CASE REPORT

Bilateral multiple primary iridociliary cysts – A rare case report

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Abstract Iridociliary cysts are often found in patients as an incidental finding during a routine ophthalmic evaluation and if asymptomatic do not require any treatment per se. However, these are often mistaken as iris melanoma and the patient is managed accordingly causing a great deal of inconvenience to the patient as well as the doctor.

Case presentation: A 69 year old male presented to the ophthalmic out-patients department for routine ophthalmic evaluation. On examination, he is best corrected visual acuity was 6/9, N6 in both eyes. Post-mydriasis evaluation showed a Grade II nuclear cataract in both eyes. There was a smooth, pigmented mass with a rounded surface projecting from behind the iris resembling an iris melanoma. On further evaluation, he was found to have multiple ciliary body cysts.

Conclusion: Ultrasound biomicroscopy is a valuable technique in diagnosing iridociliary cysts.

1. Introduction
Iris and ciliary body cysts are rare curiosities which commonly arise from the iris pigment epithelium (Kanski). The most common is the neuro-epithelial iris cyst, located at the iris root. Cysts can also be located in the ciliary body, the iris stroma, and be formed by schisis of the iris pigment epithelium www.eyecancer.com.

Though asymptomatic in most cases, they may rarely enlarge and cause secondary glaucoma, corneal decompensation and show a fluid-debris level reminiscent of a pseudohypopyon (Kanski).

By providing a high-resolution view of the iris and ciliary body, ultrasound biomicroscopy is a useful adjunct to the clinical examination in distinguishing primary cysts of the iris pigment epithelium from solid uveal neoplasms (O’Connor et al., 2006).
Treatment is performed for the rare instances of secondary glaucoma or when the visual axis becomes blocked. Laser has been used to deflate iris pigment epithelial cysts with minimal side effects.

2. Case report

A 69/M presented to the eye opd for a routine ophthalmic check-up.

OU BCVA was 6/9, N6.

Dilated OU showed Grade II nuclear cataract. Uveal pigment ectropion extending from 4'o clock to 10'o clock OD (Fig. 1) and at 3'o clock position OS (Fig. 2).

Though his IOP initially was normal, post-mydriasis it was 27.2 mmhg in OD and 37.2 mmhg in OS measured with Shiotz tonometer. He was immediately started on anti-glaucoma therapy and called for follow-up the next day. Gonioscopy done showed an open angle all over in both eyes except for the iris bulging in the areas of the ectropion.

In view of the ectropion noted he was investigated using USG B-scan and it revealed the presence of multiple shallow iris and ciliary body cysts with occludable angles inferiorly and thinning of the ciliary processes inferiorly (Figs. 3 and 4). There was no evidence of any solid lesion in the cyst or mass lesion.

Since the patient was asymptomatic, patient counseling was done and he was advised regular follow up to look whether there is an increase in the size of the cysts.

3. Discussion

Ultrasound biomicroscopy is an important investigation which effectively excludes the differential diagnosis of ring melanoma of the iris and multiple separate cysts of the iris pigment epithelium. It has disclosed a high incidence of ciliary body cysts in normal subjects, which decreases with age.

Iris and ciliary body cysts are often mistaken as a mass or tumor; most commonly an iris melanoma or a plateau iris and the patients are treated accordingly or referred for ocular tumor examination. The patients have to unnecessarily undergo various invasive procedures. Instead, simple diagnostic pro-
procedure like ultrasonography can help in establishing the correct diagnosis and thereby avoid unnecessary complications of patient fear as well as costly procedures.

4. Consent

Written, informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this Journal.

Conflict of interest

The authors declare that they have no competing interests.

References


Further reading