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Dictionnaire des maladies éponymiques et des observations princeps : Treacher Collins (syndrome de)

COLLINS, E. Treacher. - Case with symmetrical congenital notches in the outer part of each lower lid and defective development of the malar bones

In: Transactions of the Ophthalmological Societies of the United Kingdom, 1900, Vol. 20, pp. 190-2



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8. Case with symmetrical congenital notches in the outer part of each lower lid and defective development of the malar bones.

By E. TREACHER COLLINS.

(With Plate X.)

John McL—, et. 8, was brought to the Moorfields Hospital on April 23rd, 1900, on account of an attack of catarrhal ophthalmia. On examination it was noticed that there was a shallow notch in the margin of each lower lid, a short distance from the external canthus, the one on the right side being rather more pronounced than that on the left. In direction they tend to slope downwards and outwards. Their appearance suggests, at first, an inaccurately united wound across the edge of the lid; no history of injury is, however, to be obtained. The mother states that they have been present since birth, and attributes them to a fright she received, while pregnant, from a rat which had something wrong with its eyes.

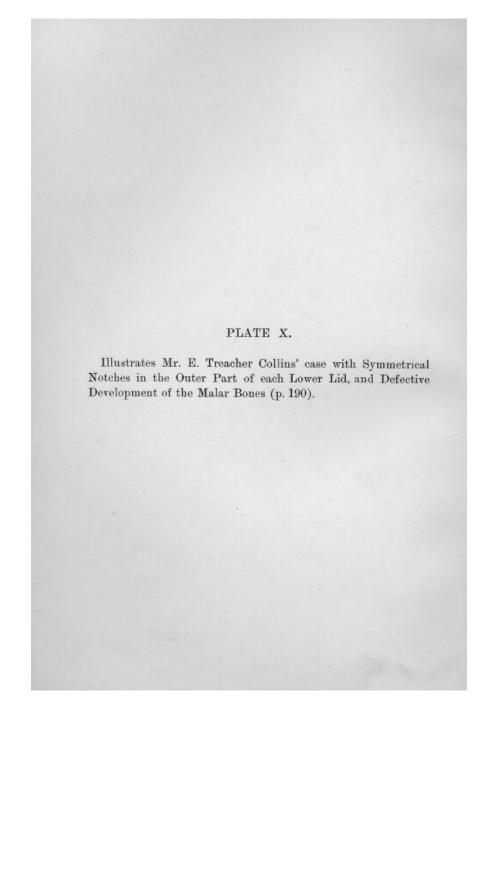
No instruments were used at the birth of the child.

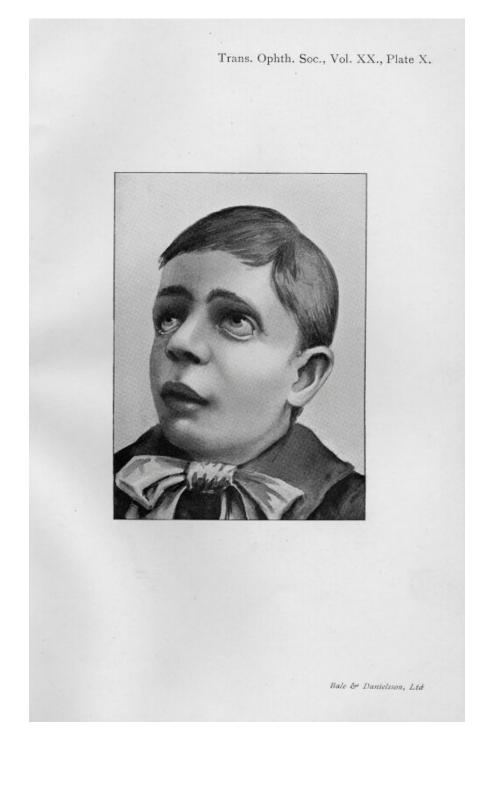
Below each of the eyes there is an unusual want of prominence of the malar bones. No other congenital defect is to be noted either in the child's face or elsewhere.

The patient is one of ten children, eight of whom are living. No other member of the family is known to present any similar defect.

The case differs from the colobomata of the lower lid which have been recorded, due to failure in the closure of the facial cleft, between the fronto-nasal plate and the maxillary processes, in that the notches are situated in the outer part of the lids and slope downwards and outwards, instead of downwards and inwards.

It resembles, however, two cases (mother and daughter)





described and pictured by Mr. Berry in the 'Royal London Ophthalmic Hospital Reports,' vol. xii, p. 253, in each of which there was a symmetrical defect of the lower lids of about the same extent and in the same position.

(Card specimen. May 3rd, 1900.)

 Case with symmetrical congenital notches in the outer part of each lower lid and defective development of the malar bones.

By E. TREACHER COLLINS.

ALFRED B—, æt. 34, states that the eyelids of his left eye have been in their present condition since birth.

His right lower lid was injured by a piece of broken cup, and partially destroyed, when he was twelve years old.

There is a marked want of prominence of the malar bone on each side, so that each cheek, beneath the eye, appears sunken.

The palpebral aperture on the left side is narrow laterally, measuring only 21 mm. from the external to the internal canthus. In the margin of the lower lid a short distance from the external canthus is a shallow notch, the direction of which inclines downwards and outwards. No abnormality is to be seen in the left eyeball.

The central part of the right lower lid has been destroyed as the result of the injury. There is a cicatrix in it which has caused some entropion of its outer part; when this is everted there is seen to be a shallow notch in its margin symmetrical with that on the other side.

When the right eye is closed, on account of the traumatic defect in the lower lid, the eyeball is not completely covered. There is an opacity of the lower part of the cornea and some injection of the ocular conjunctiva below it.

Remarks.—This case presents the same symmetrical

defect of the lower lids, and the want of prominence of the malar bones, as the boy shown by me at a meeting of the Society last May.

The defect in the lids is similar to that described and pictured by Mr. Berry in two cases (mother and daughter) in the 'Royal London Ophthalmic Hospital Reports,' vol. xii. In neither of his cases is any unusual

flattening of the cheeks mentioned.

(Card specimen, July 6th, 1900.)

 Congenital aniridia and displacement of lenses with glaucoma.

By RAYNER D. BATTEN.

A. F., æt. 21, female. No trace of iris can be seen in either eye. The lenses are displaced upwards, and only the lower half of each lens can be seen; the right lens is opaque, the left partially so.

Right eye T. + 1, no p.l. Slight haze of cornea. The fundus can be fairly well seen; the optic disc is pale. The condition of the fundus does not account for the

total absence of vision.

Left eye T. + 2, p.l. There is superficial keratitis, probably secondary to the glaucoma, and no view can be obtained of the fundus. The sclerotic is thinned and staphylomatous.

The patient has never seen with the right eye, but could see to go about with the left eye until the age of

thirteen.

She has four brothers and sisters; no family history of congenital defects.

No evidence of hereditary syphilis.

Can anything be done for the relief of the glaucoma in the left eye? (Card specimen. May 3rd, 1900.)