POSTERIOR POLYMORPHOUS DYSTROPHY

This is a genetically inherited disorder of the cornea or the window to the eye however no previous history may be noted.. It is inherited in an Autosomal dominant with incomplete penetrance (a few with autosomal recessive inheritance). Often relatives may have this as well and thus may run in families. Hence checking relatives or advising them to have their optometrist to check their corneas may help.

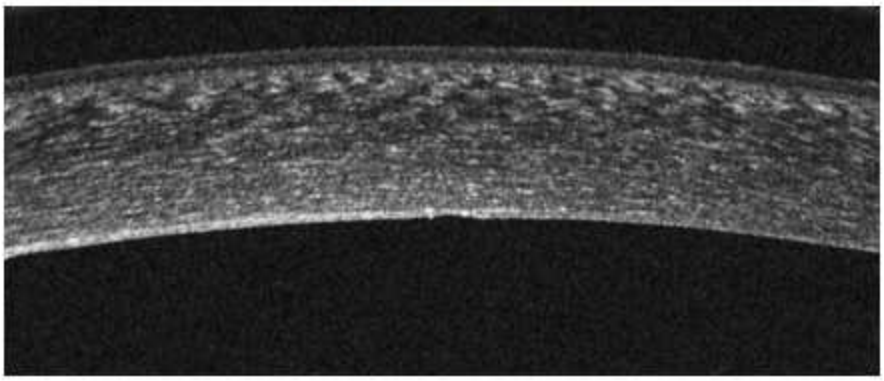
It may affect both eyes or just one. As below the case one eye is affected, but the other eye is not. This was identified not until the patient was 60 years Plus.

It appears to the Doctor examining your eye as Deep nodular grey white lesions or bands resembling snail tracks. It is at the deep endothelial layer of the cornea of the eye. It is not visible by the naked eye or by yourself.

PATHOLOGY

Endothelial cells capable of cell division resulting in plaques or bands of thickened Descemet's membrane. Glaucoma (Raised pressure) can result from cells spreading over the trabecular meshwork from iridocorneal adhesions. Prominent corneal nerves are also present.

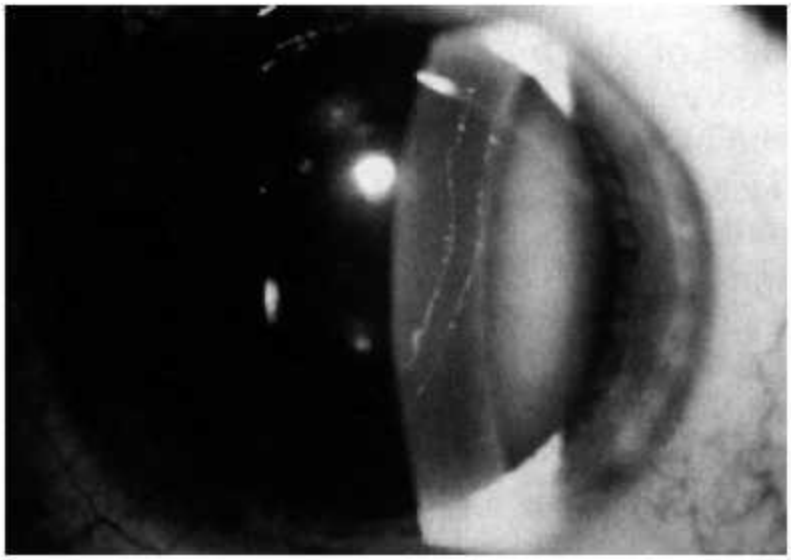
This photograph shows the typical posterior striae that are seen on the inside of the cornea.



Here on the Optical Coherence Tomography one can see the striae and the thickening in Descemet's membrane.

It is associated with Glaucoma (15%) and thus an annual eye check for IOP is recommend.

Other rare conditions such as Anterior segment dysgenesis or Posterior keratoconus may occur.



MANAGEMENT

Usually NO treatment required but monitor for changes and raised eye pressure. Your optometrist can do this for you. In very severe and rare cases a corneal graft may be needed to restore the vision should it be affected.

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