

A Case of Unilateral Congenital Myopia in a 36 Year Old Male Patient – A Case Report and Study of Literature

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Abstract: A 36 yr old male, presented with defective vision both eyes detected accidentally more in right eye, he takes mixed diet, not a known diabetic and hypertensive. Family history nil relevant. On examination right eye anterior segment normal, pupillary reaction normal, vision counting fingers 1 meter, intraocular pressure 10 mm of Hg, fundus media vitreous floaters present, optic disc enlarged, myopic crescent present, foveal reflex dull. Left eye anterior segment normal, pupillary reaction normal, vision 6/12, intra ocular pressure 16 mm of Hg, fundus media clear, optic disc enlarged, myopic crescent present, foveal reflex present. Retinoscopy right eye vertical -21 D, Horizontal -22.50D Left eye vertical +2.25 D, Horizontal +1.75D

Keywords: congenital myopia, Posterior staphyloma, Vitreous degeneration

1. Case Report

A 36 year male presenting with defective vision of both eyes noticed accidentally more in right eye.

2. Introduction

Here we are presenting a case of congenital myopia in a 36 yr old male.

3. Subjective Verification

Right eye CF 1 meter with -23.00 sphere 6/60
Left eye 6/12 with -0.50 sphere 6/6

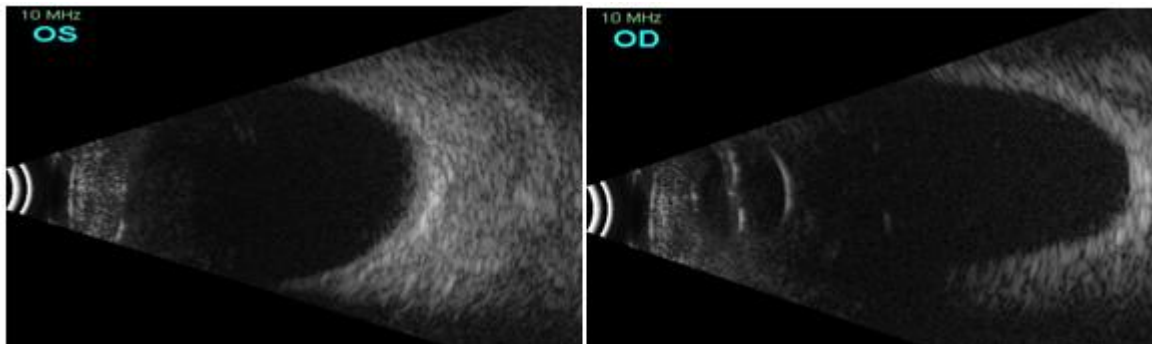


Left Eye

Right Eye

A-SCAN – Right Eye axial length – 30.87 mm
Left Eye - axial length - 24.00 mm
Keratometry – Right eye – K1 – 43.25 D, K2 - 43.75 D
Left Eye – k1-44.50 D, K2 - 45.00 D

B-SCAN:



4. Discussion

1) Congenital myopia: Present since birth, usually diagnosed by the age of 2-3 years. Anisometropia is usually present and is unilateral most of the time, rarely bilateral. High degree of error 8-10 D present mostly remain constant. Congenital convergent squint may develop. Associated with other congenital anomalies such as cataract, microphthalmos, aniridia, megalocornea, congenital separation of retina. treatment: early correction is desirable.

2) Aetiology: usually associated with an increase in axial length and overall globe size. Seen more frequently in children who were born prematurely or with various birth defects, such as marfans syndrome and homocystinuria. Diagnosis: unilateral congenital myopia is frequently discovered either by routine screening examination or after a strabismus develops because of the associated amblyopia. If the myopia is bilateral the child will tend to hold things very close for viewing. Treatment: the full cycloplegic refractive error including any astigmatic correction should be prescribed. Even then it may not be possible for these children to achieve 6/6 visual acuity in either eye. Prognosis: the prognosis for good vision and normal binocularity is poor in unilateral cases, if the anisometropia and myopia are severe.

3) **Congenital myopia**, also known as **infantile myopia**, is present at birth and persists through infancy.

4) Any degree of myopia demonstrated at birth or any significant degree of myopia found to be present before the age of 6 years. It does not get worse during preschool years. The diagnosis is readily made after the suggestive information gained from history and the eye examination is followed by retinoscopy under cycloplegia.

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