Ophthalmic Images

Morning Glory Syndrome in a Newborn Aged 2 Weeks

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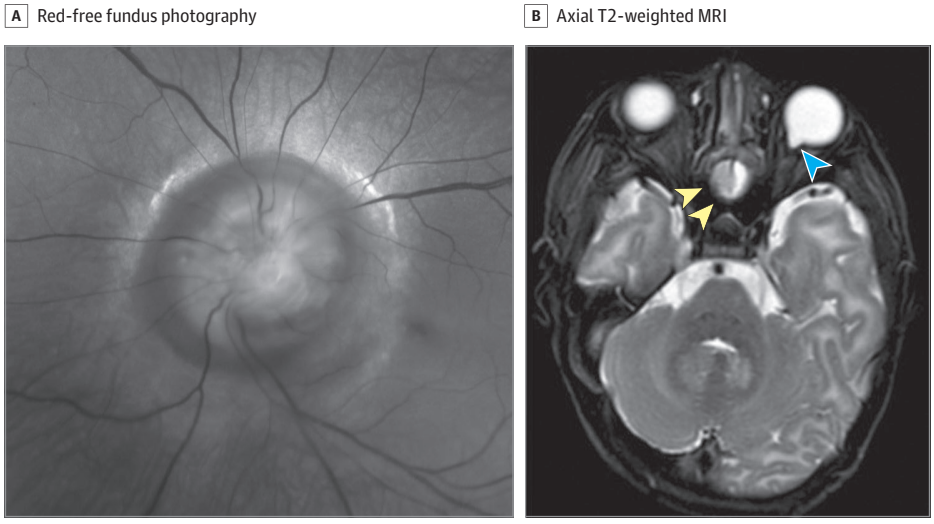

Figure. Red-free fundus image and magnetic resonance imaging (MRI) scan of a male newborn with morning glory syndrome. A, Red-free fundus photography shows the morning glory disc anomaly. B, Axial T2-weighted MRI image shows a funnel-shaped morphologic pattern of the left optic disc (blue arrowhead) and frontonasal encephalocele (yellow arrowheads). Asymmetric appearance of brain parenchyma is due to head tilting.

A 2-week-old newborn was referred to a pediatric ophthalmology department for divergent strabismus. The infant had a superior cleft lip, hypertelorism, and a morning glory disc anomaly in the left eye (**Figure**, A). Family history and prenatal karyotype test results were unremarkable. A magnetic resonance imaging scan of the brain revealed a funnel-shaped optic disc in the left eye with ipsilateral prechiasmatic optic nerve thickening and a skull base defect with sphenoethmoidal encephalocele and ectopia of the gland (Figure, B). A diagnosis of morning glory syndrome[1] was made because systemic findings were associated with the optic disc anomaly. The patient needed surgical intervention to correct the herniated tissue and the skull defect, which was postponed until the infant weighed over 7 kg. Morning glory disc anomaly is frequently associated with midline defects[2] and cerebrovascular anomalies.[3,4] Early interdisciplinary evaluation, including neuroimaging, would seem important to rule out potential brain and basal skull defects that can lead to serious surgical complications if not diagnosed in time.

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Conflict of Interest Disclosures: None reported.

Additional Contributions: We thank the patient's mother for granting permission to publish this information and Laura Dell'Arti, MD, and Francesco Viola, MD (Ospedale Maggiore Policlinico), and Ilaria Cocchi, MD, Irene Degrassi, MD, and Chiara Doneda, MD (Vittore Buzzi Children's Hospital), all of whom contributed to the management of the clinical case. No one was financially compensated for their contribution.

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