ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 08 | August - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

ASSESSING THE EFFICACY OF MINIMALLY INVASIVE INTERVENTION FOR POST TRAUMATIC IRIS CYST MANAGEMENT : AN OUTCOME BASED CASE STUDY

Ophthalmology

Dr Aneri Prameshbhai Ganatra* Resident doctor*Corresponding Author

Dr Aayushi Joshi Resident doctor

Dr Kruti Patel Resident doctor

Dr Sapan Shah FAEH in orbit, oculoplasty and ocular oncology

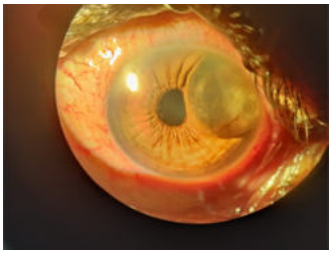
Dr Dipali Purohit Professor , Shri C.H.Nagri eye hospital

KEYWORDS

Iris cyst appear as serous or solid structures in continuity with the wound on the anterior iris surface. It is important to rule out iris melanoma. They appear as brown lesion arising from the stroma. Post-Traumatic iris cyst occur following epithelial down growth from the conjunctiva or cornea onto the iris after penetrating or surgical trauma. They frequently enlarge, leading to anterior uveitis, lens subluxation, iritis, glaucoma. [2] There are multiple treatment modalities available like laser, cyst aspiration, cryotherapy and surgical. [1]

CASE REPORT

A 60-year-old male patient came with chief complaint of gradual diminution of vision, photophobia, burning and watering over a period of 6 months in the right eye. Past history blunt ocular trauma to right eye by wooden stick 8 months ago. Vision – right eye : 6/60 left eye : 6/12 (with Snellen's chart). Intraocular pressure – right eye : 26 left eye : 17 (with applanation tonometry). The patient was advised to undergo right eye X-ray orbit the results of which was found to be normal. After thorough investigations, patient was diagnosed with Post-traumatic iris cyst in the right eye.



Methodology

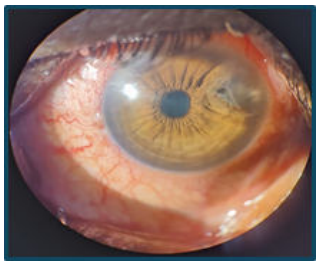
A minimally-invasive method was planned for this patient - Nd YAG cystotomy. The cyst was disrupted with Nd YAG laser (5.2 milli joules).

SLIT LAMP EXAMINATION	RIGHT EYE	LEFT EYE
LIDS	Normal	Normal
CONJUNCTIVA AND SCLERA	Clear	Clear
CORNEA	Clear	Clear
ANTERIOR CHAMBER	Serous cystic lesion on anterior surface	Normal Depth
IRIS AND PUPIL	Sluggishly reacting to light	Normally reacting to light
LENS	Grey reflex	Grey reflex
POSTERIOR SEGMENT (after dilatation)	Within Normal Limits	Within Normal Limits

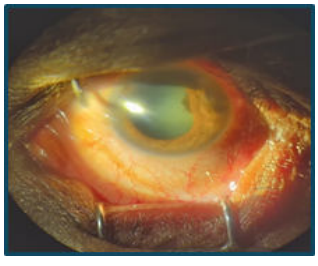
Under the slit lamp and the cyst was found deflated, there was iris pigment dispersion in the anterior chamber.

Treated with topical eye drops combination of anti-biotic and steroids, anti-glaucoma and cycloplegic. Reviewed at 1 week and 3 week follow up. On first follow up, the vision of with pin hole was 6/24 in right eye on Snellen's chart. Slit lamp examination showed semi dilated fixed (pharmacologically) pupil. There were few posterior synechiae and the anterior chamber appeared quiet.

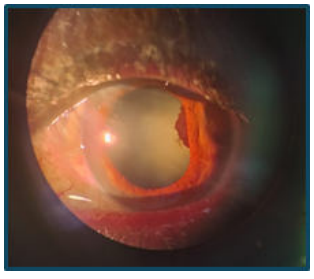
Nd YAG cystotomy being performed.



Day 1



Day 8



Day 21

Discussion

One of the main intention of treatment - less invasive modality. Small, stable, and asymptomatic cysts – observation. [3] This patient had a larger cyst leading to diminution of vision and photophobia. Surgical method is more aggressive and better advised when combined with other surgeries. Though easier to perform with immediate results, there are higher chances of recurrence with this method.

We have observed the patient for 3 weeks, a longer follow-up is necessary to comment on the recurrence of cyst in this patient. Even though definitive method is surgery, a minimally invasive method is better tolerated by patients.

Hence, it is always advisable to evaluate the patient and all the available treatment modalities before deciding the chosen method of treatment.

REFERENCES

1) https://eyewiki.aao.org/Iris_Cysts
2) Bowling, B. (2016) Kanski's Clinical Ophthalmology. 8th Edition, Elsevier Limited, Sydney.
3) Mahjoub A, Abdesslem NB, Jouini A, Abderrazek AB, Ghorbel M, Mahjoub H. Surgical management of post-traumatic iris cyst: A case report. Int J Surg Case Rep. 2023 Apr;105:108037. doi: 10.1016/j.ijscr.2023.108037. Epub 2023 Mar 23. PMID: 36966718; PMCID: PMC10073885.