Henry

Journal of Ophthalmology & Optometry

Case Report

Reverse Slanting of Split Eyebrows and Palpebral Fissures: A New Congenital Syndrome

Aamir Jalal Al Mosawi*

Department of Pediatrics, Children Teaching Hospital of Baghdad Medical City, Iraq

Abstract

A congenital syndrome is suspected when there are more than three minor anomalies which are variations of normal morphological features that are considered of little or no known medical, surgical, or cosmetic significance. More than one major anomaly which is an abnormality that has major medical, surgical or cosmetic significance, and one major anomaly with two or more minor anomalies are also suggestive of congenital syndrome.

There are a large number of dysmorphic syndromes associated with various combinations of hypertelorism (with or without flat mid-face), epicanthic folds, convergent squint, low set ears, upward and downward slanting of the palpebral fissures, and eyebrows abnormalities occurring in association with hypotonia and developmental delay.

The aim of this paper is to report the occurrence of a new dysmorphic syndrome with the novel occurrence of unique eyebrows abnormalities consisting of splitting with a relatively thick upward slanting medial parts and thin non-slanting lateral parts in association with downward slanting palpebral fissures, bilateral convergent squint, hypertelorism with flat mid-face, epicanthic folds, large ears, developmental delay, and infantile hypotonia mostly attributed to congenital myopathy.

Introduction

A congenital syndrome is suspected when there are more than three minor anomalies which are variations of normal morphologicalfeatures that are considered of little or no known medical, surgical, or cosmetic significance. More than one major anomaly which is an abnormality that has major medical, surgical or cosmetic significance, and one major anomaly with two or more minor anomalies are also suggestive of congenital syndrome.

There are a large number of dysmorphic syndromes associated with various combinations of hypertelorism (with or without flat mid-face), epicanthic folds, convergent squint, low set ears, upward and downward slanting of the palpebral fissures, and eyebrows abnormalities occurring in association with hypotonia and developmental delay [1-4].

The aim of this paper is to report the occurrence of a new dysmorphic syndrome with the novel occurrence of unique eyebrows abnormalities consisting of splitting with a relatively thick upward slanting medial parts and thin non-slanting lateral parts in association with downward slanting palpebral fissures, bilateral convergent squint, hypertelorism with flat mid-face, epicanthic folds, large ears, developmental delay, and infantile hypotonia mostly attributed to congenital myopathy.

***Corresponding author:** Aamir Jalal Al Mosawi, Department of Pediatrics, Children Teaching Hospital of Baghdad Medical City, Iraq, Tel: +964 7703930834, E-mail: almosawiAJ@yahoo.com

Received Date: November 14, 2019

Accepted Date: December 6, 2019

Published Date: December13, 2019

Citation: Al Mosawi AJ (2019) Reverse Slanting of Split Eyebrows and Palpebral Fissures: A New Congenital Syndrome. J Ophthal Opto 2: 004.

Case Report

A thirteen-month old boy who was the first born child to non-consanguineous parents was first seen at the pediatric neuropsychiatry clinic of the Children Teaching Hospital of Baghdad Medical City because of motor developmental delay. The child had hypotonia during infancy, and was not crawling and was unable to sit without support for long time. He has just started babbling. The boy has distinctive facial features Figure 1 including:

Figure 1: The boy unique eyebrows abnormalities consisting of splitting with a relatively thick upward slanting medial parts and thin non-slanting lateral parts in association with downward slanting palpebral fissures, bilateral convergent squint, hypertelorism with flat mid-face, epicanthic folds, and large ears.

1. Highly specific unique eyebrows abnormalities consisting of splitting with a relatively thick upward slanting medial parts and thin non-slanting lateral parts
2. Downward slanting palpebral fissures
3. Epicanthic folds
4. Hypertelorism
5. Depressed nasal bridge
6. Large ears
7. Convergent squints of both eyes

Brain MRI performed at the age of one month showed normal findings. Screening for several inborn errors of metabolisms has already performed before the patient was seen and were all negative.

EMG and nerve conduction studies were performed at the age of seven months Table 1.

	Sensory			Motor			
Nerve	Latency msec/cm	Amplitude µV	SNCV m/sec	Muscle	DML Msec /cm	MNCV msec /cm	F-wave Latency
Right median	2.1	26.6	56.2	ABP	3.1	50.2	16.5
Right ulnar	1.9	27.3	56.6	ADM	2.9	51.2	17.2
Right common peroneal				Tibialis Ant. EDB	3.3 4.2	40.2	35.3
Left common peroneal				Tibialis Ant. EDB	3 4.1	40.3	36.3
Left sural	2	15.3	44.6				

Table 1: The finding of EMG and nerve conduction studies which were performed at the age of seven months.

Nerve conduction study Table 1 was performed by surface and needle electrode on:

- Right and left median nerve
- Right ulnar nerve
- Right and left sural nerve
- Right and left common peroneal nerves

Repetitive nerve stimulation with supra-maximal stimulation of the right ulnar, right facial and right axillary at low rates (3Hz) was performed. The right and right axillary decrement test with 10 pulses (5 trials) showed 1% decrement of motor response.

Needle electromyography (EMG) study was performed on:

- Right FDI.
- Right deltoid.
- Right biceps.
- Right and vastus medialis.
- Right anterior.

Needle electromyography (EMG) stud showed:

- No spontaneous activity
- No myotonic discharges

The average duration of 20 motor units:

Right deltoid= 5.1 msec (n=8.3 msec).
Right biceps = 4.8 msec (n=8.1 msec).
Right vastus medialis = 4.1 msec (n=8.3 msec).
Right tibialis anterior = 5.3 msec (n= 10.2 msec).
Left tibialis anterior = 5.2 msec (n= 12.5 msec).

30-40% polyphasia of short duration low amplitude was observed.

EMG and nerve conduction studies suggested chronic diffuse non dystrophic myopathic of moderate severity mostly resulting from congenital myopathy.

The proximal lower limb muscles were more severely involved.

Table 2 summarizes the clinical features of the new syndrome.

Sporadic occurrence
Non consanguineous parents
Splitting of eyebrows with a relatively thick upward slanting medial parts and thin non-slanting lateral parts
Downward slanting palpebral fissures
Epicanthic folds
Hypertelorism
Depressed nasal bridge
Large ears
Convergent squints of both eyes
Infantile hypotonia attributed to congenital myopathy

Table 2: The clinical features of the new syndrome.

Acknowledgement

The author would to express his gratitude for the parents of the patients who accepted publishing his photos.

References

1. David SW (1970) Recognizable patterns of human malformation: genetic, embryologic, and clinical aspects. Major problems in clinical pediatrics 7: 368.
2. Al-Mosawi AJ (2011) Rare genetic disorders in Iraq. 1st ed., Saarbrücken; LAP Lambert Academic Publishing.
3. Al-Mosawi AJ (2019) The uncommon and rare genetic disorders in Iraq. 1st ed., Saarbrücken; LAP Lambert Academic Publishing.
4. Al-Mosawi AJ (2019) The syndrome of asymmetric ocular abnormalities, and mental and growth retardation.1st ed., Baghdad; Iraq Headquarter of Copernicus Scientists International Panel Publishing.

Henry Journal of Acupuncture & Traditional Medicine

Henry Journal of Anesthesia & Perioperative Management

Henry Journal of Aquaculture and Technical Development

Henry Journal of Cardiology & Cardiovascular Medicine

Henry Journal of Case Reports & Imaging

Henry Journal of Cell & Molecular Biology

Henry Journal of Tissue Biology & Cytology

Henry Journal of Clinical, Experimental and Cosmetic Dermatology

Henry Journal of Diabetes & Metabolic Syndrome

Henry Journal of Emergency Medicine, Trauma & Surgical Care

Henry Journal of Haematology & Hemotherapy

Henry Journal of Immunology & Immunotherapy

Henry Journal of Nanoscience, Nanomedicine & Nanobiology

Henry Journal of Nutrition & Food Science

Henry Journal of Obesity & Body Weight

Henry Journal of Cellular & Molecular Oncology

Henry Journal of Ophthalmology & Optometry

Henry Journal of Perinatology & Pediatrics

Henry Publishing Groups, Glanmire, Cork, Republic of Ireland, T45 KD66
Tel: +353 98010312; E-mail: contact@henrypublishinggroups.org
https://www.henrypublishinggroups.com/