

Clinical Image

Bilateral complex microphthalmia with unilateral coloboma in a preterm neonate

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A female neonate weighing 1300 g, born at 35 weeks of gestation with asymmetric intrauterine growth restriction had bilateral microphthalmia and microcornea [Figure 1] with no corneal haziness or cataracts. Fundus examination showed bilateral dysplastic retina. There were no other stigmata of intrauterine infection or any dysmorphism with normal systemic examination. B scan of the eyes showed an axial length of 14 mm in both eyes with iris coloboma in the right eye, confirming bilateral complex microphthalmia with unilateral coloboma [Figure 2]. TORCH titers, echocardiography, cranial ultrasound, skeletal survey, and automated auditory brainstem response (AABR) were normal. Parents denied genetic testing.

Microphthalmia and coloboma arise due to defects in the optic fissure closure and are diagnosed when the anteroposterior diameter of the globe is <20 mm.^[1] Rehabilitation in these complex microphthalmia (when associated with retinal dysplasia) is for cosmetic purposes and includes endo-orbital volume replacement with expandable implants or orbital osteotomies.^[2]



Figure 1: Bilateral microphthalmia and microcornea.

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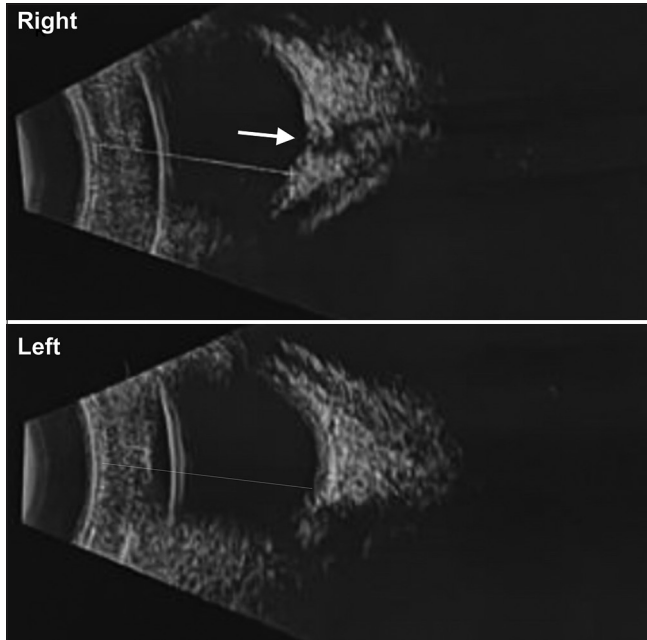


Figure 2: B scan of the eyes showed a right eye axial length measuring 14 mm with iris coloboma (white arrow) and a left eye axial length of 14 mm.

Ethical approval

Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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