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Clinical Profile of a Case of Coralliform Cataract Managed in a Tertiary Care Centre in North-East India

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Abstract: ***We describe a case of a 14 years old patient who presented with the chief complaint of diminution of vision in both eyes since early childhood with no history suggestive of trauma, or any other underlying etiology. The child was evaluated thoroughly and was diagnosed to be a case of Developmental Cataract both eyes of coralliform morphology. Pre-operative assessment was done and the child was prepared for Surgery . Under all antiseptic and aseptic conditions, SICS with foldable IOL R/E under LA was done on 09/12/2020. The post-operative results were satisfactory. The patient was regularly followed up and at one month he was prescribed glasses to attain an encouraging vision of 6/6, N6. The other eye was planned for surgery after a month.***

Keywords: Developmental Cataract, Coralliform, SICS, IOL implantation

1. Introduction

Developmental Cataract occurs due to disturbance in the normal growth of the lens.Coralliform or coral-like cataract are generally bilateral and may have autosomal dominant inheritance. The name coralliform cataract was first applied by Gunn[1] to a particular type of congenital cataract in which many layers of the lens in the axial area are affected by peculiar branching opacities.[1]

2. Case Report

A 14 years old patient presented in the Eye OPD, AMCH, on 08/4/2021 with the chief complaint of diminution of vision in both eyes since early childhood, that was first recognized by his teachers. There was no history suggestive of trauma, or any other underlying etiology. The child was delivered by spontaneous vaginal delivery with no history of maternal rash or fever.

3. Clinical Examination

On Ocular examination, Visual acquity in both eyes were 4/60(OD) and 5/60(OS).Greyish white Lenticular opacity radiating from centre of the lens forward and outward resembling conical tubes joining at irregular angles were noted on both sides. Rest of the anterior and posterior segment findings were within normal limits.

4. Investigation

Routine Blood investigations were normal showing Hb (Haemoglobin) = 11.8 gm/dL. ,TC (Total Count) = 9,900/cmm, Neutrophil= 54%, Lymphocytes =35%, Monocytes= 3%, Eosinophils= 8%, Basophil not found .RBS (Random Blood Sugar)= 110mg./dl.

5. Treatment

SICS with foldable IOL under LA was done (IOL= +14.50D). Post-operatively, patient was advised topical antibiotics and steroid eye drops along with cycloplegics. At one month, BCV_A in the right eye was 6/6, N6.

Figure 1: Appearance of the patient in first visit

Figure 2: Slit Lamp Appearance (OD)

Routine Blood Investigations were done and found out to be

6. Discussion

Childhood blindness due to pediatric cataract is one of the major causes of avoidable blindness in children in developing countries (including India)[2]

The name coralliform cataract is applied to a particular type of congenital cataract in which many layers of the lens in the axial area are affected by peculiar branching opacities.[3]Similar opacities were noted in our case.

The majority (46.05%) of cases of pediatric cataract are of idiopathic origin and ratio of bilateral to unilateral cases was 2:1 approximately with no gender predisposition. [4] In our case report, it was a male child with bilateral unvolvement.

Anterior continuous curvilinear capsulorrhexis + Lens Aspiration + Primary Posterior Capsulotomy + Anterior Vitrectomy + PCIOL Implantation is preferred in younger age group is the preferred treatment.[5]

7. Conclusion

Promptly managed cases of developmental cataract shows encouraging results with PCIOL implantation along with adequate optical rehabilitative measures.

References

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