

Centurian Syndrome

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Abstract: ***Aim:** To describe clinical features and surgical outcome in patients of centurian syndrome. **Materials and Methods:** Retrospective study of three patients who underwent surgical correction for centurian syndrome between 2009 to 2014. The position of the punctum, prominent nasal bridge, inferiorly directed medial canthus tendon is noted. Patients underwent medial canthus tendon release. **Results:** Mean age of onset is 19 years, all three are male patients having prominent nasal bridge, maloposition of punctum, inferior angulation of medial canthus tendon "beak sign" in 2 cases. All three cases underwent medial canthus tendon release. **Conclusion:** Centurian syndrome is a rare cause for epiphora in young adults and it can be treated successfully with medial canthus tendon release*

Keywords: Centurian syndrome, Epiphora, Medial canthus tendon, Beak sign

1. Introduction

Centurian Syndrome is a congenital anomaly of medial canthal tendon resulting in epiphora. The patients are in their second decade of life have prominent nasal bridge with outward displacement of lacrimal puncta. The term centurian syndrome is derived from ROMAN SOLDIERS (Centurians) who had similar appearance. As this syndrome is rare often goes unrecognized.

2. Materials and Method

Three patients who attended outpatient department of ophthalmology at government general hospital(2009-2014), diagnosed as having centurian syndrome were retrospectively analyzed. In all these patients there is history of on and off watering of the eyes from their childhood which has increased with their age and has become continuous. There is no history of discharge or an episode of acute dacryocystitis. On examination best corrected visual acuity were 6/6. The tear film height is increased in all patients. Fluorescein dye disappearance test(2) showed grade 3. All the patients had prominent nasal bridge, the puncta were not opposed to the globe. There was no ROPLAS, syringing was freely patent on Hertel's exophthalmometry showed no enophthalmus. Rest of the anterior and posterior segments are normal. Hence diagnosis of centurian syndrome was made. All three patients were surgically managed with medial canthal tendon disinsertion under local anaesthesia. In all the patients post operative fluorescein dye disappearance showed grade 0.

3. Discussion

"Centurian syndrome" or "Idiopathic anterior displacement of the medial canthus" was first described by T.M.Sullivan(1) in 1933. In patients having prominent nasal bridge and punctal maloposition. The exact etiology of the occurrence of centurian syndrome is yet to be clearly understood. Two proposed theories are:(3)

- a) Anterior canthal tendon malposition which requires surgical treatment.
- b) A more sophisticated anatomical disparity between the orbit and its contents which require a more complicated surgical intervention.

R.Murthy et al.(4) noted inferior angulation of medial canthal tendon "Beak sign". Enophthalmus may be a contributory factor for centurian syndrome. Various surgical procedures are proposed to manage this condition, starting from medial canthus tendon release, punctoplasty, medial conjunctivoplasty, lower lid retractor plication, posterior plication of medial canthal tendon stump.

Y.Sujatha et al.(5) proposed medial canthus tendon release operation with high success rate. Ma'luf et al.(6) found medial canthal tendon release unsatisfactory, retro displacement of the globe was the important factor.

4. Conclusion

Centurian Syndrome is a rare cause of epiphora in young adults often not recognised. Careful examination reveals maloposition of the puncta. Release of medial canthal tendon successfully treats this condition if there is no enophthalmus.

References

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