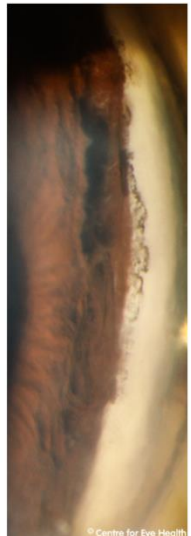
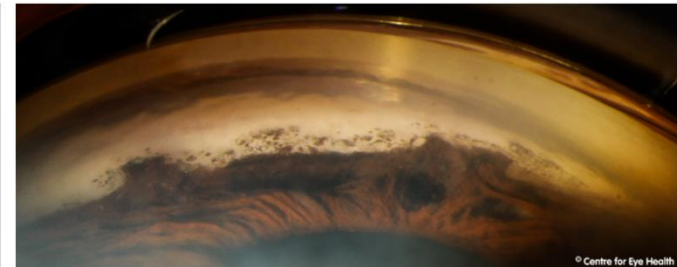
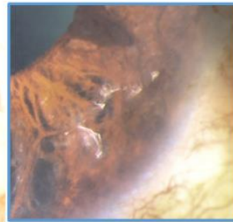
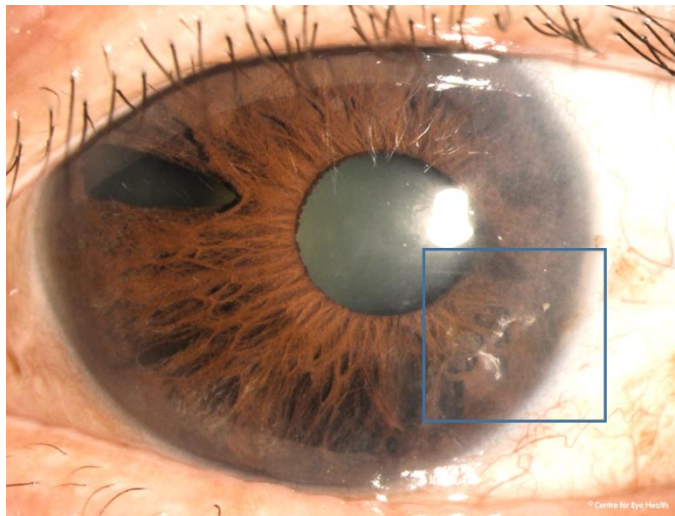




CFEH Facebook Case #59

A 68 year old Asian male was referred to CFEH for imaging. His right eye was unremarkable so only the left will be discussed. His best corrected acuity was 6/19-. Anterior images and gonioscopy photos are below. Ocular history is unremarkable and IOP 16mmHg OU. What could have caused the changes seen below?



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ANSWER

The anterior eye photos show left iris hypoplasia and polycoria as well as an inferotemporal corneal opacity. Gonioscopy shows some superotemporal pigment deposition on the endothelium and temporal and inferior synechiae. The trabecular meshwork was visible in at least two quadrants.

Possible causes include trauma and ICE syndrome, although the patient denies any history of ocular trauma or surgery.

ICE syndrome is typically unilateral and is characterised by corneal oedema and iris abnormalities, including atrophy, holes, nodules and pupillary distortion. It is caused by the proliferation of abnormal corneal endothelial cells. These cells grow to form a membrane over the iris and anterior chamber angle. Over time, the contraction of this membrane causes the iris abnormalities and secondary angle closure glaucoma results.

Management of secondary glaucoma associated with this condition is difficult as it is often complicated by corneal oedema.