

# Traumatic Conjunctival Inclusion Cyst of Right Eye-A Case Report and Review of Literature

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**Abstract:** A 48 year old female patient presented with pain and swelling in right eye. There is history of injury of that eye one month ago, since then there has been gradual increase in size.



**Keywords:** Traumatic conjunctival inclusion cyst

## 1. Introduction

Here we are presenting a case of traumatic inclusion cyst of right eye.



## 2. Case Report

A 48 year old female presented with pain, redness, watering in the right eye of one month duration. She is not a hypertensive or diabetic. There is a history of injury to that eye one month ago with a small stick. Ocular findings- Right eye-On examination-conjunctival congestion is present, chemosis present. Conjunctival swelling of 4x4mm at 9'0 clock position nearer to the lateral canthus. It is movable over the sclera. Tenderness present. Cornea and Anterior chamber are normal, Pupillary reactions are normal. Other eye findings: Conjunctiva, Cornea, Anterior chamber, Pupillary reaction are normal. Vision both eyes 6/9, with glasses 6/6, Fundus-normal. B Scan-Both eyes, no abnormal findings. Complete haemogram normal. Treatment given-Moxifloxacin eye drops, 4 times a day, Flubi eye drops, 3 times a day, Tab Paracetomal 500mg, TID.



### 3. Discussion

Conjunctival cysts may be congenital or acquired. The common cysts found in conjunctiva are due to dilatation of lymph spaces. Lymphatic cysts occur primarily on bulbar conjunctiva in the palpebral fissure. They are transparent, glistening, and often multilobular or elongated. When small they form rows of little cysts on bulbar conjunctiva (lymphangiectasis) or single or multilocular cysts (lymphangiomas). Larger retention cysts of Krause, accessory lacrimal glands occur in upper fornix. Retention cysts of sebaceous and sweat glands of caruncle can also occur. Subconjunctival cysticercus and hydatid cyst are rare. Non parasitic cysts require simple removal of anterior walls. Epidermoid and dermoid cysts can also involve the conjunctiva as well as the lids and the orbit. Epibulbar dermoids are a common feature of Goldenhar's syndrome and can involve the cornea. Dermolipomas are a form of dermoid that consists mainly of fat and have little or no readily identifiable epithelial structures. They are typically soft yellow masses that are located laterally and extend superotemporally into the fornices. Because they may involve extra ocular muscles; attempts at complete removal can be unwarranted.

**ACQUIRED CONJUNCTIVAL CYST:** Most common cause of acquired conjunctival cyst is implantation of conjunctival epithelium after trauma, surgery (operations for strabismus), or conjunctival inflammation.

**CONGENITAL INCLUSION CYST:** Are relatively common lesion, whereas corneal inclusion cysts are rare. Usually they fail to progress in size, but on occasion they may develop into enormous translucent conjunctival cysts or may cause intracorneal pseudopyon. Typically, these cavities contain desquamated cellular debris and chronic inflammatory cells.

**HISTOLOGY:** Histologically, implantation cysts are lined by nonkeratinised epithelium with scattered goblet cells. The centre contains cellular debris and inflammatory cells. The

presence of a double layer of nonkeratinised cuboidal epithelium, suggests a cyst of ductal origin. Rarely corneal intrastromal cysts may result from penetrating or perforating wounds of cornea. Such wounds implant epithelium within the stroma where it proliferates between the lamellae. Spontaneous, acquired epibulbar mucogenic subconjunctival cysts have been described. These lesions are freely movable and may arise because of a mucosecretory abnormality of both goblet cells and conjunctival epithelial cells. Occasionally the conjunctiva can invaginate downwards and form cysts within it, secondary to mucin production. Clinically, it is not possible to distinguish this lesion from more common variety of congenital inclusion cyst. Visualisation of the cyst may be enhanced by preoperative injection of a dye such as indocyanine green.

### 4. Prognosis

Most conjunctival cysts can be treated adequately by simple excision. This should be considered if the diagnosis is doubtful or if the cyst interferes with lid closure, interferes with vision, causes discomfort, or is a cosmetic concern. Recurrences usually don't occur.

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