

NASET Lesser Known Disorders in Special Education Series

Issue # 36 – January 2013

Lesser Known Disorders

Each issue of this series contains at least three lesser known disorders. Some of these disorders may contain subtypes which will also be presented. You will also notice that each disorder has a code. These codes represent the coding system for all disabilities and disorders listed in the [Educator's Diagnostic Manual \(EDM\)](#) Wiley Publications.

Disorders in this issue:

[LD 12.02- Visual Closure Processing Disorder](#)

[VI 6.03- Blepharitis \(Granulated eyelids\)](#)

[OI 1.07- Idiopathic Juvenile Osteoporosis](#)

LD 12.02-Visual Closure Processing Disorder

Disability Category: Learning Disability

Definition

A type of visual processing disorder specifically associated with difficulties in knowing what an object is when only parts of it are visible (Behavioral Neurotherapy Clinic, 2006; National Center on Learning Disabilities, 2004).

Explanation

Difficulties in visual closure can be seen in such school activities as when the young child is asked to identify or complete a drawing of a human face (Behavioral Neurotherapy Clinic, 2006). This difficulty can be so extreme that even a single missing facial feature (a nose, eye, mouth) could render the face unrecognizable by the child.

Symptoms of Visual Closure Disorder include difficulties in:

- recognizing a picture of a familiar object from a partial image. Example: A truck without its wheels
- identifying a word with a letter missing
- recognizing a face when one feature (such as the nose) is missing (Terry, 2001)

It should be noted that medical problems associated with this child's vision have been ruled out as a primary cause of the child's difficulties. The difficulties are in the internal processing of information, not due to a visual impairment.

VI 6.03-Blepharitis (Granulated eyelids)

Disability Category: Visual Impairment

Definition

Blepharitis is a common condition that causes inflammation of the eyelids. The condition can be difficult to manage because it tends to recur (National Eye Institute, 2005).

Explanation

Symptoms of either form of blepharitis include a foreign body or burning sensation, excessive tearing, itching, sensitivity to light (photophobia), red and swollen eyelids, redness of the eye, blurred vision, frothy tears, dry eye, or crusting of the eyelashes on awakening.

Complications from blepharitis include:

- **Stye:** A red tender bump on the eyelid that is due to the effects of an acute infection of the oil glands of the eyelid.
- **Chalazion:** This condition can follow the development of a stye. It is a usually painless firm lump due to the effects of inflammation of the oil glands of the eyelid. Chalazion can be painful and red if there is also an infection.
- **Problems with the tear film:** Abnormal or decreased oil secretions that are part of the tear film can result in excess tearing or dry eye. Because tears are necessary to keep the cornea healthy, tear film problems can make people more at risk for corneal infections (National Eye Institute, 2005).

Blepharitis occurs in two forms:

VI 6.03a-Anterior Blepharitis

Anterior blepharitis affects the outside front of the eyelid, where the eyelashes are attached. The two most common causes of anterior blepharitis are bacteria (*Staphylococcus*) and scalp dandruff.

VI 6.03b-Posterior Blepharitis

Posterior blepharitis affects the inner eyelid (the moist part that makes contact with the eye) and is due to the effects of problems with the oil (meibomian) glands in this part of the eyelid. Two skin disorders can cause this

form of blepharitis: acne rosacea, which leads to red and inflamed skin, and scalp dandruff (seborrheic dermatitis).

OI 1.07 Idiopathic Juvenile Osteoporosis

Disability Category: Orthopedic Impairment

Definition

Osteoporosis literally means “porous bone.” It is a disease characterized by too little bone formation or excessive bone loss or a combination of both. People with osteoporosis have an increased risk of fractures. It is most common in older people, especially older women.

Osteoporosis is rare in children and adolescents. When it does occur, it is usually caused by an underlying medical disorder or by medications used to treat the disorder. This is called *secondary osteoporosis*. Sometimes, however, there is no identifiable cause of osteoporosis in a child. This is known as *idiopathic osteoporosis* (National Institute of Arthritis and Musculoskeletal and Skin Diseases, 2005).

Explanation

Idiopathic juvenile osteoporosis (IJO) is diagnosed after excluding other causes of juvenile osteoporosis (i.e., primary diseases or medical therapies known to cause bone loss, as discussed above). IJO was first identified in the medical literature in 1965 (Dent and Friedman, 1965). Since then, fewer than 100 cases have been reported.

This rare form of osteoporosis typically occurs in previously healthy children just before the onset of puberty (U.S. National Library of Medicine, 2003b). The average age of onset is between 8 and 14 years, but it may also occur in younger children during periods of rapid growth. The most notable feature of IJO is that it can remit within two to four years.