Axenfeld-Rieger Syndrome

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We report the case of a patient aged 47 who consult for a decrease in visual acuity. Examination of the anterior segment spotting unilateral irrido-trabecular dysgenesis of the right eye with abnormal visibility of the schwalbe line corresponding to a posterior embryotoxon and associated angular abnormalities (Figures 1-3).

The eye tone measured with Goldmann tonometer showed 14 mmHg in the right eye and 15 mmHg in the left eye. The examination of the fundus of the eye finds symmetrical morphology of the optic discs without pathological papillary excavation.

Figure 1: Embryotoxon on the temporal side of the right eye.

Figure 2: Embryotoxon on the nasal side of the right eye.

The remainder of the somatic examination reveals no abnormality associated especially the absence of dental malformation. Chronic glaucoma is seen in 50% of patients [1]. The diagnosis of Axenfeld-Reiger syndrome uncomplicated of chronic glaucoma has been established, despite the absence of signs of Rieger [1]. No treatment has been established. Regular checks have been proposed to detect any complications including glaucoma.

Figure 3: Angular abnormalities of the right eye.

This syndrome is inherited as an autosomal dominant manner. It is found that 2 genes are mainly involved in the transmission; *PITX2* gene in 4q25, present in 10-60% of patients, mainly associated with systemic alterations such as dental malformations [2,3].

The other gene responsible is *FOXC1* located in 6q25, present in 50% of cases and manifested by ocular alterations, especially glaucoma [2-4]. The differential diagnosis arises with the Peters anomaly which consists of a defect of the posterior surface of the cornea associated with a stromal opacity. Currently, it is sugge all

4. Honkanen RA, Nishimura DY, Swiderski RE, Bennett SR, Hong S, et al. (2003) A family with Axenfeld-Rieger syndrome and Peters anomaly caused by a point mutation (Phe112Ser) in the FOXC1 gene. Am J Ophthalmol 135: 368-375.

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