

Eye Issues and Treatment in Marfan Syndrome and Stickler Syndrome

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The Marfan Eye

Marfan Patients could sustain all eye diseases as in general population, but specifically:

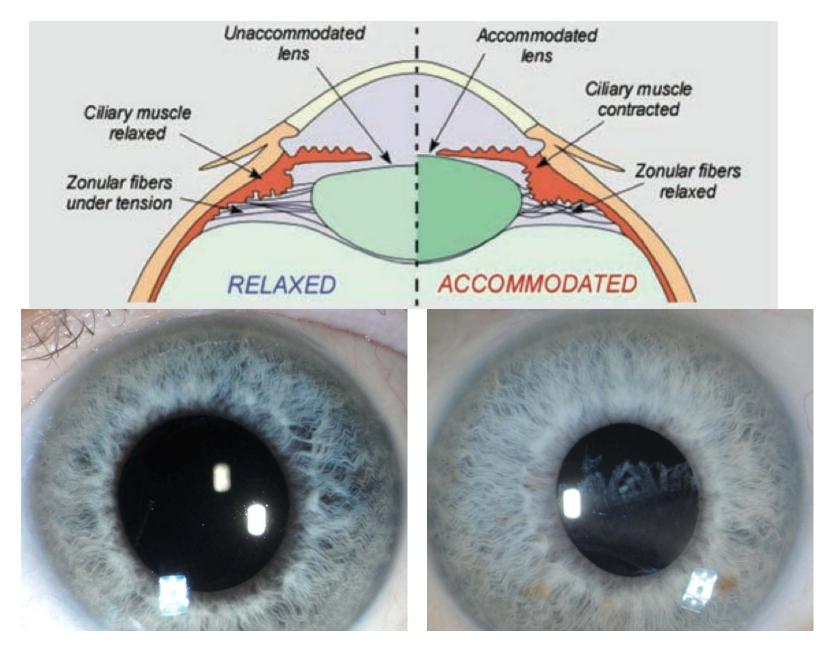
Major problems

- Dislocated lenses 60%
- Pre-senile cataract 10-20 years earlier than general population
- Retinal detachment 10%
- Glaucoma 30%

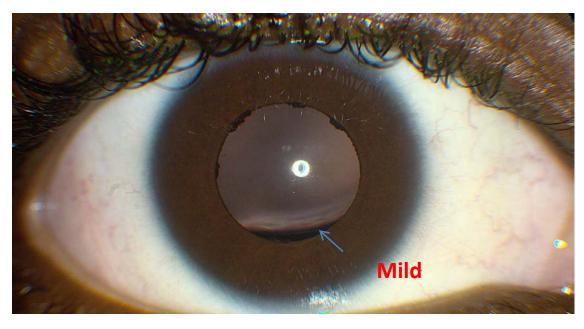
Minor problems

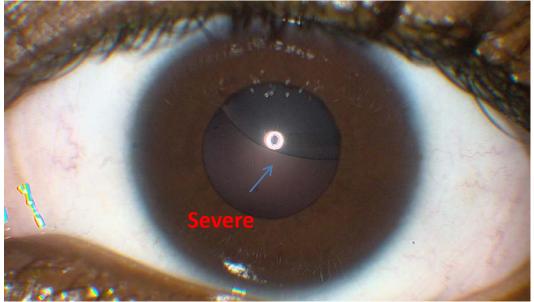
- Refractive errors
- Amblyopia
- Strabismus
- Iris hypoplasia and poor pupil dilation

Dislocated Lens

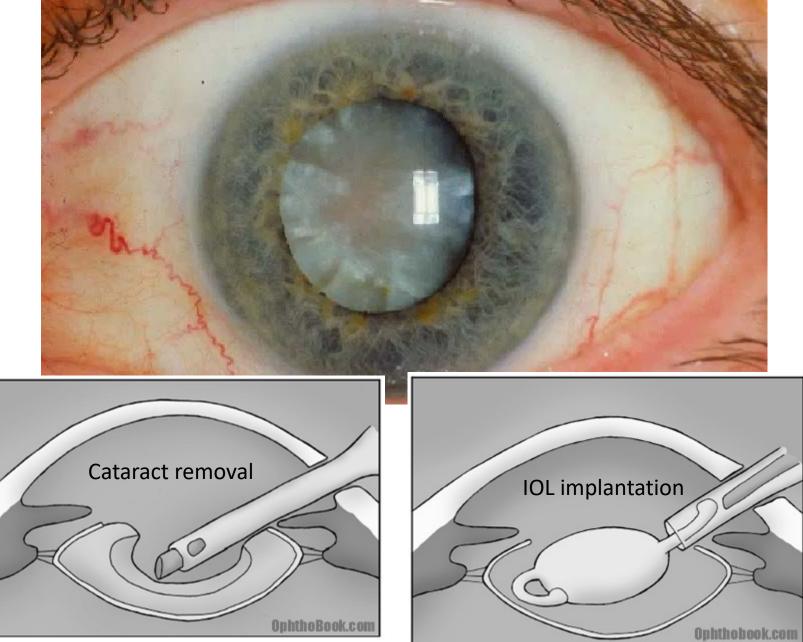


Dislocated Lens

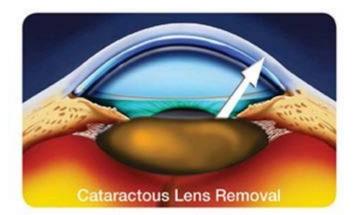


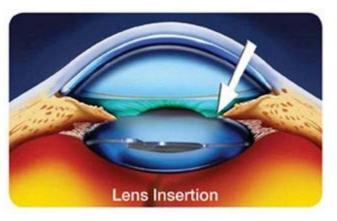


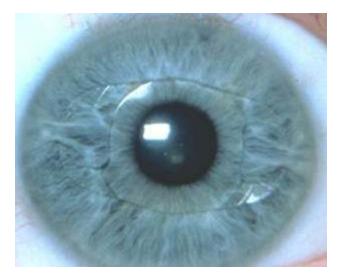
Cataract

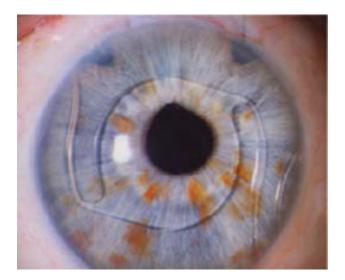


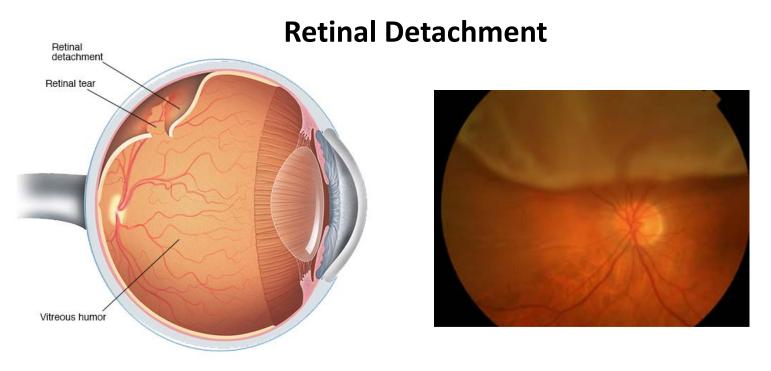
Difficulty with cataract surgery in Marfan patients





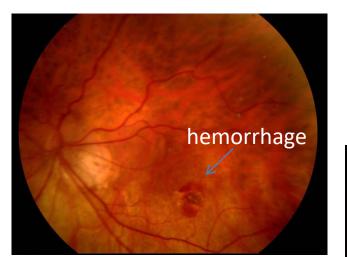








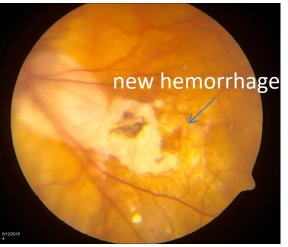
Complications of retinal detachment



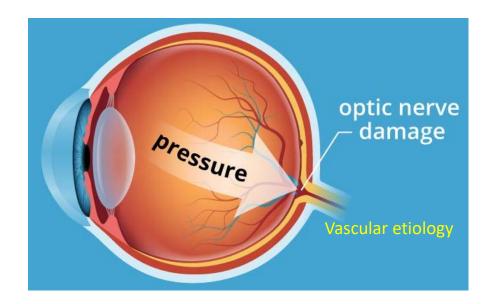




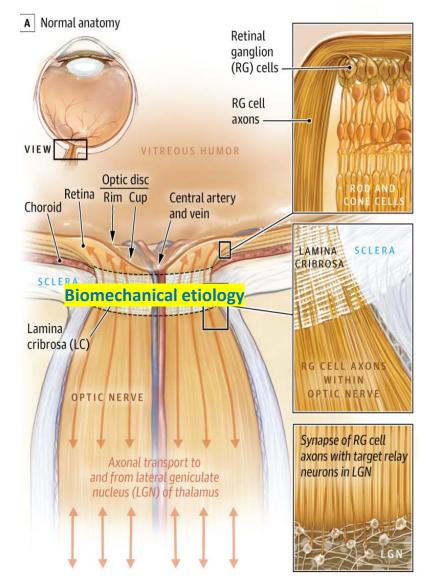




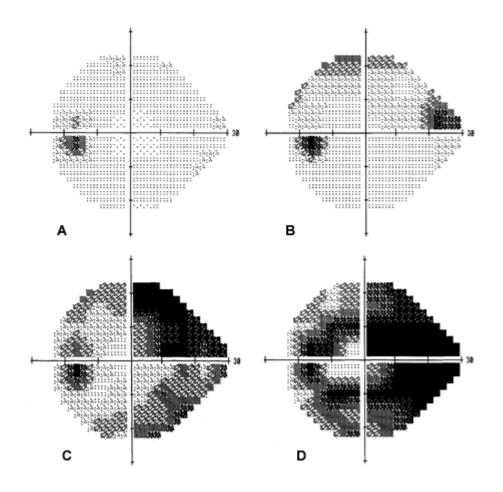
Glaucoma







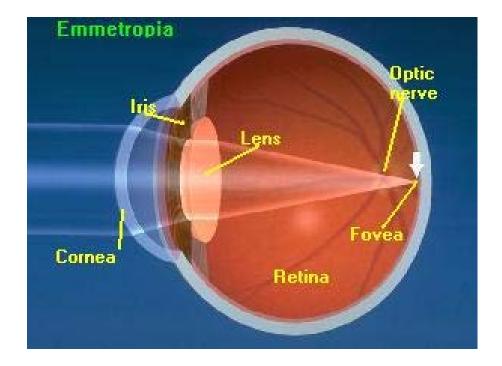
Glaucoma is a progressive disease



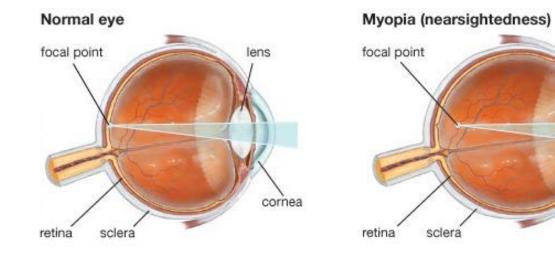


Humphrey Visual Field testing

Refractive Errors



Myopia



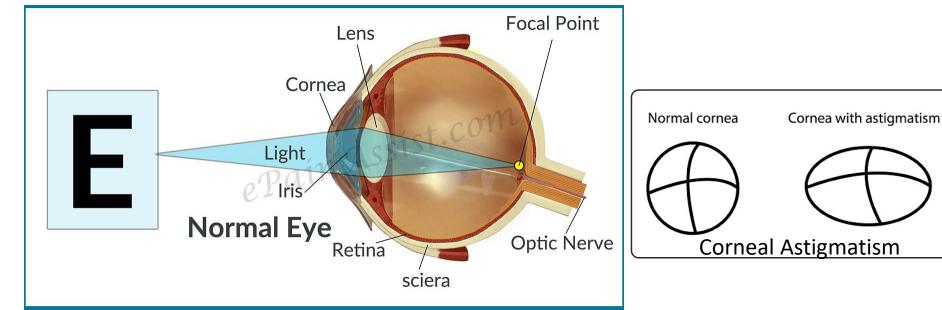
Normal Eye

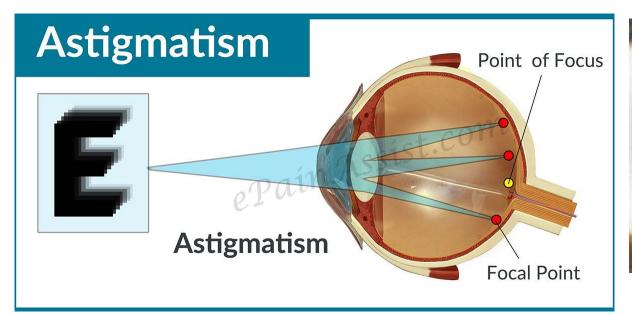
Marfan Eye

lens

cornea

Astigmatism



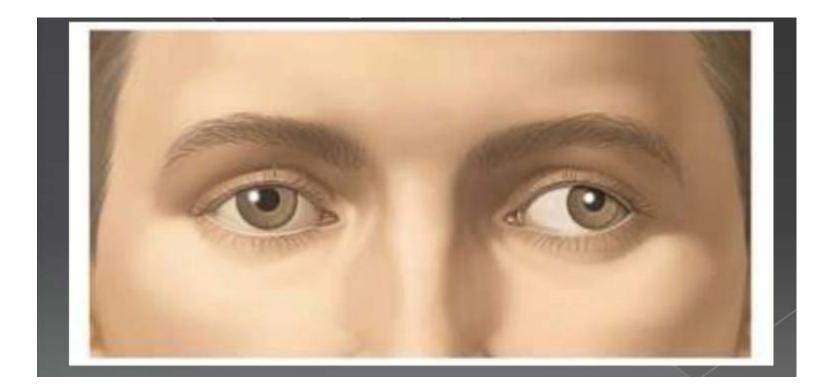




Amblyopia: lazy eye



Strabismus



Common Features between Marfan Eye and Stickler Eye

Marfan Patients could sustain all eye diseases as in general population, but specifically:

- Dislocated lenses 60%
- Pre-senile cataract 10-20 years earlier than general population
- Retinal detachment 10%
- Glaucoma 30%

Stickler Patients could sustain all eye diseases as in general population, but specifically:

- Myopia 83%
- Retinal detachment 45%
- Cataract 36% (STL1) and 59% (STL2)
- Glaucoma 10%

The Stickler Eye

Ophthalmic Genet. 2020 Apr 21:1-12. doi: 10.1080/13816810.2020.1747092. [Epub ahead of print]

Ocular complications and prophylactic strategies in Stickler syndrome: a systematic literature review.

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Abstract

Background: Stickler syndrome is a collagenopathy caused by mutations in the genes COL2A1 (STL1) or COL11A1 (STL2). Affected patients manifest ocular, auditory, articular, and craniofacial manifestations in varying degrees. Ocular symptoms include myopia, retinal detachment, cataract, and glaucoma. The aim of this systematic review was to evaluate the prevalence of ocular manifestations and the outcome of prophylactic treatment on reducing the risk of retinal detachment. **Method**: A systematic literature search was performed in the PubMed database. Information on the cross-study prevalence of myopia, retinal detachment, cataract, glaucoma, visual impairment, severity and age of onset of myopia and retinal detachments. Studies that reported on the outcome of prophylactic treatment against a control group were explored. **Results**: 37 articles with 2324 individual patients were included. Myopia was found in 83% of patients, mostly of a moderate to severe degree. Retinal detachments occurred in 45% of patients. Generally, the first detachment occurred in the second decade of life in STL1 patients and later in STL2. Cataracts were more common in STL2 patients, 59% versus 36% in STL1. Glaucoma (10%) and visual impairment (blind: 6%; vision loss in one eye: 10%) were rare. Three studies reported on the effect of prophylactic treatment being protective. **Conclusion**: Ocular manifestations are common in Stickler patients, but the comparison

Conclusion: Ocular manifestations are common in Stickler patients, but the comparison between studies was difficult because of inconsistencies in diagnostic and inclusion criteria by different studies. Sight-threatening complications such as retinal detachments are common but although prophylactic therapy is reported to be effective in retrospective studies, evidence from randomized trials is missing.

Goals of ocular management

- Excellent and equal vision in both eyes
- Straight eyes
- Controlled glaucoma
- Prevention or treatment of retinal detachments
- Informed patients and families



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