

Case presentation 2: ALBINISM

Baby ABC, 6 year old female child was referred to the Low Vision clinic by paediatric ophthalmologist for low vision evaluation and management. She was diagnosed to have Ocularcutaneous albinism and Nystagmus.

The child was accompanied by her parents and she was 2nd child of 3 siblings. Gross observation revealed child was unable to maintain eye contact, she had mild right face turn while fixating at any object. She was studying in regular school, 2nd standard student; her sitting position was on 5th bench in the right extreme row.

Parent's chief complaint was child was not paying attention in the study and she was not writing from the black board in the school. Parents informed that child was very fair skinned out of 3 sibling and her eyes were moving constantly. She could not maintain eye contact for long and her gaze were shifting very rapidly. While watching TV she chooses to sit very close. Birth history was normal and had no unwanted events. No history of consanguinity or any other sibling suffering from same problem. Her ocular history revealed no prior eye examination, ocular surgery and use of low vision devices. Her medical history was not significant.

Low Vision Evaluation:

- **Task related history:** child had difficulty while copying from board, watching TV. While reading she turns her face on right. She faced difficulty in bright sunlight and has photophobia and glare problems. She did not complaint of mobility issues.
- **Visual Acuity:**

Distance: (LVRC Sloan letter chart) OD= 1.00 Log MAR, OS= 0.9 Log MAR, OU= 0.8 Log MAR.

Near: (LVRC English chart) OD= 1 M, OS= 1.25 M, OU= 0.8 M at 8-10 cm.

- **Refraction:**

Net Retinoscopy: OD: -5.50Ds, **OS:** -5.50Ds

Acceptance: OD: -5.00 DS, 0.6 Log MAR, **Near VA** 1M @ 10 cm.

OS: -5.25 DS, 0.62 Log MAR, **Near VA** 1M @ 10 cm.

OU: 0.58 Log MAR, 0.8M with Face turn

- **Colour vision:** OU= Basic colour discrimination present.
- **Visual field and Amsler chart:** unable to test as child is having nystagmus.
- **Cover test:** Orthophoria with nystagmus
- **Nystagmus Observation:** pendular with null zone in left gaze. Dampens on convergence.
- **Contrast sensitivity function test:** (Lea contrast flip cards) OU= 10% at 1 meter.
- Glare test: child was comfortable with dark grey filter and peak cap in sunlight.
- **Low vision device trial for distance vision:**

OS = 4x monocular telescope on the new refractive error correction and right face turn,

Distance VA improved till 0.2 Log MAR. Overall child's response was good. She was able to localize and fixate the object. He could smoothly scan and tract letters on the chart.

Low vision Rehabilitation and Management:

- Nature and progression of the disease was explained to parents.
- Refractive error was prescribed with dark grey photochromic tint for the constant use.
- 4X monocular telescope were dispensed after black board training.
- Peak cap, sunscreen lotion with SPF more than 14 and umbrella was asked to be used when out in sun.
- Advised to wear long sleeves cotton clothes while out in sun.
- Approach magnification was explained while watching TV or studying.
- Letter to school teacher was given for school sitting modification and use of telescope while black board viewing.
- Referred for genetic counselling with parents.
- Follow up visit was given after 1 month / sos.