

**Giant congenital cyst of the eyelid: A Case report about successful management****Théra JP<sup>1</sup>, Hughes D<sup>2</sup>, Tinley C<sup>2</sup>, Bamani S<sup>3</sup>, Traoré L<sup>3</sup>, Traoré J<sup>3</sup>**<sup>1</sup>Pediatric Ophthalmologist and Forensic Medicine Doctor, Faculty of Medicine / Institute of African Tropical Ophthalmology, Bamako (Mali)<sup>2</sup>Pediatric Ophthalmologist, Consultant CCBRT Hospital, Dar Es Salam (Tanzania)<sup>3</sup>Professor, Department of Ophthalmology, Faculty of Medicine / Institute of African Tropical Ophthalmology, Bamako (Mali)**\*Corresponding author**

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**Abstract:** Developmental cystic lesion of the eye is relatively common in children. Cystic lesions may involve the eyeball or the adnexa. The case presented here is rare, since in addition to the conjunctival cyst, there was a symblepharon.**Keywords:** cystic lesion, eye, children

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**INTRODUCTION**

Conjunctival cysts are thin walled and slowly progressing cysts. They are usually symptomless but can cause cosmetic disfigurement, reduced motility, foreign body sensation, dry eye due to unstable tear film when they increase in size. They can be primary or secondary inclusion cysts. Primary cysts are congenital, which remain hidden in the fornix and gradually increases with age [1]. Inclusion cysts are benign cysts filled with clear serous fluid containing shed cells or gelatinous mucous material. Cysts wall consists of several layers of non-keratinized lining epithelium and connective tissue. 80% of the entire cystic lesions of conjunctiva are inclusion cysts. They can be primary or secondary [2]. The current case was a primary inclusion cyst.

**CASE REPORT**

A 1-year-old female baby brought to pediatric ophthalmology department of the Institute of African Tropical Ophthalmology for a swelling of the right eyelid since birth. The child was the third issue of five siblings. Apart from this patient, none of the other siblings presented such lesion. The prenatal and postnatal history was unremarkable. Ocular examination revealed a globular mass of the right upper eyelid. The eyeball was not of easy access due to the size of the mass. B-Scan ultrasonography and Computed Tomography concluded to a cystic lesion. The child was then operated under general anesthesia. The surgical procedure consisted in complete transconjunctival excision of the lesion. The content of the lesion was clear. Histopathological exam of the tissue confirmed the diagnosis of conjunctival cyst.

**Fig.1: Photograph of the child with right upper eyelid cyst before surgery****Fig.2: Photograph of the child after surgery****DISCUSSION**

A conjunctival cyst is a thin-walled sac or vesicle that contains fluid. This vesicle may develop either on or under the conjunctiva. It develops due to variety of causes such as infection, inflammation,

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retention cyst and rarely drug induced [3]. Our patient had no history of infection, or other pathology; the cystic mass was noticed by her mother since birth. Conjunctival cysts should be distinguished from sporiferous cysts of the orbit, and from epidermal inclusion cyst, hemangioma, mucoid cysts, sebaceous cyst and lymphangioma [4, 5].

Remedy for cysts is complete excision. As the cysts are thin walled, rupture is common during excision. Recurrence is the main postoperative concern. Careful and intact removal of cyst is necessary to prevent recurrence [2]. Our patient underwent complete excision of the cyst and six months follow up noticed no recurrence.

### **CONCLUSION**

Congenital conjunctival cysts are benignant lesion which can impair the vision of the child. The only way to treat them effectively is complete surgical excision.

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