First described by Octave Crouzon (1874-1938), Crouzon syndrome is a genetic disorder, characterized by abnormal fusion between bones in the skull and face, resulting in an abnormally shaped head and face.

**AIM OF STUDY:** To diagnose as early possible Crouzon syndrome and to detect all systemic findings treat the condition if possible and complications.

**METHOD:** 13 years old boy was suspected for disturbances and low vision at both eyes specially left eye. The child was sent to a consultative examination to the Ophthalmology cabinet.

**RESULTS:** Typical face with beaked nose, short upper lip, hypoplastic maxilla, and relative mandibular prognathism we observed. The very appearance of the boy indicated the diagnosis – Crouzon syndrome. 

**RÖ findings:** The craniograms in post anterior (PA) and latero-lateral projections visualise a variety of the child’s skull deformity, scaphocephaly. The anterior cranial fossa is short, with a steep floor. The parietal eminence (tuber parietale) is flattened. Orbits are shallow. The boy presents dental malocclusion.

**Ophtalmological findings:** Subjective VA is poor, R/E 0.3 logMAR/L/E 0.01 logMAR, BCVA R/E 4.0 logMAR and L/E 2.0 logMAR. The objective eye refraction (Sol. Cyclogyl(2%)) indicates oblique astigmatism with the power difference between the principal meridians of up to +4.5 D. The interpupillary distance was 71 mm, while the cornea diameter was 13.7 mm. Bilateral exophthalmos was observed (Hertel exophthalmometry) readings were 23 mm in both eyes (OU). On the both eyes fundus was found hypermetropic papillae.

**CONCLUSION:** To diagnose Crouzon syndrome, of relevant importance are ophthalmic examination, radiological examination— RÖ, CT, cranial MR imaging, and genetic analyses. Early detection of eye problems to reduce amblyopia by correction of refractory errors and timely treatment of strabismus and patching is recommended.