



## A Case Report On Rare Cystic Tumour of Iris from Tertiary Care Centre S.S.G Hospital, Vadodara

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### ABSTRACT

An iris cyst is a nonkeratinized squamous epithelial-lined space involving a layer of iris .The presentation of iris cyst can be variable innocuous or presenting with secondary complication. There are two types of cyst . Primary and Secondary. A primary cyst has no recognizable etiology . The prognosis of primary iris cyst is good as majority does not require treatment. A secondary cyst has a recognizable etiology surgical or non-surgical trauma,miotic drugs. Proper history taking , examination on slit lamp and imaging modalities such as ultrasound biomicroscopy [UBM] are mandatory in detailed evaluation of iris cysts. They may lead to complications such as decreased visual acuity , secondary glaucoma , corneal edema , uveitis .

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

Slit lamp examination and ultrasound biomicroscopy (UBM) are used in differential diagnosis of iris cysts.

**Key words** : primary epithelial cyst, Post surgical implantation cyst , benign cyst.

### I. CASE

A 72 Year old female patient presented in ophthalmology OPD with complain of mild ocular pain in right eyesince 15 days. Patient is known case of diabetes and hypertension for 13 years on treatment. Visual acuity is 6/12 in both eyes. Intraocular pressure in right eye is 25mmhg and in left eye is 21mmhg . Both eye cataract extraction done 10 years ago. On slit lamp examination cornea is clear. Anterior chamber is quiet. The

pupils are reactive to light. After dilating patient with tropicamide eye drops cyst was seen behind iris at posterior surface. Both eye fundus is within normal limit. For confirmation Ultrasound biomicroscopy was performed and cystic like lesion seen behind iris.



Fig .1

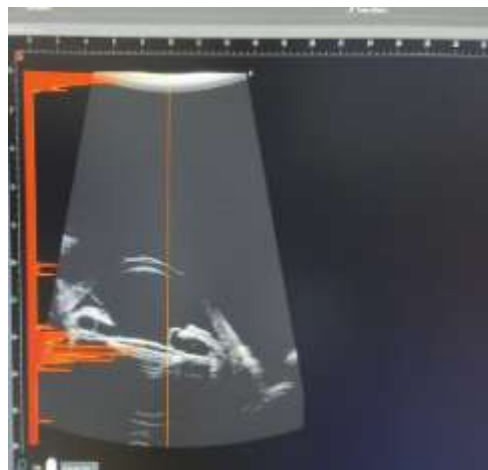


Fig 2.



## II. MANAGEMENT

Most cases of primary epithelial cysts have a benign clinical course. And the occurrence of associated complications is extremely rare. The need for the treatment is exceptional. Iris cysts that are stable and not causing symptoms or secondary complications require no treatment but should be followed regularly. Patient was given bromfenac eyedrops for 15 days and ask for follow up .On regular follow up for 2 years but is having no complain and complications.

## III. CONCLUSION :

It is very important to rule out iris melanoma when evaluating an iris cyst. Iris melanoma appear brown lesion arising from stroma . Unlike primary cyst , they can be variably coloured, maintain stable contour even after dilation . The presence of sentinel vessels and intrinsic vessels within the lesion is strongly suggestive of a solid tumor rather than a benign cyst.

The diagnosis of iris cysts is based on slit lamp examination and UBM or AS-OCT imaging . UBM remains the gold standard imaging due to ability to better characterize the interior of the cystic structures and visualize well the structure behind the posterior extent of the cyst. UBM shows multiple abutting iris epithelial iris cysts extending 360 degree around the pupil.

Secondary acquired cysts post trauma or due to epithelial downgrowth frequently enlarge in size, especially in pediatric populations owing to the implanted epithelial sheet, causing complications necessitating management in the majority of such cases.

The prognosis of secondary iris cysts is much more variable. Their management is often difficult for ophthalmologists. Treating iris cysts is by using a step-wise approach , starting with less-invasive treatment before proceeding to surgical excision whenever possible. Here we have given symptomatic treatment for secondary implantation cyst post surgical implantation nonprogressive cyst.

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