

Axenfeld rieger anomaly: a case report

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Clinical image

We report a case of a young adult, who consults for an optical correction. Biomicroscopic examination shows the presence of a bilateral embryotoxon on 360°, which corresponds to a thickening and anterior displacement of the Schwalbe line, in the form of a grey-white line parallel to the limbus (Figure 1).¹ We do not note microspherophakia. Gonioscopy shows the presence of a single iridocorneal synechia (Figure 2).

These ophthalmologic abnormalities are characteristic of an Axenfeld-Rieger abnormality.² Measurement of intraocular pressure and examination of the fundus do not provide any evidence for glaucomatous involvement.



Figure 1 Photograph of the anterior segment of the right eye showing an embryotoxon on 360°.

This irido-trabeculo-dysgenia requires a general assessment in search of general systemic abnormalities which integrate it into the syndrome Axenfeld Rieger.³ This anomaly can be complicated by glaucoma in 50 to 60% of cases.⁴ A regular follow-up, including imperatively a measurement of the intraocular pressure and an examination of the optic nerve at the bottom of the eye, is required.

Acknowledgments

None.

Conflicts of interest

The author declares that there is no conflicts of interest.



Figure 2 Gonioscopy photograph of the right eye showing iridocorneal synechia.

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