histology.

The lenses were dark and densely opaque and about the periphery of each there was a singular festooning of the superficial elements; there were neither stars nor radii. In all fields there was good light-projection.

The left crystalline was extracted by the combined method, without accident, after which the patient was able to recognize the window bars. The incision was made straight through the scleral tongue. The capsule was dense and very tough. The cataract was of a deep brown color; it was large and had but little cortical.

The healing progressed rapidly. In two weeks the lady came to my office; the eye was then quiet and a hasty trial of the vision gave 5/15. One week later a thin web of capsule stretching across the nasal half of the coloboma was discinded. On the removal of the Hays' Knife a good quantity of a rather viscid fluid exuded. For two days the lids remained slightly puffed and the globe was tinged for several days. After a week the media were seen to be clear and the fundus perfectly healthy; the vision 5/9. Two months later, with correction, the vision equaled 5/5, and with + 16 D. + 2 D., ax. 90 degrees, her daughter's reading spectacles, she read and sewed with perfect comfort.