

Short Report

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Iridocorneal endothelial syndrome: Short report

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Short report

We report a case of a 42-year-old-woman, who presented to the ophthalmic consultation for decreased visual acuity complaints of blurred vision, altered pupillary shape since few months of her right eye.

The clinical examination found a reduced visual acuity to counting fingers in the right eye and 20/20 in the left eye. Intraocular pressures was 38 mm Hg OD and 14 mm Hg OS. Slit lamp examination of the right eye found: Corneal edema, iris atrophy with a deformation of the iris architecture and pupillary anomalies, with polycoria (Figure 1). The evaluation of the

angle by gonioscopy found areas of broad synechiae anterior to Schwalbe's line (Figure 2). While the examination of the left eye was normal (Figure 1B). The posterior segment examination was normal in both eyes. Specular microscopy confirmed the presence of unilateral endothelial pleomorphism and polymegathism. In our case of the retained diagnosis was iridocorneal endothelial syndrome

The first clinical description was in 1903 by Harms [1,2], which is a rare pathology, that touch the corneal endothelium, and leads to its abnormal proliferation [2]. This syndrome is usually unilateral and sporadic, which is commonly touch women in the third to fifth decade [3,4].

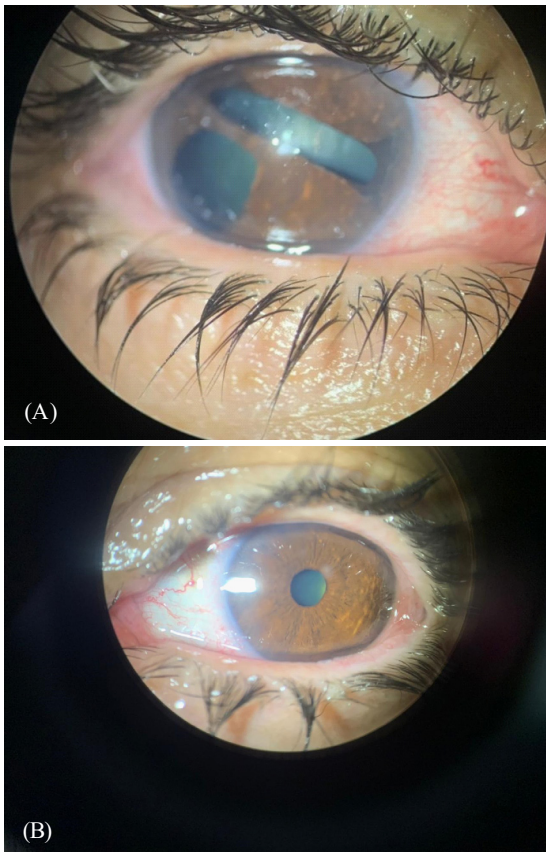


Figure 1: Slit lamp photographs. **(A)** Right eye demonstrating multiple stretch holes, corectopia, ectropion uveae, and iris atrophy. **(B)** Left eye unremarkable.

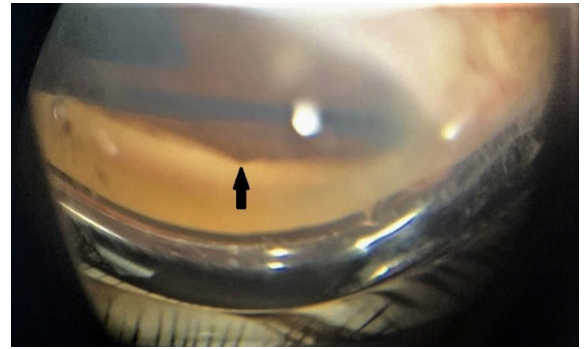


Figure 2: Broad peripheral anterior synechiae seen in iridocorneal endothelial syndrome.

Conflict of interest: The author declares that there is no conflict of interest.

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