



CASE REPORT OF ACCIDENTALLY DISCOVERED IRIS CYST IN PATIENT WITH LIMBAL STEM CELL DEFICIENCY FOLLOWING CHEMICAL INJURY IN CONTRALATERAL EYE

Dr. Shalini Mohan	MS OPHTHALMOLOGY, DNB, MNAMS, Professor, GSVM Medical College, Kanpur
Dr. Stuti Singh*	MBBS, Junior Resident, Department of ophthalmology, GSVM MEDICAL COLLEGE, KANPUR, UP, India *Corresponding Author
Dr. Namrata Patel	MS OPHTHALMOLOGY, ASSISTANT PROFESSOR, GSVM MEDICAL COLLEGE, KANPUR

KEYWORDS :

INTRODUCTION:

Iris cysts are not common and can provide a challenge for clinicians in terms of diagnosis and management. Iris is the colored muscular diaphragm with a circular central aperture forming the pupil. It is uveal tissue composed of stroma anteriorly and two layers of pigment epithelial cells posteriorly.

Primary cysts can arise from both the pigment epithelium and stroma.¹ Secondary cysts may arise from the iris tissue or the implantation of other material.

PRESENTATION:

Awneesh, 25 year old male, resident of Kanpur Nagar presented to outside with sudden diminution of vision and pain in right eye following injury by plaster of Paris in right eye 2 weeks back.

Visual acuity in RE was 1/60 and LE was 6/12P on Snellen's chart. On slit lamp examination of right eye chemosis with 360 degree conjunctivization of cornea was observed while in left eye finding of iris cyst was missed.

Patient was planned for Simple limbal epithelial transplant in right eye after all basic investigation (CBC, RBS, HIV, HCV, HBSAG) were within normal limit.

On OT table while extracting limbal based graft from normal eye (left eye) from superior limbus surgeon observed rare presentation of stromal iris cyst.

On taking meticulous history for left eye patient told this cyst is present since birth and patient had no symptoms in left eye.

On again evaluating patient's left on post op day on slit lamp we found peripheral stromal iris cyst at 6 o'clock position involving 1 clock hour and Anterior chamber was of normal depth.

DISCUSSION:

Stromal iris cysts can be congenital or acquired.(2, 3) They can remain dormant for years or suddenly grow and rupture, leading to secondary glaucoma and corneal decompensation. Although stromal cysts can occasionally regress spontaneously, most require treatment by needle aspiration or surgical excision.(4, 5)

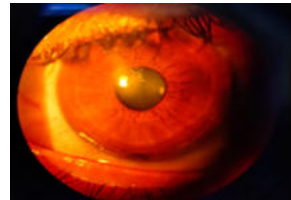
Slit-lamp examination, anterior segment (AS) optical coherence tomography (OCT), and ultrasound biomicroscopy (UBM) are used in the differential diagnosis of iris cysts.(5) These techniques are important in ruling out solid tumors such as nevus or melanoma.



PICTURE 1: Pre operative picture of Right eye with 360 degree conjunctivization of cornea



PICTURE 2: Post operative picture of right eye after SLET PROCEDURE



Picture 3: IRIS CYST IN LEFT EYE ON LOW MAGNIFICATION



Picture 4: Stromal iris cyst in left eye on high magnification

REFERENCE:

1. Shields JA, Kline MW, Augsburger JJ. Primary iris cysts: a review of the literature and report of 62 cases. Br J Ophthalmol. 1984 Mar;68(3):152-66
2. Lois N, Shields CL, Shields JA, Mercado G, De Potter P. Primary iris stromal cysts: a report of 17 cases. Ophthalmology. 1998;105:1317-1322.
3. Capó H, Palmer E, Nicholson DH. Congenital cysts of the iris stroma. Am J Ophthalmol. 1993;116:228-232.
4. Shields CL, Arepalli S, Lally EB, Lally SE, Shields JA. Iris stromal cyst management with absolute alcohol-induced sclerosis in 16 patients. JAMA Ophthalmol. 2014;132:703-708.
5. Gündüz K, Hoşal BM, Zilelioğlu G, Günel I. The use of ultrasound biomicroscopy in the evaluation of anterior segment tumors and simulating conditions. Ophthalmologica. 2007;221:305-312.