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Bilateral Iris Coloboma with Cortico-Nuclear Cataract

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Description

We report the case of a 55-year-old patient who consulted for a progressive decline in visual acuity for two years. Clinical examination found visual acuity reduced to 03/10. The biomicroscopic examination found a lower symmetrical bilateral iris coloboma on the six o'clock meridian, an equally symmetrical bilateral cortico-nuclear cataract. The patient did not present any other anomaly, in particular the absence of associated chorioretinal coloboma. We therefore concluded that there was an isolated symmetrical bilateral iris coloboma. Cataract surgery was indicated in the patient. Iris coloboma is a consequence of incomplete closure of the embryonic fissure. The coloboma can be complete or partial and can be in the form of a notch in the pupillary edge. They can affect the iris, ciliary body, choroid, retina and optic nerve. Simple colobomas are frequently inherited in an autosomal dominant fashion and may occur alone or in association with other syndromes such as congenital colobomatous microphthalmia, Rieger syndrome, Walker Warburg syndrome, trisomy 13 or 18 and deletion syndromes (4p, 13q, 2q31.1, 15q24) and anal atresia syndromes.

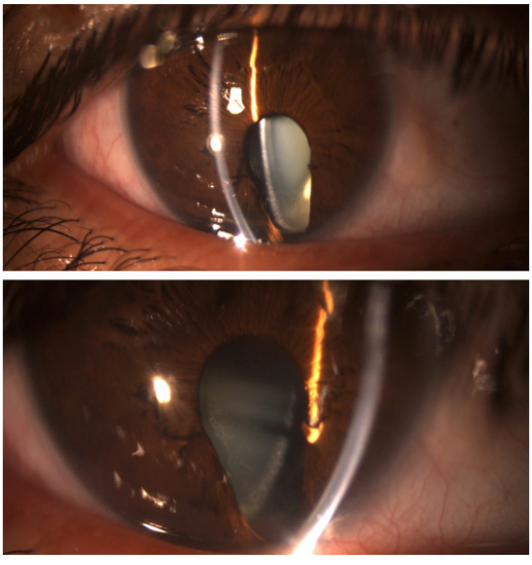

Figure 1: Bilateral iris coloboma with cortico-nuclear cataract.

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