

Conjunctivoblepharon; A Variant of Ankyloblepharon

Munawar Ahmed

Pak J Ophthalmol 2016, Vol. 32 No. 1

See end of article for authors affiliations

Correspondence to:
Munawar Ahmed
Department of Ophthalmology
Liaquat University of Medical and Health Sciences
Jamshoro/ Hyderabad
Email: munawar_404@yahoo.com
Received: October 27, 2015
Accepted: December 01, 2015.

We report a patient seen with an unusual condition affecting the eyelids and conjunctiva seen in 2015 at the department of ophthalmology Liaquat University of Medical and Health sciences Jamshoro. Affected patient was reviewed for his clinical history, examination findings, external photographs, and the result of treatment. This is a new ocular problem in which tarsal conjunctiva of upper and lower lid is fused and can be called Conjunctivoblepharon.

Key words: Eye lids, conjunctiva, vision, primary position.

Eye lid adhesions between upper and lower lids may be congenital or acquired. The congenital adhesions may be associated lip or cleft palate.¹

Ankyloblepharon filiforme adnatum (AFA) is a rare but potentially ambylogenic congenital abnormality of the eyelids, in which single or multiple bands of tissue join the upper and lower eyelid. AFA is also important, as it can be associated with several disorders, such as trisomy 18 (Edward's syndrome), Hay-wells syndrome (ankyloblepharon - ectodermal dysplasia - clefting syndrome, curly hair-ankyloblepharon nail dysplasia syndrome, and cleft lip and palate.²

Conjunctivoblepharon; this problem is limited to conjunctiva and eye lids only. No systemic anomaly is identified because this condition seems to be acquired and not congenital.

CASE REPORT

An 18 years male resident of rural area of Sindh, presented with obstruction of Left eye vision in

primary position from ten years. He was not having any eye problem in early child hood. No history of physical or chemical trauma. He noticed adhesion between upper and lower lids of his left eye in the morning after overnight sleep. He was not able to see with left eye in primary positions. He was able to see with both eyes in left or right positions of gaze. He was having this problem for the last 10 years but he had not consulted with any eye specialist.



Fig. 1: Preoperative picture.

A triangular fleshy sheet, extending between central part of upper and lower lid was visible. The

base of this triangular sheet was attached to lower lid tarsal conjunctiva 2mm away from posterior lid margin and apex to the upper lid tarsal conjunctiva 2mm away from posterior lid margin. Posterior layer of sheet was continuous with the conjunctiva of lower fornix. In primary position visual acuity in right was 6/6 and left eye HM. As this triangular sheet was not attached with the cornea or eye ball so globe movements were normal and in right or left gaze the visual acuity in left eye was 6/9 unaided.



Fig. 2: Per Operative picture.

Double layered tubular structure triangular in shape with base down extending from lower tarsal conjunctiva to the upper tarsal conjunctiva. Both anterior and posterior layers were attached to upper tarsal conjunctiva close to each other 2 mm away from posterior lid margin, occupying central 6mm of lid margin length. In lower tarsal the anterior layer of this fleshy sheet was attached 2 mm away from posterior lid margin occupying two third of lid margin length, where as posterior layer was continuous with lower forniceal conjunctiva. Both anterior and posterior surfaces of sheet were pinkish, glistening and vascularized. After removal of this structure eye appeared normal with clear cornea.

DISCUSSION

Adhesions between upper and lower lids may be congenital (isolated or associated with systemic

condition) or acquired (chemical burns, from drug reactions, acute infections) Ocular complications of Stevens - Johnson syndrome can result in ankyloblepharon and symblepharon.³

In ankyloblepharon filiforme adnatum full eyelid opening may be impaired and make interpalpebral aperture narrow⁴. In this condition partial fusion of upper and lower eyelids by single or multiple bands of tissue join the upper and lower eyelids either unilaterally or bilaterally.

Lower eyelid retractor laxity combined with a temporary adhesion between the upper and lower lid can be observed in Sticky Eyelid Syndrome.⁵

Our case is different from all these conditions and do not fit in any existing ophthalmic conditions. Evaluation of case indicates that condition is acquired not congenital. As conjunctiva is involved, it can be taken as new form of symblepharon, but it is not attached to bulbar conjunctiva or cornea. Furthermore normal conjunctiva is a translucent structure whereas this fleshy sheath is opaque. It is away from posterior lid margin and occupies the central part of the upper and lower lids. It is possible that severe conjunctivitis and chemosis resulted in adhesion at posterior lid margins during sleep but due to growth of tarsal plates the point of adhesion shifted away from posterior lid margins over a long period. Gradually the lower tarsal/forniceal conjunctiva has been pulled up and resulted in triangular fleshy mass with base of this triangular sheet downward attached at equal distance away from posterior lid margins of upper and lower lids. No any systemic abnormality was noted in this patient. We have never seen such a condition before and such a problem of conjunctiva is not present in the literature.

Author's Affiliation

Dr. Munawar Ahmed
Assistant professor Ophthalmology
Liaquat University of Medical and Health Sciences
Jamshoro/Hyderabad

Role of Authors

Dr. Munawar Ahmed
Data Collection and manuscript writing

REFERENCES

1. **Farrington F, Lausten L.** Oral findings in ankyloblepharon - ectodermal dysplasia-cleft lip/palate (AEC) syndrome. *Am J Med Genet A.* 2009; 149: 1907-9.

2. **William MA, White ST, Ginnity G Mc.** Ankyloblepharon filiforme adnatum Arch Dis Child, 2007; 92: 73-4.
3. **Ukponmwan CU, Njinaka I, Ehimiye Efe T.** Ocular complications of Stevens-Johnson syndrome and toxic epidermal necrolysis Trop Doct. 2010; 40: 167-8.
4. **Ioannides A, Georgakarakos N D.** Management of ankyloblepharon filiforme adnatum Eye, 2011; 25: 823.
5. **Kortvelesy JS, George F, Burger Jr.** Sticky eyelid syndrome American Journal of Ophthalmology, 2004; 138: 882-4.