



Haemorrhagic Conjunctival Retention Cyst

CASE REPORT

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ABSTRACT

Forty-eight-year-old male presented with a complaint of mild stinging in the right eye. Best-corrected visual acuity was 1.0 in both eyes. Slit lamp examination revealed retention cysts in the lower temporal and lower nasal bulbar conjunctiva and also nasal pinguecula in the right eye. Both cysts contained multiple lobules. Inferior lobules appeared hemorrhagic, and hemorrhage was horizontally extended above the level of liquid contained a transparent view. The patient was re-examined 5 months later. The findings were similar with the findings of the first examination. In this case report, we presented a patient with retention cysts with leveled hemorrhagic lobules and optical coherence tomographic findings.

Keywords: Conjunctiva, cyst, hemorrhage

INTRODUCTION

Generally, conjunctival retention cyst is a commonly seen asymptomatic lesion that contains clear liquid and has thin walls. If needed, it can be treated either surgically or by rupturing it with a needle. Treatment is not recommended if it does not look bad cosmetically or does not cause irritation (1, 2).

In this study we present a patient with hemorrhagic retention cysts that show encysted levels that was hitherto unreported.

CASE REPORT

A 48-year-old male patient was admitted to our clinic with complaints of mild stinging in his right eye. In his examination, best-corrected visual acuity was 1.0 in the right eye with a correction of -0.50 , and was 1.0 in the left eye with a correction of -0.25 . In the biomicroscopic examination, there were retention cysts in the right eye, lower temporal and nasal in bulbar conjunctiva, and pinguecula in the nasal. Multiple lobular formations were present in both cysts. Lobular formations in the lower parts of the cysts appeared hemorrhagic and involved transparent liquid above the hemorrhagic level extending horizontally (Figure 1a, b). Left eye was normal apart from the pinguecula in the nasal. Bilateral eye movements, pupil reactions, intraocular pressures, and dilated fundus examination were normal. Schirmer test was 17 mm on the right and 18 mm on the left, tear break-up time was determined as 10 s on the right and 16 s on the left. In the detailed history of the patient it was found out that these lesions were present in his eyes for many years and that lesions grew very slowly. There was no history of trauma and surgical or systemic disease. Patient was informed prior to every process and consents were obtained. Color fundus photography, fundus fluorescein angiography (FFA) (Kowa VX-10, fundus camera, Tokyo, Japan) and macular optical coherence tomography (OCT) (Optovue, Inc., Fremont, CA, USA) that were performed on the patient were bilateral normal. In the evaluation of the lesions with the anterior segment OCT, the sections passing at liquid level revealed normal anatomical structure in the cyst (hyporeflexive) and in the posterior part of the cyst; however, in the sections passing at hemorrhagic level, tissue details could not be observed because of the shading effect in the back of hyperreflectance level caused by hemorrhage (Figure 2a-d). Patient was recommended to use synthetic tears and was followed up. No change was observed in the findings of the patient who was followed up for 5 months.

DISCUSSION

Conjunctival cysts can be congenital or acquired. Penetrating trauma, conjunctiva and tenon surgery, strabismus surgery, retina and vitreous surgery, and segregation of conjunctiva epithelial cells neighboring the scar that forms following the subtenon injection play a role in the formation of acquired cysts (3-5). Ocular surface inflammation (cicatrical ocular inflammations, pingueculitis, etc.) is also among the common causes of conjunctival cyst formation. Small cysts are usually asymptomatic, whereas large cysts can act as space-occupying lesions and limit

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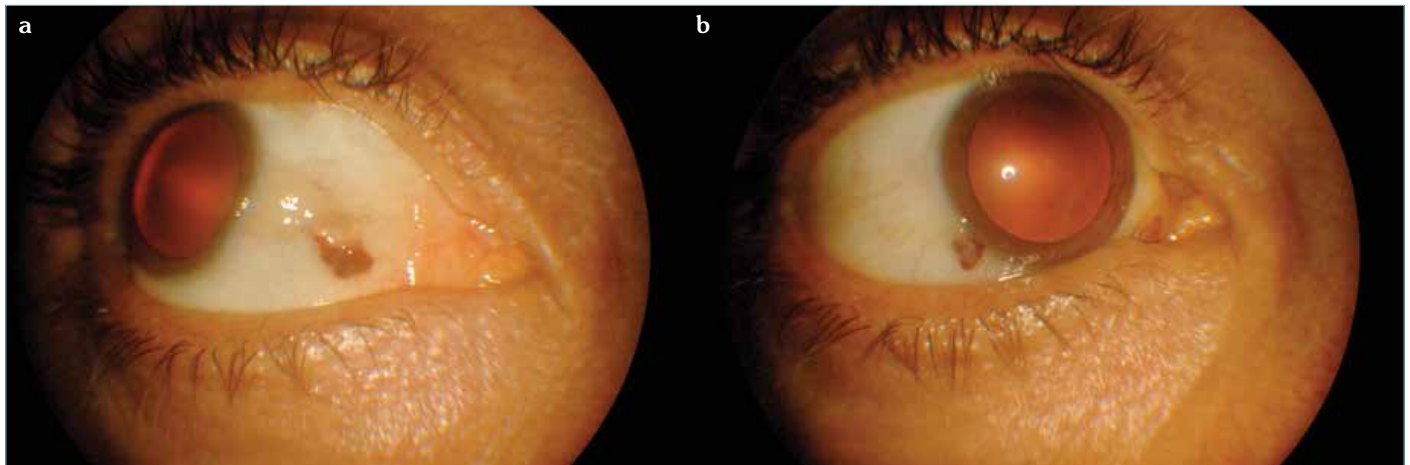


Figure 1. (a) Picture of the anterior segment of the right eye; hemorrhagic retention cyst showing encysted level in the lower nasal and pinguecula in the nasal (b) Picture of the anterior segment of the right eye; hemorrhagic retention cyst showing encysted level in the lower temporal

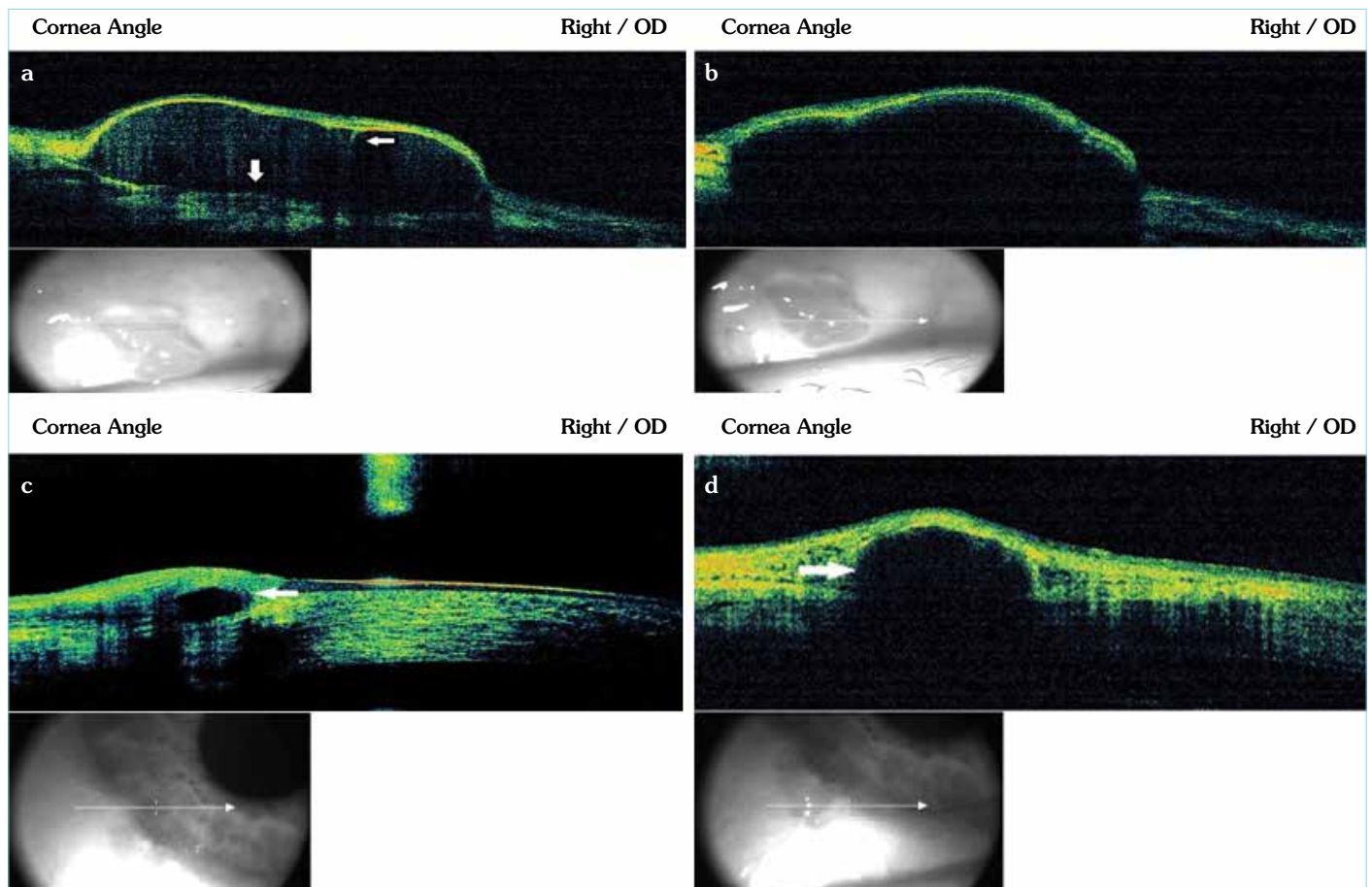


Figure 2. (a) In the OCT section passing through the region, including transparent liquid in the lesion located in the lower nasal, septal formations (horizontal arrow) and an anatomical structure in the posterior region of the cyst (vertical arrow) (b) In the OCT section passing through the hemorrhagic region in the lesion located in the lower nasal, shading caused by hemorrhage (c) In the OCT section passing through the region including transparent liquid in the lesion located in the lower temporal, hyporefective appearance in the cyst and anatomical structure in the posterior region of the cyst (d) In the OCT section passing through the hemorrhagic region in the lesion located in the lower temporal, shading caused by hemorrhage

eye movements or can cause epiphora by mechanically obstructing puncta. Excision and marsupialization are recommended for large cysts (6).

In literature, there is no case report on retention cyst that contains hemorrhage, appears hemorrhagic, or shows encysted levels. We also encountered this type of a case for the first time. We assumed

that the patient's ailment in the right eye may be a symptomatic reflection of decreased tear break-up time having developed secondary to the irregularities caused by the cysts on the ocular surface. However, no data is available in literature to support our comment. Further examinations were performed on the patient and possible comorbid pathologies were ruled out. The OCT findings of lesions were similar to typical cystic and hemorrhagic lesion appearances. One limitation of our study is the lack of histopathological examinations of the lesions. However, because the lesions in our patient did not constitute a serious symptom, surgical treatment was not considered.

CONCLUSION

In conclusion, we consider that our case will contribute to literature and allow the reports of similar cases.

Informed Consent: Written informed consent was obtained from patients who participated in this study.

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