

A CASE REPORT OF CONJUNCTIVAL INCLUSION CYST

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ABSTRACT:

A conjunctival cyst is a fluid-filled sac with thin walls that forms on or beneath the conjunctiva. It can develop due to various factors, including infections, inflammation, retention cysts, and, in rare cases, medication-induced reactions. A report on a case of 47yr male patient suffering from painless swelling in his right eye for a week .Undergone Cataract surgery right eye 3yrs back. Slit lamp examination showed cystic swelling of 8 mm x 5 mm involving superonasal aspect of bulbar conjunctiva of RE. The patient underwent excision, and the diagnosis was confirmed through histopathological examination. No recurrence was observed after three months.

INTRODUCTION

Conjunctival inclusion cysts are noncancerous sacs filled with clear serous fluid that may contain shed cells or mucus. ^[1] These cysts can be either congenital or acquired ^[2]and often develop following trauma or surgical implantation of conjunctival epithelium. ^[3] Surgical removal is considered the most effective treatment, though alternative methods such as thermal cautery under slit-lamp visualization ^[4] or YAG laser therapy may also be used.^[5]

CASE REPORT

47yr male patient presented to EYE OPD Sri Siddhartha Medical College and Hospital, Tumkur, with a painless swelling in conjunctiva and heaviness in the right eye which was a initially small swelling, it is gradually progressed to the current size since 6 months There is no history of Trauma, pain, redness, discharge, difficulty in eye movements. He has undergone cataract surgery to the same eye 3yrs back.

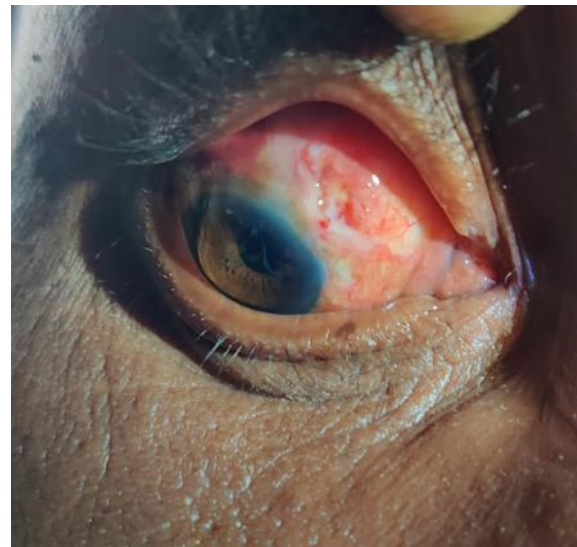
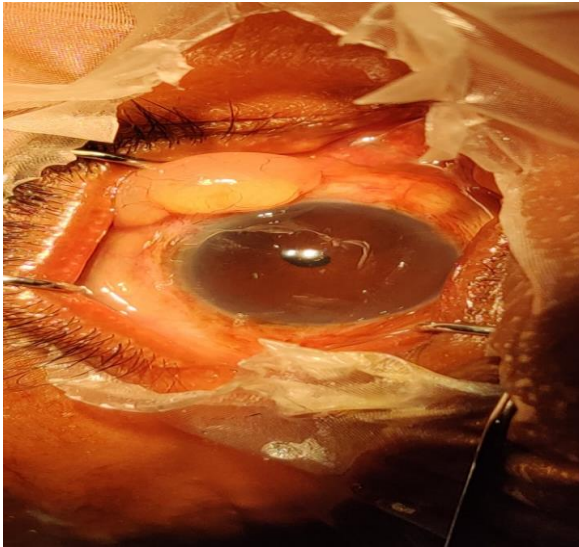
On examination, the patient was examined, and written informed consent was obtained. The best visual acuity of both eyes was found to be 6/6. Near vision in both eyes was found to be is N8.

On Slit lamp examination:-

On inspection, solitary well defined nodule which encroached on to the limbus superonasally was found, of size approximately 7 mm x 5 mm with blood vessels over it.

On palpation it is firm in consistency, well defined margins which was extending 3mm away from medial canthus, 2mm away from lower eye lid margin, extending superiorly 5mm from limbus, lateral margin is encroaching on to limbus which is immobile, non-compressible and non-tender. There was no palpable lymph nodes.





All differential diagnoses of a limbal nodule were taken into consideration. Routine laboratory investigations were conducted, revealing normal parameters. The ESR count was within the normal range, and the Mantoux test, HIV, and HBsAg results were negative.

B-scan examination revealed well defined cystic swelling lesion noted in bulbar conjunctiva 6mm x 5 mm in superonasal aspect. no connection to globe. no internal vascularity in color doppler.

The patient was treated with cyst resection and sent for a biopsy. (after obtaining written consent with the patients). Histopathology reports showed that the non-keratinized lining epithelium and connective tissue exhibited inclusion cysts with no indication of malignancy.

DISCUSSION

Possible complications following cyst treatment include infection and, although rare, epithelial ingrowth through the tunnel wound, which can lead to further issues. The most effective treatment is often surgical excision, as it directly removes the cyst and reduces the chance of recurrence. Alternatively, thermal cautery under slit-lamp visualization offers a less invasive method by using heat to destroy the cyst. The YAG laser is another option, employing precise laser technology to target and eliminate the cyst with minimal surrounding tissue damage.

CONCLUSION

A conjunctival inclusion cyst developed after manual SICS, likely due to the implantation of conjunctival tissue during tunnel creation or traction on the conjunctiva during PCIOL

implantation. To minimize the risk of complications during cataract surgery, surgeons must meticulously separate the conjunctiva before creating the scleral incision and ensure the intraocular lens (IOL) doesn't touch the conjunctiva while being placed in the eye.

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ETHICS APPROVAL AND CONSENT TO PARTICIPATE: Awaiting

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