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Post traumatic epicorneal pearl cyst

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Description

A 4-year-old girl presented with a superficial mass in her left eye (LE), noted by her parents 2 years back, that was stable in size over one year. She had a history of trauma with a glass piece 2.5 years back, that was managed on topical medications procured from a local pharmacist. A white pearly mass was seen overlying the cornea near the superotemporal limbus in her LE (Figure 1A,1B), with distortion of pupillary aperture. Iris tissue was adherent to the base of the mass, also seen on gonioscopy (Figure 1C) and ultrasound biomicroscopy (Figure 1D). Ultrasound biomicroscopy showed solid nature of the mass. The patient was diagnosed with post traumatic epicorneal pearl cyst.

Pearl cysts are commonly seen after penetrating trauma and represent an inflammatory response of the vascular iris tissue, when exposed to external epithelial cells introduced into the eye after trauma or surgery, leading to a cystic or pearly appearance [1]. These are usually located in the anterior chamber, emerging from the iris. Intracorneal cysts have also been reported [2]. Trauma in our patient might have led to a corneal perforation which was plugged by the iris tissue, hence leading to external proliferation and pearl cyst formation outside the eye, through the site of perforation. Such an external iris pearl cyst has been rarely reported [1]. We offered an excision to improve the cosmetic appearance of the eye, which the parents of the child wanted to defer.

References

1. Gupta V, Rao A, Sinha A et al. Post-traumatic inclusion cysts of the iris: a longterm prospective case series. Acta Ophthalmol Scand. 2007; 85(8): 893–6.

2. Panigrahi A, Gupta S, Gupta N. Unilateral Intracorneal Primary Pigmented Iris Cyst in a Man Aged 34 Years. JAMA Ophthalmol. 2022; 140(9): e222880.

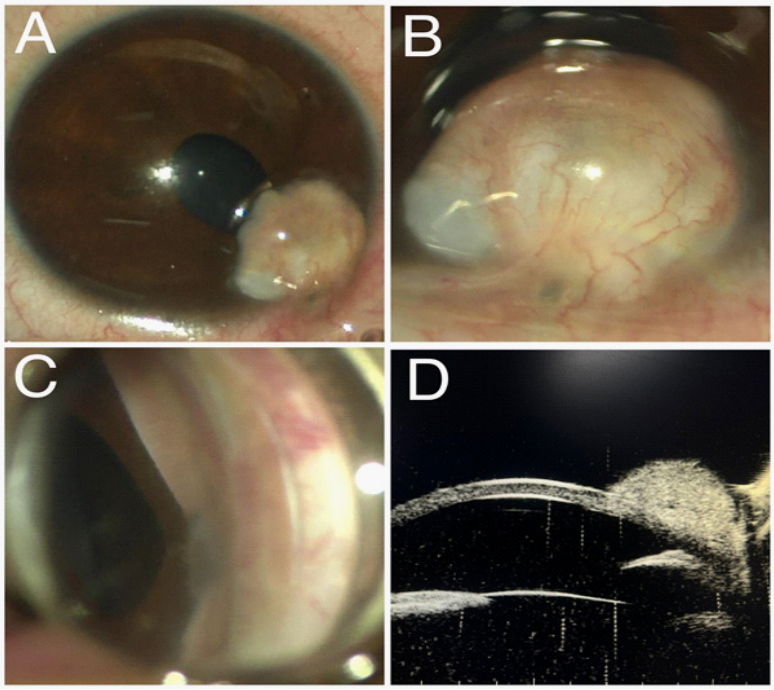

Figure 1: Anterior segment photograph of the left eye showing a creamy white mass near the inferotemporal limbus **(A)**. On high magnification, conjunctival vessels and tissue could be seen growing over the mass **(B)**. Pupillary aperture was noted to be distorted, with a well-evident pupillary peaking. On gonioscopy **(C)**, iris tissue was found adherent to the base of the mass on the endothelial surface of the cornea, pulling the pupillary aperture towards the mass. The same could also be appreciated on ultrasound biomicroscopy **(D)**, which additionally revealed the solid nature of the mass with homogenous internal echoes.