

Eyes that cannot be seen: a rare case of ankyloblepharon filiforme adnatum (AFA) in a neonate

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Accepted 14 February 2018

DESCRIPTION

An infant aged 17 days was presented to our clinic with inability to open both eyes along with facial deformity. The vitals were found to be normal and no other systemic abnormality was recorded. On ocular examination, the child was found to have bilateral ankyloblepharon along with cleft lip and cleft palate. An urgent examination was done under general anaesthesia which revealed ankyloblepharon involving bilateral eye (figure 1A) barring a small area on the medial aspect of both eyelids. A probe was passed from the small opening on both sides which revealed no adhesions between the lids and the underlying ocular structures (figure 1B). The patient was diagnosed as having ankyloblepharon filiforme adnatum (AFA) and the lids were separated gently with the help of Westcott scissors. The bare lid margins (figure 1C) were apposed using continuous 8-0 Vicryl sutures. At the end of the surgery, there was a complete resolution of ankyloblepharon (figure 1D). The neonate was subsequently referred to the department of

paediatric surgery for the correction of the facial defects.

AFA is a rare condition which involves the union of the upper and the lower eyelids by a single or multiple bands of tissue¹ which arise posterior to the cilia.² This can occur as an isolated condition or as a part of syndrome. This condition is known to be associated with cleft palate and lip. Other associations that may be found include imperforate anus, meningocele, infantile syndactyly, infantile glaucoma, and cardiac anomalies such as patent ductus arteriosus and ventricular septal defects.³ Hence, a comprehensive systemic examination must be performed to rule out such conditions. An early diagnosis and management can lead to prevention of a stimulus deprivation amblyopia which can have a devastating effect on the visual acuity of the neonate.

Learning points

- ▶ Ankyloblepharon filiforme adnatum is a rare entity which can lead to serious visual impairment.
- ▶ An early identification and management can lead to good outcomes.

Contributors NG, AS and NS contributed to diagnosis, workup, writing the manuscript and performing critical revision. RM is the overall responsible for the presentation, contributed to diagnosis and performed critical revision of the manuscript.

Funding This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Parental/guardian consent obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 (A) Clinical photograph showing the presence of bilateral ankyloblepharon. (B) A probe being passed through the small opening in the lids to rule out any adhesion with underlying structures. (C) Raw lid margins after separation. (D) Postoperative clinical photograph.



To cite: Gaur N, Meel R, Shashni A, et al. *BMJ Case Rep* Published Online First: [please include Day Month Year]. doi:10.1136/bcr-2018-224557

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