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METHODS

Double trouble—A rarest of rare scenario

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A 60-year-old man who could not fully close his left eyelid and felt alien bodies in both of his eyes visited the ophthalmology department.

Keywords: eye, rare, cilia, familial, traumatic

Case history

A man who had previously experienced the feeling of a foreign body in both eyes and been unable to fully close the left eyelid for three months visited the ophthalmology department. Old records brought by him showed that he had suffered from Bell's palsy (left side) three months back, for which he was prescribed a tablet of Prednisone 60 mg once a day for seven days without tapering. He had also been on carboxymethylcellulose eye drops and ointments for the past 3 months. No other noteworthy prenatal, surgical, familial, traumatic, or drug abuse history existed.

Physical examination

His greatest corrected visual acuity was 6/6 in both of his eyes, according to an ocular checkup. His fundus, ocular motions, color vision, intraocular pressure, and pupillary responses were all bilaterally normal. There was an inability to fully close the left eye (lagophthalmos) with bilateral arcus senilis. The classic and surprising finding in both his eyes was a single prominent hair starting from the middle of the eyebrow and touching the inferior aspect of both the corneas (**Figure 1**). It was one of the causes of his foreign body sensation, besides dry eyes. His general

physical examination, systemic examination, and routine blood profile were normal.

To the best of our knowledge, and based on a thorough online investigation, this is most likely a unique case.

Discussion

Hypertrichosis is the medical term for excessive body hair growth (1). Increased eyelash length, curling, coloration, or thickening are all examples of eyelash trichomegaly (2). Cases of generalized eyebrow trichomegaly and eyelashes have been reported in the literature (3, 4). Eyelash trichomegaly can be caused by various agents and pathologies (5). Trimming, shaving, plucking, waxing, neodymium: yttrium–albumin–garnet (Nd:YAG) laser, and topical effornithine have been used as treatment modalities.

Patient outcome

The patient was started on a standard dry eye treatment protocol. His prominent eyebrow was also removed. Subsequent follow-up showed an improvement in his signs and symptoms.



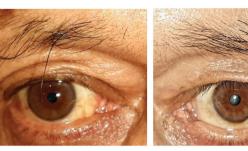


FIGURE 1 |

References

- 1. Saleh D, Yarrarapu S, Cook C. Hypertrichosis. *StatPearls [Internet]*. Treasure Island, FL: StatPearls Publishing (2022).
- 2. Kaur S, Mahajan B. Eyelash trichomegaly. *Indian J Dermatol.* (2015) 60:378–80.
- 3. Goksugur N, Karabay O. Eyelash and eyebrow trichomegaly induced by interferon-alfa 2a. *Clin Exp Dermatol.* (2007) 32:583-4.
- Miguel-Gomez L, Vano-Galvan S, Garrido-Lopez P, Jaen-Olasolo P. Afatinib- induced hypertrichosis of the eyelashes and eyebrows. *Indian J Dermatol Venereol Leprol.* (2016) 82:192–3.
- Dalal A, Sharma S, Kumar A, Sharma N. Eyelash trichomegaly: a rare presenting feature of systemic lupus erythematosus. *Int J Trichol.* (2017) 9:79–81.
- Pavone P, Praticò A, Falsaperla R, Ruggieri M, Zollino M, Corsello G, et al. Congenital generalized hypertrichosis: the skin as a clue to complex malformation syndromes. *Italian J Pediatr.* (2015) 41:55.