

Iris Cyst associated with Pupillary Block Glaucoma: A Rare Presentation

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A seventeen year old boy presented with pain and decreased vision in the left eye. He had a history of exposure to welding with irregular use of protective glasses for the last five years. The visual acuity was hand movements in the left eye and an iris cyst was seen filling up 3/4 of anterior chamber blocking the pupil. The cyst was treated with Nd: YAG LASER and followed up for two and a half years. No recurrence occurred and the visual acuity remained 6/6 in the affected eye throughout the follow up period.

A 17 year old boy presented with pain and loss of vision in the left eye in June 1999. There was no history of injury to the eye except performing ARC welding without protective glasses. The patient was not taking any topical or systemic medications and was otherwise medically fit. The ocular examination revealed a visual acuity of 6/6 in the right eye and hand movements in the left eye. The right eye was normal. Examination of the left eye revealed a huge iris cyst arising from inferior iris filling up almost three fourths of anterior chamber, blocking the pupil and touching the corneal endothelium inferiorly. The cyst contained yellowish brown fluid almost filling up whole of the cyst. Fundus was not visible. The intraocular pressure was 15 mmHg in the right eye and 38 mmHg in the left eye. A diagnosis of secondary stromal iris cyst was made on the basis of clinical features, location of the cyst and history of welding without glasses. In view of the severity of the condition and immediate nonavailability of facilities of ultrasound biomicroscopy and anterior segment fluorescein angiography, a decision of YAG laser treatment was made. The lateral dome of the cyst midway between the cornea and iris received three shots of 2 mJ YAG power resulting in creation of a triangular opening and extrusion of fluid in the anterior chamber. The cyst collapsed rapidly and pupil block aborted rapidly after YAG laser treatment. The anterior chamber showed 4+ flare and 1+ cells which settled with topical steroids in three days. The intraocular pressure came down to 22 mmHg after half an hour of YAG laser treatment. Patient left for home after two hours of YAG laser treatment with a vision of 6/24 in the affected eye. Topical steroids and Bblockers were prescribed as a prophylactic measure. Three days later the visual acuity was 6/6 in the right eye and 6/9 in the left eye. The intraocular pressure was 15mmHg in both eyes. The anterior chamber did not show activity and the cyst wall was seen lying like an iris nevus over the inferior iris. No recurrence asymptomatic with a visual acuity of 6/6 in both eyes.