

## Photo Quiz Answers

A1. The method employed is Sclerotic scatter.

Clinical diagnosis is Diffuse lamellar keratitis also known as "shifting sands" or "sands of sahara" a very rare situation that develops after Lasik surgery. It is characterized by fine granular inflammatory reaction in the lamellar interface. The infiltrates as you can see are confined within the limits of the lamellar Corneal flap. The names "shifting sands" and "sands of sahara" try to describe the wave like or dune like appearance of increasing density. It has 4 grades according to severity. Stage 1 and 2 are milder form of the disease stage 3 and 4 are the severe forms. Treatment: In stages 1 and 2 topical one hourly steroids are usually beneficial. In stages 3 and 4 one should lift the flap and thorough rinsing of the flap to be carried out. The prognosis is usually good with early intervention.

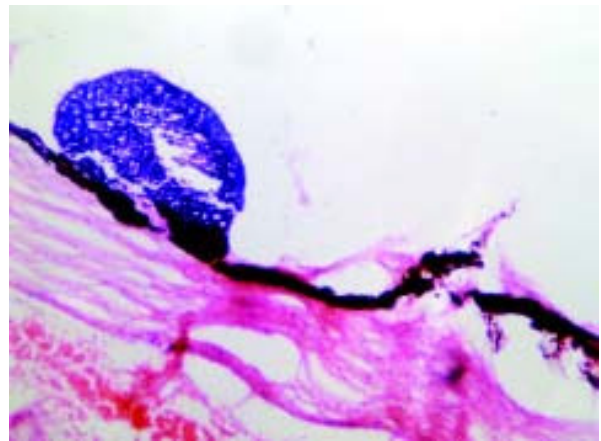
A2: Exposed PMMA Ball Implant. This gentleman had undergone evisceration with PMMA ball implant four months back. The PMMA ball probably acted as a foreign body to the ocular tissue. The conjunctiva and sclera have retracted, resulting in the ball implant being exposed, and giving an impression of "Gem in the Orbit"

A3. This fundus photo shows bilateral exocyclotorsion of the globes with the fovea clearly seen to be placed inferior to the optic discs. Exocyclotropia is most commonly seen to be associated with inferior oblique overaction and a V pattern of strabismus. As can be seen from the photo of the nine directions of gaze of the patient, the child had a V exotropia with bilateral inferior oblique overaction. The exocyclotorsion is often seen to be corrected by inferior oblique weakening procedures.



A4: Ankyloblepharon filiforme adnatum is a rare congenital anomaly wherein the lid margins remain attached by connective tissue bands. The bands may be extensive and are situated behind the eyelash line and in front of the openings of meibomian ducts. The condition can be associated with congenital anomalies like patent ductus arteriosus, harelip and cleft palate. The condition needs surgical excision because it restricts mobility of the lids, prevents from seeing and consequently leads to the development of head posture. They usually present at birth, a clamping and crushing of the septae with an artery forceps followed by just cutting it with a scissor usually solves the condition in most of the cases.

A5. Diffuse infiltrative type of Retinoblastoma. The commoner form, of retinal seedlings, is shown below.



A 6. Dissociated Vertical Deviation

A7. Usher's Syndrome. Usher's Syndrome Type I is characterized by Retinitis Pigmentosa, severe deafness and vestibular ataxia. This is the most common syndrome associated with RP. Retinitis Pigmentosa is progressive and develops before puberty. In Type II Usher's Syndrome there is less severe deafness with RP Usher's Syndrome accounts for 5% of all cases of deafness in children and 50% of cases of deafness associated with blindness

A8. Air bubble in between IOL and PC

A9. Descemet Rupture in case Keratoconus

A10. Fungal ball over iris.

A11. Stromal vascularisation