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CYST FORMATION AFTER MANUAL SICS SURGERY

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ABSTRACT **Purpose:** To describe a case of postoperative conjunctival cyst **Case description:** We report a case of post operative subconjunctival cyst following an uneventful cataract surgery. The patient was managed by a simple technique of cyst puncture with resuturing of the wound leading to resolution of the lesion **Conclusion:** This case emphasizes the role of prompt recognition and management of such a case thereby preventing much more dreaded complications.

KEYWORDS : Conjunctival cyst, manual small incision cataract surgery

INTRODUCTION

Conjunctival inclusion cysts are benign cysts filled with clear serous fluid containing shed cells or gelatinous mucous material.Acquired cysts occur following traumatic or surgical implantation of conjunctival epithelium, and are much more common. We report a case of conjunctival inclusion cysts following manual small incision cataract surgery (SICS) and its management.

Case Report

A 62 year old lady who was a known case of leprosy presented with a localised swelling in the conjunctiva associated with foreign body sensation,1 month following a manual incision cataract surgery.The surgery was uneventful and patient had a good post operative course. patient had completed the 1 week follow up and was due for the 1 month follow up. On examination best corrected visual acuity was 6/6 on snellen chart with an intraocular pressure of 12 mm hg. On local examination a localised swelling was present in the superior conjunctiva covering the wound, measuring 10x 12 mm. Rest of the anterior and posterior segment was within normal limits. A provisional diagnosis of a post operative conjunctival cyst was made and patient was scheduled for a cyst needling /excision.

Intraoperatively, the cyst was punctured using a 26 guage needle .A clear fluid egress was noted with a concomitant decrease in depth of the anterior chamber. This confirmed a connection between the anterior chamber and the cyst. This was followed by a wound exploration and re suturing of the scleral tunnel. The anterior chamber was maintained at the end of the procedure and patint was started on topical antibiotics /steroid combination. The patient remained asymptomatic and had no recurrences in the follow up period.

DISCUSSION

Filtering blebs or fistulae between the anterior chamber and subconjunctival space are constructed in surgeries such as trabeculectomy, but can occur as a complication of an otherwise uneventful cataract surgery and masquerade as subconjunctival inclusion cyst in the early postoperative period.(1)

The estimated incidence of inadvertent filtering blebs following cataract surgery ranges from 1% to 7.7%.(1)The most common reason postulated for its occurrence is the poor wound healing response following surgery, with egress of aqueous into deeper portions of the scleral tunnel and subconjunctival space. The cause for such leaks can be attributed to poorly constructed scleral wounds, large incisions, excess cautery and failure to recognize microleaks intraoperatively.(2) (3)This could have been aggravated by the systemic diagnosis of leprosy in our patient as patients with leprosy are known to have altered wound healing response.

A simple procedure such as needling or a cyst puncture may uncover a deeper problem such as a communicating fistula, and its risks should be kept in mind. A proper wound exploration under sterile precautions and securing the incision with sutures if required can prevent dire complications like endophthalmitis.(4)

It may prove useful to investigate these patients for underlying systemic causes associated with scleral thinning and delayed healing. Prompt recognition of such fistulas helps in better management of the patient .(5)

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