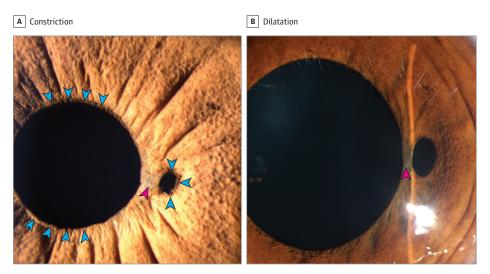
## **Ophthalmic Images**

## Polycoria in a Young Girl

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**Figure**. Left eye with polycoria in constriction (A) and dilatation (B). Sphincter tissue around both pupils is visible (blue arrowheads). Both pupils constrict and dilate. Between the pupils lies a thin bridge of noncontractile tissue (pink arrowhead), presumably a connecting remnant from pinching off and closure of the smaller pupil from the larger one.

A 9-year-old girl in good health was noted to have 2 holes in her left iris on a routine examination. The presence of multiple iris holes is most commonly called *pseudopolycoria*, because only the



Video

central pupil has a sphincter muscle and can constrict. Iris holes without muscle tissue arise as congenital defects or

develop from ocular trauma, inflammation, or degeneration and are thus not considered to be true accessory pupils. Multiple

pupils, also known as *true polycoria*, are distinguished by the presence of a sphincter muscle around each iris hole, permitting synchronous constriction and dilation of the 2 pupils. One presumed mechanism for polycoria is a snaring or pinching off from the margin of another pupil. This patient had a small, oval-shaped accessory pupil, which may have separated from the temporal margin of the central pupil, leaving a thin bridge of nonsphincter connecting tissue (Figure). The Video shows the synchronous movements of the polycoria.

## ARTICLE INFORMATION

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