

CONCLUSION
AND
RECOMMENDATIONS

CONCLUSION AND RECOMMENDATIONS

- Screening of infants less than one year old should be an integral part like vaccination for early prevention of consecutive amblyopia.
- The methods used in screening are objective, simple to perform and well tolerated by tested infants and children.
- Prevalence of congenital eyelid anomalies is of a considerable rate at early childhood age.
- Screening of all infants for congenital eyelid anomalies could be a rule during their regular vaccination time.
- Training of primary care physicians for eye screening can help in more early detection of congenital eyelid anomalies.
- Evaluation of risk factors especially positive family history and positive associated diseases need further work.
- A larger specimen and further research is needed for the accurate detection of congenital and developmental eyelid anomalies in Alexandria.

REFERENCES

REFERENCES

- 1- Katowitz WR, Katowitz JA. Congenital and developmental eyelid abnormalities. *Plast Reconstr Surg* 2009; 124(1 Suppl): 93e-105e.
- 2- Sevel D. A reappraisal of development of the eyelids. *Eye* 1988; 2: 123-9.
- 3- Mine N, Iwamoto R, Mekada E. HB-EGF promotes epithelial cell migration in eyelid development. *Development* 2005; 132: 4317-26.
- 4- Paiva SN, Minare-Filho AM, Cruz AV. Palpebral fissure changes in early childhood. *I Pediatr Ophthalmol strabismus* 2001; 38: 219-23.
- 5- Thomas IT, Gaitantzis YA, Frias JL. Palpebral fissure length from 29 gestation to 14 years. *J Pediatr* 1987; 111: 267-8.
- 6- Hoyt CS, Taylor D. *Pediatric Ophthalmology and Strabismus*. 4th ed. China: Elsevier, 2013. 149. Available at: <https://books.google.com.eg/books?>
- 7- Guercio JR, Martyn LJ. *Otolaryngol Clin North Am* 2007; 40: 113-40.
- 8- The Sensory System. Available at: <http://classes.midlandstech.edu/carterp/Courses/bio110/chap09/chap09.htm>
- 9- Dollfus H, Verloes A. Dymorphology and the orbital region: a practical clinical approach. *Surv Ophthalmol* 2004; 49: 547-61.
- 10- Guercio JR, Martyn LJ. Congenital malformations of the eye and orbit. *Otolaryngol Clin North Am* 2007; 40: 113-40.
- 11- Garg A, Rosen E. *Instant Clinical Diagnosis in Ophthalmology: Oculoplasty & Reconstructive Surgery*. New Delhi, India: Jaypee Brothers Publishers, 2009. p12.
- 12- Hoyt CS, Taylor D. *Pediatric Ophthalmology and Strabismus* 4th edition. 4th ed. Ch 18. Publisher Elsevier, 148-50.
- 13- Ellis FJ. Pediatric eyelid disorders. In: Wilson ME, Saunders RA, Trivedi RH (eds). *Pediatric ophthalmology*. Vol 19. Springer, 2009. 255-73.
- 14- Atchaneeyasakul LO, Linck LM, Connor WE, Weleber RG, Steiner RD. Eye findings in 8 children and a spontaneously aborted fetus with RSH/Smith-Lemli-Opitz syndrome. *Am J Med Genet* 1998; 80: 501-5.
- 15- Musumeci ML, Schlecht K, Perrotta R, Schwartz RA, Micali G. Management of cutaneous hemangiomas in pediatric patients. *Pediatric Dermatology Ptosis* 2008; 1: 1-2.
- 16- Dollfus H, Kumaramanickavel G, Biswas P, Stoetzel C, Quillet R, Denton M, et al. Identification of a new TWIST mutation (7p21) with variable eyelid manifestations supports locus homogeneity of BPES at 3q22. *J Med Genet* 2001; 38: 470-2.
- 17- Allen C, Rubin P. Blepharophimosis-ptosis-epicanthis Inversus Syndrome (BPES): Clinical Manifestation and Treatment. *International Ophthalmology Clinics* 2008; 48: 15-23.
- 18- Levin AV. Congenital eye anomalies. *Pediatr Clin North Am* 2003; 50: 55-76.

- 19- Dollfus H, Verloes A. Dysmorphology and the orbital region: a practical clinical approach. *Surv Ophthalmol* 2004; 49: 547-61.
- 20- Congenital ectropion with displacement of the punctum. Available at: shop.onjoph.com/catalog/product_info.php?products_id=5103&language=en
- 21- Yip CC, McCann JD, Goldberg RA. The role of midface lift and lateral canthal repositioning in the management of euryblepharon. *Arch Ophthalmol* 2004; 122: 1075-7.
- 22- Niikawa N, Matsuura N, Fukushima Y, Ohsawa T, Kajii T. Kabuki make-up syndrome: a syndrome of mental retardation, unusual facies, large and protruding ears, and postnatal growth deficiency. *J Pediatr* 1981; 99: 565-9.
- 23- Pediatric Ophthalmology: Euryblepharon, superior oblique palsy: QOW 2-21-12 (Chinese). Available: www.cybersight.org/bins/content_page.asp?cid=1-13601-14491-14778
- 24- Luchs JI, Laibson PR, Stefanyszyn MA, Rapuano CJ, Cohen EJ, Schnall BM, et al. Infantile ulcerative keratitis secondary to congenital entropion. *Cornea* 1997; 16: 32-4.
- 25- Entropion. American Society of Ophthalmic Plastic and Reconstructive Surgery. Available at: <http://www.asoprs.org/i4a/pages/index.cfm?pageid=3651>.
- 26- Biglan AW, Cheng KP. Entropion. Available at: <http://elementsofmorphology.nih.gov/index.cgi?tid=34a546ebf02511b5>
- 27- Miller MT, Deutsch TA, Cronin C, Keys CL. Amniotic bands as a cause of ocular anomalies. *Am J Ophthalmol* 1987; 104: 270-9.
- 28- Dixon MJ. Treacher Collins syndrome. *J Med Genet* 1995; 32: 806-8.
- 29- Chandler KE, Kidd A, Al-Gazali L, Kolehmainen J, Lehesjoki AE, Black GC, et al. Diagnostic criteria, clinical characteristics, and natural history of Cohen syndrome. *J Med Genet* 2003; 40: 233-41.
- 30- Ankola PA, Abdel-Azim H. Congenital bilateral upper eyelid coloboma. *J Perinatol* 2003; 23: 166-7.
- 31- Crandell K. Coloboma: Humans with "Cat eyes". Available at: http://www.science20.com/science_motherhood/coloboma_humans_cat_eyes
- 32- Levin AV. Congenital eye anomalies. *Pediatr Clin North Am* 2003; 50: 55-76.
- 33- Pantan RW, Sugar J. Excision of limbal dermoids. *Ophthalmic Surg* 1991; 22: 85-9.
- 34- Marback EF, Stout TJ, Rao NA. Osseous choristoma of the conjunctiva simulating extraocular extension of retinoblastoma. *Am J Ophthalmol* 2002; 133: 825-7.
- 35- Falls HF, Kertesz ED. A new syndrome combining pterygium colli with developmental anomalies of the eyelids and lymphatics of the lower extremities. *Trans Am Ophthalmol Soc* 1964; 62: 248-75.
- 36- Levin AV. Congenital eye anomalies. *Pediatr Clin North Am* 1954; 50: 56-76.
- 37- Congenital eyelid and facial abnormalities. Available at: <http://www.rogerkohnmd.com/services/congenital.html>

- 38- Nguyen J, Fay A. Pharmacologic therapy for periocular infantile hemangiomas: a review of the literature. *Semin Ophthalmol* 2009; 24: 178-84.
- 39- Lawley LP, Siegfried E, Todd JL. Propranolol treatment for hemangioma of infancy: risks and recommendations. *Pediatr Dermatol* 2009; 26: 610-4.
- 40- Fernández-Ballesteros MD, Vera-Casaño A, Escudero-Gómez J, Hiraldo-Gamero A. Infantile hemangioma of the eyelid treated with timolol gel. *Actas Dermosifiliogr* 2012; 103: 444-6.
- 41- Weiss AH, Riscile G, Kousseff BG. Ankyloblepharon filiforme adnatum. *Am J Med Genet* 1992; 42: 369-73.
- 42- Hay RJ, Wells RS. The syndrome of ankyloblepharon, ectodermal defects and cleft lip and palate: an autosomal dominant condition. *Br J Dermatol* 1976; 94: 277-89.
- 43- Ioannides A, Georgakarakos ND. Management of ankyloblepharon filiforme adnatum. *Eye* 2011; 25: 823.
- 44- Hoyt CS, Taylor D. *Pediatric ophthalmology and strabismus*. 4th ed. St. Louis: Elsevier Health Sciences, 2012. 157-8.
- 45- Price NJ, Pugh RE, Farndon PA, Willshaw HE. Ablepharon macrostomia syndrome. *Br J Ophthalmol* 1991; 75: 317-9.
- 46- Dollfus H, Verloes A. Dymorphology and the orbital region: a practical clinical approach. *Surv Ophthalmol* 2004; 49: 547-61.
- 47- Stewart JM, David S, Seiff SR. Amniotic membrane graft in the surgical management of cryptophthalmos. *Ophthalm Plast Reconstr Surg* 2002; 18: 378-80.
- 48- Keesh RV, Kutsche PJ. Upper age limit for the development of amblyopia. *J Pediatr Ophthalmol Strabismus* 1995; 32: 89-93.
- 49- Wright KW. Visual Development and Amblyopia. In: Wright KW, Spiegel PH, Thompson LS (eds). *Handbook of Pediatric Strabismus and Amblyopia*. Springer, 2006. 103-37.
- 50- Donahue SP. Screening for Pediatric Ophthalmologic Disorders. In: Wilson ME, Saunders RA, Trivedi RH (eds). *Pediatric Ophthalmology Current Thought and A Practical Guide*. Springer, 2009. 61-72.
- 51- Taylor D. Congenital cataract: the history, the name and the practice. The doyne lecture. *Eye* 1998; 12: 9-36.
- 52- Taylor D. Developments in the treatment of cataract. *Trans Ophthalmol Soc UK* 1982; 102: 441-52.
- 53- Campos E. Amblyopia. *Surv Ophthalmol* 1995; 40: 23-39.
- 54- Foster A, Gilbert C. Epidemiology of visual impairment in children. In: Taylor D (ed). *Pediatric ophthalmology*. 2nd ed. London: Blackwell Science, 1997. 3-12.
- 55- Beauchamp GR. Chronic amblyopia and strabismus in children. *Arch Ophthalmol* 2007; 125: 821-2.
- 56- Pediatric Eye Disease Investigator Group. A randomized trial of atropine vs patching for treatment of moderate amblyopia in children. *Arch Ophthalmol* 2002; 120: 268-78.

- 57- Pediatric Eye Disease Investigator Group. A randomized trial of patching regimens for treatment of moderate amblyopia in children. *Arch Ophthalmol* 2003; 121: 603-11.
- 58- Tsimhoni ME, Friedman T, Naor J, Eibschitz N, Friedman Z. et al. Early screening for amblyogenic Risk Factors Lowers the prevalence and severity of amblyopia. *JAAPOS* 2000; 4: 194-9.
- 59- Hubel DH, Wiesel TN. Binocular interaction in striate cortex of kittens reared with artificial squint. *J Neurophysiol* 1965; 28: 1041-59.
- 60- Hughes D. Eyelid disorders. In: Moore A, Lightman S (eds). *Pediatric ophthalmology*. London: BMJ Books, 2000. 154-61.
- 61- Başmak H, Niyaz L, Sahin A, Erol N, Gürsoy HH. Retinopathy of prematurity: screening guidelines need to be reevaluated for developing countries. *Eur J Ophthalmol* 2010; 20: 752-5.
- 62- Allen L. Pediatric eye examination, In: Moore A, Lightman S eds. *Pediatric Ophthalmology*. London: BMJ Books, 2000. 14-25.
- 63- Mollon JD, Astell S, Reffin JP. A minimalist test of colour vision. In: Drum B, Moreland JD, Serra A (eds). *Colour vision deficiencies*. Dordrecht, Netherlands: Kluwer Academic. Publishers, 1991. 59-67.
- 64- American academy of pediatrics, Committee on practice and ambulatory medicine and section on ophthalmology. Eye examination and vision screening in infants, children, and young adults. *Pediatrics* 1996; 98: 153-7.
- 65- Donahue SP. Screening for Pediatric Ophthalmologic Disorders. In: Wilson ME, Saunders RA, Trivedi RH (eds). *Pediatric Ophthalmology Current Thought and A Practical Guide*. Springer 2009; 6: 61-72.
- 66- Hall DM, Stewart-Brown S. Screening in child health. *Br Med Bull* 1998; 54: 929-43.
- 67- Cheng KP, Hiles DA, Biglan AW, Pettapiece MC. Visual results after early surgical treatment of unilateral congenital cataracts. *Ophthalmology* 1991; 98: 903-1010.
- 68- France TD, France LW. Optical penalization can improve vision after occlusion treatment. *JAAPOS* 1999; 3: 341-3.
- 69- Aleksandra V, Rachitskaya and Elias I, Traboulsi. Congenital Ocular Malformations. In: Wilson ME, Saunders RA, Trivedi RH, Eds. *Pediatric Ophthalmology*. Springer 2009; 21: 287-310.
- 70- Cohn MM. *The child with multiple birth defects*. 2nd ed. New york: Oxford University; 1997.
- 71- Prevalence of congenital eye anomalies in a pediatric clinic in Ghana. *EMHJ* • Vol. 19 Supplement 3 2013.
- 72- Pattern of Eyelid Abnormality in Ophthalmology Out Patient Clinic in Beni-suef University /Makanota, Dina Maher 2012.
- 73- Griepentrog GJ, Diehl NN, Mohny BG. Incidence and demographics of childhood ptosis. *Ophthalmology* 2011; 118: 1180-3.

- 74- Balogun BG, Adekoya BJ, Balogun MM, Ngwu RV, Oworu O. Ectropion and entropion in sub-Saharan Africa: how do we differ? *Ann Afr Med* 2013; 12: 193-6. Available at: <http://www.annalsafmed.org/article.asp?issn=1596-3519;year=2013;volume=12;issue=4;spage=193;epage=196;aulast=Balogun>
- 75- Genetic analysis of ocular-eyelid colobomata and facial clefts available at: <http://public.ukcrn.org.uk/search/StudyDetail.aspx?StudyID=16527>
- 76- Alniemi ST, Griepentrog GJ, Diehl N, Mohny BG. Incidence and clinical characteristics of periocular infantile hemangiomas. *Arch Ophthalmol* 2012; 130: 889-93.
- 77- Cavazza S, Laffi GL, Lodi L, Gasparrini, Tassinari G. Orbital dermoid cyst of childhood: clinical pathologic findings, classification and management. *Int Ophthalmol* 2011; 31: 93-7.
- 78- Sherman RP, Rootman J, Lapointe JS. Orbital dermoids: clinical presentation and management. *Br J Ophthalmol* 1984; 68: 642-52.
- 79- Dawson EL, Hardy TG, Collin JR, Lee JP. The incidence of strabismus and refractive error in patients with blepharophimosis, ptosis and epicanthus inversus syndrome (BPES). *Strabismus* 2003; 11: 173-7.
- 80- Collin JR, Allen L, Castronuovo S. Congenital eyelid retraction. *Br J Ophthalmol* 1990; 74: 542-4.
- 81- O'Donnell BA, Collin JR. Distichiasis: management with cryotherapy to the posterior lamella. *Br J Ophthalmol* 1993; 77: 289-92.

PROTOCOL

PREVALENCE OF CONGENITAL AND DEVELOPMENTAL
EYELID ANOMALIES IN ALEXANDRIA MAIN
UNIVERSITY HOSPITAL

معدل انتشار عيوب الجفن اللفية والتطورية في المستشفى الجامعى الرئيسى
بالاسكندرية

Protocol of a thesis submitted
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by

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خطة بحث مقدمة
لكلية الطب
جامعة الإسكندرية
إيفاء جزئياً
لشروط الحصول على درجة
الماجستير في طب وجراحة العين

من

ايمان محمد على مصيلحى
بكالوريوس الطب والجراحة ، عين شمس
طبيب مقيم زائر
مستشفيات جامعة الإسكندرية
قسم طب وجراحة العين
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مدرس طب وجراحة العين
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For her experience in the field of pediatric
ophthalmology

وذلك لخبرتها في مجال عيون الاطفال

INTRODUCTION

Congenital and developmental eyelid abnormalities are among the most challenging problems encountered by the reconstructive surgeon.⁽¹⁾

Eyelid abnormalities in children may present at birth as a result of abnormal embryogenesis (congenital) or they may occur at later stages as the child matures (developmental). These eyelid abnormalities include entropion, ectropion, ptosis, lid retraction, epicanthal folds, blepharophimosis, colobomas, cryptophthalmos and canthal dystopias.⁽¹⁾

If the lid covers a part of the visual axis, the child's visual development can be affected which could lead to amblyopia. This may occur in a child with ptosis if the lid is drooping severely enough to block vision or cause astigmatism. Ptosis can also hide a misalignment or crossing of the eyes which can also cause amblyopia. If not treated early in childhood the child's vision will be permanently reduced as a result.⁽²⁻⁴⁾

Additional considerations include social factors regarding the child's self-awareness of their deformities and specific anesthetic concerns related to their pediatric problems which are often multisystem in nature.⁽⁵⁾

Infants may develop entropion due to infection or even muscle weakness, but it's more likely to be a result of congenital epiblepharon or congenital entropion. Either one of these congenital conditions are likely to result in incorrect development of the lower eyelid's retractors.⁽⁶⁾

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Some of eyelid malformations are rare as coloboma and congenital ectropion, but its early detection can lead to early detection of multisystem anomalies.⁽⁷⁾

The worldwide incidence of congenital anomalies is estimated as 3-7%, but actual values varies widely between countries.⁽⁸⁾

The pediatric population has unique ophthalmologic needs. Challenges that are intrinsic to the detection of eye disease in the pediatric children to describe symptoms that indicate pathology. These difficulties highlight the importance of screening in the pediatric population.⁽⁹⁾

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AIM OF THE WORK

The aim of the work is to study the prevalence and modalities of treatment of congenital and developmental eyelid anomalies in patients attending the pediatric ophthalmology clinic in Alexandria University Main Hospital.

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SUBJECTS

Screening of all the patients attending the ophthalmology pediatric clinic of Alexandria Main University Hospital under age of 15 years during a period of six months beginning from December 2013.

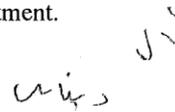
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METHODS

In this study we will assess the prevalence, relative frequency and nature of congenital eyelid malformations among Egyptian infants and children as well as the associated maternal, parental and neonatal risk factors.

- Detailed history taking as regards age, sex and family history.
- History of other congenital anomalies.
- Full ophthalmologic examination to detect lid and other ocular anomalies.
- Referral of the discovered cases to the oculoplastic unit for further assessment and treatment.

ETHICS OF RESEARCH**Research on human or human products:**

- Prospective study: informed consent will be taken from patients. In case of incompetent patients the informed consent will be taken from the guardians.
- Retrospective study: confidentiality of records will be considered.
- DNA/genomic material: informed consent for DNA / genomic test and for research will be taken from patients. No further test will be carried out except with further approval of committee and patients. If the samples will travel outside Egypt the researcher will be responsible for transportation and security approval.
- All drugs used in the research are approved by the Egyptian Ministry of Health.

Research on animal:

- The animal species are appropriate for the test.
- After test, if animal will suffer, it will be euthanized and properly disposed.
- After operation, it will have a proper postoperative care.

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RESULTS

The results will be tabulated and analyzed to fulfill the aim of the work.

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DISCUSSION

The findings of the study will be discussed in the view of achievement of the aim. The significance of the findings and their comparison with other works in the same field of research will be discussed.

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REFERENCE

1. Katowitz WR, Katowitz JA. Congenital and developmental eyelid abnormalities. *Plast Reconstr Surg* 2009; 7(1):124.
2. Guercio JR, Martyn LJ. Congenital malformations of the eye and orbit. *Otolaryngol Clin North Am* 2007; 40(1):113-40.
3. Berry-Brincat A, Willshaw H. Paediatric blepharoptosis: a 10-year review 2009; 23(7):1554-9.
4. Cuttone JM, Durso F, Miller M, Evans LS. The relationship between soft tissue anomalies around the orbit and globe and astigmatic refractive errors: a preliminary report. *J Pediatr Ophthalmol Strabismus* 1980; 17(1):29-36.
5. Singh YP, Gupta SL, Jain IS, Gupta A, Bhakoo ON. Congenital ocular abnormalities of the new born 1980; 17(3):152-5.
6. Howard GR. Eyelid retraction. In: Yanoff M, Duker JS, eds. *Ophthalmology*. 3rd ed. St. Louis, Mo: Mosby Elsevier 2008; 12(4):22-9.
7. Pratibha A, Ankola MD, Hisham Abdel-Azim MD. Congenital Bilateral Upper Eyelid Coloboma in *Journal of Perinatology* 2003; 23(1):66-7.
8. Robinson D, Harley, Leonard B, Nelson, Scott E, Olitsky M. *Diagnosis and Management of Pediatric eyelid disorders Harley's pediatric ophthalmology* 2005; 11(5):371-5.



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9. The OPCS Monitoring scheme for congenital malformations: a review by a working group of the Registrar General's Medical Advisory Committee 1995; 43(4):19-22.



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ARABIC SUMMARY

المخلص

الأطفال هم بهجة الحياة بما لهم من قيمة خاصة للعالم. الكشف المبكر علي عيونهم له اهمية خاصة ويمثل تحديات عدة. وتتمثل هذه التحديات في كثرة اعدادهم وعدم قدرتهم على التعبير عن اعراضهم المرضية. ومن هنا تتمثل اهمية المسح الطبي لعيون الاطفال.

ويسير المسح الطبي لعيون عيادة عيون الاطفال على نفس طرق ومناهج كل انواع المسح الطبية. وهذا ما دعي منظمة الصحة العالمية الي ارساء قواعد لأي مسح طبي وتشمل أن يكون المرض له معدل انتشار معقول وله تأثير سلبي علي صحة الانسان.

ويساعد الاكتشاف المبكر والعلاج لحالات تشوهات الجف الخلقية علي منع حدوث كسل لعيون الاطفال ويساعد علي ثبات حدة الابصار.

وكان الهدف في هذا البحث هو دراسة مدي انتشار وطرق علاج تشوهات الجفن الخلقية والتطورية. واجرى الفحص بطريقة بسيطة وسريعة وسهله التنفيذ وتقبلها بشكل جيد من قبل المرضى بعد اخذ موافقة شفهييه من اسرهم وتم الفحص في عيادة عيون الاطفال بالمستشفى الرئيسي الجامعي لكلية طب الاسكندرية في الفترة بين ديسمبر ٢٠١٣ حتي مايو ٢٠١٤

وقد شملت الدراسة ٩٤٨٤ طفلا تتراوح اعمارهم ما بين اسبوعان وخمسة عشر عام بمتوسط ٣,٦٣ عام

واسفرت الدراسة عن اكتشاف العيوب الخلقية والتطورية للجفن في ثمانين مريضا باجمالي ٩٩ عينا مما يمثل معدل ثمانية اطفال لكل الف طفل ولم يكن هناك اختلاف جوهري لنسبه حدوث التشوهات في كلا الجنسين من الاطفال كما لم توجد اي علاقه بزواج الاقارب بين الابوين.

وقسمت الحالات الي ثلاثة مراحل عمرية :

شملت المرحلة العمرية اقل من سنة ٢٨٤٥ طفلا (٥٦٩٠ عين) بلغ عدد التشوهات ستة وعشرين عينا بمعدل انتشار ٤,٦ لكل الف ممثلا ٢٦,٣ % من اجمالي الاعين المصابه بتشوهات العين الخلقية مقسمين كالتالي: ٣ اعين مصابه بارتخاء الجفن، ١٠ اعين مصابه بالشقاق، ١٠ اعين مصابه بالكيس الجلداني، عين واحدة مصابه بالعين الارنبية وعينتان مصابتان ب تباعد الموقين.

وشملت المرحلة العمرية من سنه الي اقل من خمس سنوات ٣٣١٩ طفلا (٦٦٣٨ اعين) بلغ عدد التشوهات سنه وثلاثون عينا بمعدل انتشار ٥,٤ لكل الف ٣٦,٤ % من اجمالي الاعين المصابه بتشوهات العين الخلقية مقسمين كالتالي: ٢١ اعين مصابه بارتخاء الجفن، عين واحده مصابه بالشقاق، عين واحده مصابه بكيس جلداني، عين واحده مصابه ب ورم وعائي دموي، عينتان مصابتان ب التصاق ملتحمي، ٤ اعين مصابه ب متلازمة كون رومانو و ٦ اعين مصابه ب ورم شحمي جلدي

وشملت المرحلة العمرية من خمسه الي اقل من عشرة اعوام علي ٢٢٨١ طفل (٤٥٦٢ اعين) بلغ عدد التشوهات تسعه وعشرون عينا بمعدل انتشار ٦,٣ لكل الف ٢٩,٣ % من اجمالي الاعين المصابه بتشوهات العين الخلقية مقسمين كالتالي: ٢٦ اعين مصابه بارتخاء الجفن، عين واحده مصابه بالشقاق وعينتان مصابتان بكيس جلداني.

وشملت المرحلة العمرية من عشره الي اقل من خمسه عشر عاما علي ١٠٣٩ طفل (٢٠٧٨ اعين) منهم ٨ اعين مصابه بتشوهات الجفن بمعدل انتشار ٣,٨ لكل الف ٨% من اجمالي الاعين المصابه بتشوهات العين الخلقية مقسمين كالتالي: ٤ اعين مصابه بارتخاء الجفن، عينتان مصابتان بكيس جلداني وعينتان مصابتان بازواجيه التشعر.

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معدل انتشار عيوب الجفن الخلقية والتطورية في المستشفى الجامعى الرئيسى بالاسكندرية

مقدمة من

ايمان محمد مصيلحى

بكالوريوس الطب والجراحة - جامعة عين شمس، ٢٠٠٥

للحصول على درجة

الماجستير

فى

طب و جراحة العين

موافقون

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لجنة المناقشة والحكم على الرسالة

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معدل انتشار عيوب الجفن الخلقية والتطورية في المستشفى الجامعي الرئيسي بالاسكندرية

رسالة علمية

مقدمة إلى كلية الطب - جامعة الإسكندرية
إستيفاء للدراسات المقررة للحصول على درجة

الماجستير

في

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