

Ocular Manifestations in a Patient with Collagen Type IV Alpha 1 (*COL4A1*) Mutation

Shinji Makino*

Department of Ophthalmology, Jichi Medical University, Shimotsuke, Tochigi, Japan

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*Corresponding author: Shinji Makino

Abstract

Case Report

A 10-days-old girl with fetal ventricular dilatation was referred for ophthalmological evaluation. Magnetic resonance imaging detected dilatation of the lateral ventricles with porencephaly and intracranial hemorrhages in the occipital lobe. Funduscopy revealed increased tortuosity of the retinal arterioles, arteriovenous anastomosis and intraretinal hemorrhage. Exome sequencing revealed a known mutation, c. 2253G>A, p. (Gly555Arg) in collagen type IV alpha 1 (*COL4A1*). During the follow-up period, posterior subcapsular cataract was progressed in the left eye. This is the youngest patient with *COL4A1* mutation documented by fundus photographs to be reported. Fundus examination was useful in visualizing retinal vascular changes in patients with *COL4A1* mutation.

Keywords: Collagen type IV alpha 1 (*COL4A1*), Retinal arteriolar tortuosity, Arteriovenous anastomosis, Intraretinal hemorrhage.

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INTRODUCTION

Mutations in collagen type IV alpha 1 (*COL4A1*) have recently been identified in both a mouse model and families with porencephaly, a rare autosomal dominant condition characterized by cystic brain cavities and cerebral white-matter lesions [1-7]. *COL4A1* mutations have also been found in a single family with small-vessel disease affecting the brain and the eye [1-11]. Here, we describe a 10-days-old girl with *COL4A1* mutation.

Case Report

A 10-days-old girl with fetal ventricular dilatation was referred for ophthalmological evaluation. Magnetic resonance imaging detected dilatation of the lateral ventricles with porencephaly and intracranial hemorrhages in the occipital lobe. Funduscopy revealed increased tortuosity of the second-order retinal arterioles (white arrow), although the first-order arteries and venous system were normal appearance (Figure-1). In addition, arteriovenous anastomosis (yellow arrows) and intraretinal hemorrhage (white arrow head) were also observed. Exome sequencing revealed a known mutation, c. 2253G>A, p. (Gly555Arg) in collagen type IV alpha 1 (*COL4A1*). During the follow-up period, posterior subcapsular cataract was progressed in the left eye.

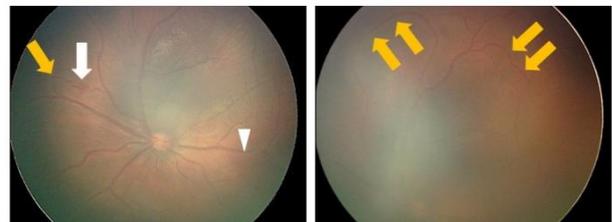


Fig-1: Fundus photographs in the left eye

DISCUSSION

The recognized ocular manifestations with *COL4A1* mutations include cataract, retinal arteriolar tortuosity, strabismus, iris hypoplasia, posterior embryotoxon, corneal opacity, retinal hemorrhage, optic atrophy, microcornea, microphthalmos, glaucoma, high myopia, reduced cone and rod responses, nystagmus, optic coloboma, retinal detachment and hypermetropia [8-11].

Patients with a *COL4A1* mutation have an increased risk for intracranial hemorrhage because of disrupted integrity in the vascular basement membrane due to the mutation [1-7]. To the authors' knowledge, this is the youngest patient with *COL4A1* mutation documented by fundus photographs to be reported. Fundus examination was useful in visualizing retinal vascular changes in patients with *COL4A1* mutation.

CONCLUSION

Although our report is based solely on a patient with *COL4A1* mutation, pediatric neurologists should be aware of an undiagnosed *COL4A1* mutation when a patient presents with retinal vascular changes, such as increased tortuosity, arteriovenous anastomosis and intraretinal hemorrhage.

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