

Post Traumatic Iris Cyst in A Child

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Clinical Image

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INTRODUCTION

Post-traumatic iris cysts in pediatric patients are rare but clinically significant lesions resulting from epithelial implantation or downgrowth into the anterior chamber after penetrating or blunt ocular trauma, which can lead to visual axis obstruction, iris distortion, or corneal endothelial contact if progressive [1,2]. In children, these secondary cysts may remain asymptomatic for varying periods before presenting with complications such as secondary glaucoma, irregular pupil morphology, or discomfort, all of which can contribute to amblyopia if diagnosis or management is delayed [2,3]. Accurate diagnosis is based on careful clinical examination complemented by high-resolution imaging modalities, notably ultrasound biomicroscopy (UBM) and anterior segment optical coherence tomography (AS-OCT), which help distinguish iris cysts from other anterior segment lesions and better define

their anatomy [1,4]. Management is tailored to individual patients and considers lesion size, growth dynamics, and impact on visual function; asymptomatic cysts may be monitored conservatively, while cysts causing significant visual compromise often require intervention, including Nd: YAG laser treatments or surgical excision [1,2,5]. Early recognition and individualized therapeutic approaches are essential in pediatric ophthalmology to preserve visual development and minimize long-term sequelae associated with post-traumatic iris cysts [1,2].

We report the case of a 13-year-old girl with a history of corneolimbal injury surgery presented with an iris neoformentation in the right eye. Ophthalmologic examination revealed a best corrected visual acuity of 2/10 and a solitary, rounded iris mass in the superonasal quadrant, measuring approximately 5 mm in diameter. The lesion exhibited a cystic appearance and partially obscured the pupil (figure 1).

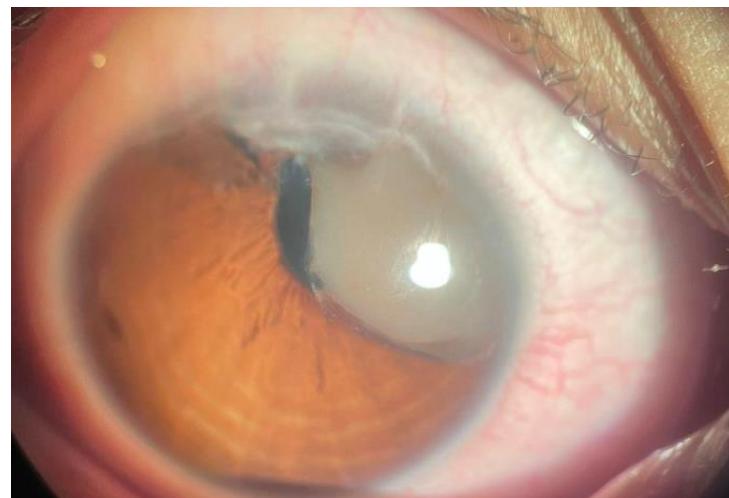


Figure 1: image of right eye revealing a clear iris cyst

Ultrasound biomicroscopy (UBM) demonstrated a well-defined, unilateral mass with

anechoic content and hyperechoic walls consistent with a post traumatic iris cyst (figure2).



Figure 2: UBM demonstrated iris cystic anechoic measuring 3,87mmx6,21mm.

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