INTRODUCTION
Ectopia lentis is the dislocation or displacement of the natural crystalline lens. Ectopia lentis may occur after trauma or may be associated with ocular or systemic disease. Simple ectopia lentis can occur as a congenital disorder or as a spontaneous disorder later in life. Marfan’s syndrome is the most common cause of heritable ectopia lentis, and ectopia lentis is the most frequent ocular manifestation of Marfan’s syndrome, occurring in approximately 75% of patients. It has a worldwide prevalence rate of approximately 1 per 5,000 live births.

CASE REPORT
An 8-year-old male child born out of non-consanguineous marriage presented to OPD of Ophthalmology with progressive painless decreased vision in both eyes since childhood. Detailed family and medical history was taken which revealed mother had normal hospital based vaginal delivery. In family, sibling and near relatives are normal. On general examination he is tall statured with pectus excavatum, kyphoscoliosis, hypermobile joints, arachnodactyly, and pes planus. On local examination best corrected visual acuity is OD - CF 1/2 metres not improving further, OS - 6/36 not improving further, OU - Near vision reads N8 without glasses. Anterior segment – OU - superotemporal subluxation of lens, pupils are brisk. Fundus showed clear media with normal disc, physiological cup with normal foveal reflex. IOP is within normal limits. Gonioscopy showed open angles. A-scan & B-scan were normal. Patient was referred to department of General Medicine & Cardiology for systemic evaluation.

DISCUSSION
Marfan’s syndrome is a systemic disease with ocular abnormalities occurring in 80% of patients. It is caused by mutation in Fibrillin-I (FBNI) gene on chromosome 15q21.1. Ectopia lentis (50%) being the most common ocular abnormality followed by myopia, astigmatism, iridodonesis, phacodonesis, smal, poorly dilating pupils, retinal detachment. Investigations are made on basis of clinical systemic features, complete ophthalmic slit-lamp, retinoscopy, refraction, detailed fundus examination, and echocardiogram. Diagnosis of Marfan’s is made through Revised Ghent Nomenclature. Diagnosis can be confirmed by genotyping. Medical management involves refractive correction as well as co-management of any associated systemic disease. As this is hereditary, genetic counselling may be indicated. Multiple surgical techniques exist for surgical correction of ectopia lentis. Few of them are lensectomy/vitrectomy with aphakic contact lens, iris fixated IOL etc. Indications for lens extraction were delineated by Nemet et al. In order to prevent complications secondary to aortic root dilatation, beta blockers are most often used.

ABSTRACT
Marfan’s syndrome is a rare genetic disorder with an incidence of 1 in 5000 worldwide. It is an autosomal dominant connective tissue disorder. It is a systemic disease that classically affects cardiovascular, musculoskeletal, and ocular systems. Our paper reports the diagnosis of this rare syndrome in a 8 year old male child based on clinical features.

KEYWORDS: ectopia lentis, marfans syndrome, arachnodactyly, tall stature.
CONCLUSION
Management of patients with Marfans syndrome requires multidisciplinary approach and early diagnosis is important. From the above findings taking aortic criterion , systemic score $\geq 7$, ectopia lentis, he is diagnosed as case of Marfans Syndrome.

REFERENCES