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CASE REPORT

A Baby Girl Born with Bilateral Congenital Cataract to A Mother with Unilateral Congenital Cataract Treated in Childhood

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ABSTRACT

We hereby disseminate a case of a baby girl, who at ten months of age received MMR vaccine but was discovered to later have unilateral congenital cataract at eight years of age. At 25 years, she was married giving birth to a baby boy who had normal vision. Unfortunately, the second baby girl was detected to have bilateral cataract for which the baby at four months of age underwent lens aspiration and anterior vitrectomy of both eyes at a gap of one week. A month later a glass with bilateral +21 Diopters were prescribed. She is planned for intraocular lens implant at around four years of age. She is on currently on visual rehabilitation and treatment for amblyopia Learning lesson from this case being the fact that congenital cataract may run in family and may impart vision deprivation in the offspring; therefore, the importance of preconception counseling is important.

Keywords. *Congenital bilateral cataract, intraocular lens implant, visual rehabilitation*

INTRODUCTION

It is said the sooner the better for diagnosing congenital cataract. If at all missed in the labor room, at least needs to be detected in postpartum room for timely intervention for the best outcome of visual acuity. Removal of dense cataract is usually undertaken before six to ten weeks of birth in case of a unilateral / bilateral cataract respectively aided by prescription of high-power glasses + 18 to + 21 diopters until around 3 to 4 years of age when the baby is ready for intraocular lens implant.[1]

Sadly, in our part of the world newborns are hardly seen by neonatologist routinely unless they are privileged to be born in a tertiary care center. Many babies born with congenital cataract will be diagnosed at a later age when family members guess the problem of vision. Here's a mother whose own congenital cataract came to light as late as eight years of age and gave birth to a baby girl with bilateral congenital cataract.

CASE

A 30-year F/woman, married at 25 years and a multipara G2P1, DOB of first cesarean born baby boy on 2019 Jan 14 (2075 09 30) for cord around neck, alive and well with birth weight 3.7 Kg, was pregnant for the second time. In the index pregnancy, she attended antenatal clinic, first visit on March 25 2021 (2077/12/12) at 8+2 days period of gestation (POG) [according to LMP: Jan 23 2021 (2077/10/10) – EDD: Nov 3 2021 (2078 /07/17). She weighed 67 kg and USG determined intrauterine pregnancy that corresponded to 7-8 wk gestational age (GA). She had normal antenatal investigation and blood group was AB positive. She also tested negative for CoV-2 (Oct 20, 2021).

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Subsequent antenatal visits were on following weeks (wks) of gestation: 14, 19 (with normal anomaly scan), 26, 34 and 37 (BPD of 9.4 cms) with weight gain of 6 Kg.

A repeat CS was done on 21 Oct 2021 (2078/7/4) for G2P1 at 38 wks pregnancy with previous CS and big baby that resulted in A S/L/baby girl, with birth weight of 4kg.On second week postpartum, she recovered from postpartum ARDS and postpartum hypertension (BP150/90). Baby was on exclusive breast feedings.

However, in the coming months, mother suspected vision problems in the baby girl. The mother was able to appreciate this as she herself had undergone unilateral cataract surgery at the age of eight years in Til Ganga Hospital. Mother, as a baby had been immunized against measles, mumps, and rubella (MMR), vaccine received at 10 months due to one-month of post measles infection at nine months.

A diagnosis of congenital bilateral cataract was made at four months of age. Echo was done which was normal. Lens aspiration and anterior vitrectomy of the Rt Eye first followed by the Lt Eye, at a gap of one week was completed with provision of eyeglasses (+21 diopter) after a month (fig1). Bilateral Intraocular Lens implantation has been planned at around four years of age.

DISCUSSION

Congenital cataract has a diverse etiology aside from the commonly attributed cause of primary maternal rubella infection. [1]Thirty primary maternal rubella infections contracted during the early intrauterine life (mainly in the first trimester of pregnancy), cited in 31 studies wherein 15 - 20 % were known to bring about " congenital rubella syndrome (CRS) " comprising of congenital cataracts, glaucoma, impaired hearing, intellectual disability or cardiac anomalies.[2,3]

A mother with unilateral cataract treated at eight years of age, who later happened to give birth to a baby girl diagnosed with bilateral cataract at four months; is reported herewith as an example of autosomal dominant inheritance.

Sadly, this is a case of bilateral congenital cataracts inherited by newborn from her mother who suffered unilateral congenital cataract too as a child but was managed at eight years of age. Luckily, this time because of prior experience, the baby's defective vision came under notice by mother and her grandmother in time.

The optical correction of aphakia, post removal of the cataract with the placement of an artificial intraocular lens implant is the recommended established practice in children over two years of age.[3,4]

The picture-perfect management of congenital dense cataracts in appropriate timing or early surgery followed by aggressive optical rehabilitation consisting of refined pre, intra-and postoperative management aspects of care has substantially improvised over the years. Yet outcomes such as deprivation amblyopia, nystagmus, strabismus and glaucoma remain as small possibilities.[3] Moreover, owing to congenial cataract, related early and extended bilateral visual deprivation may exhibits profound consequences on the subsequent development of spatial visual processing or remarkable resilience on temporal processing sensitivities are noted.[4]

CONCLUSION

It is imperative that those mothers with history of congenital cataract must be adequately counseled for the possibilities of repetition of similar happening in her offspring and let her choose what she best wants.

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