

A rare complication of epiblepharon

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ABSTRACT

Objective: To report a case of epiblepharon with an uncommon complication in PPUM. **Method:** Case report. **Results:** We report a 7-year-old boy with underlying Klinefelter mosaic and global developmental delay who presented with tearing of the right eye for 6 months associated with intermittent eye redness. It was uncomfortable which resorted him to have the habit of poking his eye and hitting his right frontal region with his fist. Cyclorefraction showed dull red reflex of the right eye while his other eye exhibited high myopia of -7.00/-1.25 x 90. Examination of the right eye revealed he has mildly injected conjunctiva with right lower epiblepharon causing cilia to rub onto his cornea with PEE. The lens was noted to be cataractous with a central PSCC. The posterior segment of the eye was normal. An EUA, biometry, Hotz procedure was done which was subsequently followed by lens aspiration, posterior capsulotomy, anterior vitrectomy and intraocular lens. **Conclusion:** Cataract as a complication of epiblepharon is uncommon. It arises from self-elicited trauma by disabled patients which is necessary to treat to prevent other more serious injuries to the eye and worsening amblyopia.

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A rare presentation of ocular melioidosis in paediatric patient

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ABSTRACT

Objective: To report a rare case of posterior uveitis in paediatric patient. **Method:** a Case report. **Results:** A 10-year-old Malay boy, presented with left eye sudden onset painless blurring of vision. His visual acuity was 6/6 OD and CF OS. The relative afferent pupillary defect was positive OS. Anterior segment examination was unremarkable. Fundus examination of his left eye showed optic disc granuloma and subtotal exudative retinal detachment inferiorly with an area of vasculitis superiorly and temporally. All investigations were negative apart from a raised total white cell count, raised erythrocyte sedimentation rate and raised C-reactive protein. His melioidosis serology was positive with a high titre of 1:320. He was treated with intravenous ceftazidime for two weeks followed by oral azithromycin for six weeks. Oral prednisolone and topical dexamethasone were also added. This treatment regime proved to be successful at treating ocular melioidosis with complete resolution of the signs and symptoms in this patient. **Conclusion:** Ocular melioidosis may mimic other forms of infectious uveitis in children. It should be considered in any patient with optic disc granuloma and exudative retinal detachment in order to initiate early treatment to achieve a good final visual outcome.

KEY WORDS:

Ocular melioidosis, Burkholderia pseudomallei, exudative retinal detachment, optic disc granuloma, infectious posterior uveitis