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Short communication

Plateau iris secondary to iridociliary cysts[☆]



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ABSTRACT

Case report: We present a case of plateau iris and glaucoma due to multiple unilateral iridociliary cysts. The patient was treated with iridotomy Nd:YAG laser and 360° iridoplasty, without achieving pressure control. Phacoemulsification improved the hypertension. Dynamic gonioscopy and OCT of the anterior chamber was also performed before and after treatment.

Discussion: Iridociliary cysts are a benign condition that can cause iris plateau configuration, and can produce a difficult to treat ocular hypertension. Cystotomy, peripheral iridoplasty, and other treatments have been proposed.

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Iris en meseta secundario a quistes retroiridianos

RESUMEN

Caso clínico: Se presenta un caso de iris meseta con glaucoma por quistes iridociliares múltiples unilaterales. Fue tratado con iridotomía Nd:YAG e iridoplastia 360° sin conseguir el control tensional. Finalmente se realizó una facoemulsificación que mejoró la hipertensión. Se hicieron controles gonioscópicos y mediante OCT de segmento anterior.

Discusión: Los quistes iridociliares son una enfermedad benigna que modifica el perfil del iris, pudiendo dar un aspecto de iris meseta. Esta configuración puede originar una hipertensión ocular de difícil tratamiento. Se han propuesto como tratamiento la iridocistotomía y la iridoplastia periférica, entre otros.

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Palabras clave:

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Introduction

Iris tumors are relatively infrequent, with very few cases being reported in the literature. There is a broad range of iris tumors, from nevus or melanoma to juvenile xanthogranuloma or metastasis. Iris tumors were first described in 1958 by Duke and Dunn, followed by Ashton in 1963, Heath in 1964 and finally the largest series comprising 3690 patients was published in 2012 by Shields et al.¹

Iris cysts can be classified as primary or secondary. Primary cysts can arise out of the iris pigment epithelium (pupil, middle area, peripheral or free) or from the stroma (congenital or acquired). Only 10% of iris cysts can involve over 180° of the surface, in which case angle closure glaucoma could arise.² Iris tumors can be classified as cystic or solid, easily differentiated in slit lamp examination, although ultrasound biomicroscopy (UBM)³ or anterior segment optic coherence tomography (AS-OCT) could be required for confirmation. Overall, 21% of iris tumors are cystic.^{1,4} If the cyst causes secondary glaucoma due to angle closure, treatment could be difficult.

Case report

Female, 63, without relevant pathological or ophthalmological history, with uncontrolled chronic glaucoma diagnosed 2 years earlier, in maximum treatment with latanoprost 50 µg and timolol 5 mg, one drop every 24 h, 0.2% brimonidine and 1% brinzolamide, one drop every 12 h. The initial examination

revealed best corrected visual acuity (BCVA) of 0.6 in the right eye (RE) and 0.8 in the left eye (LE); biomicroscope revealed a narrow anterior chamber in the RE (Van Herick grade I) and a broad AC in the LE (Van Herick grade III). Barraquer cataract classification N2 in the RE and N1 in the LE. Goldmann applanation tonometry produced intraocular pressure (IOP) reading of 26 and 18 mmHg, RE and LE, respectively. Goldmann lens gonioscopy showed grade angle 0-1 (Shaffer) in RE and grade 3 in LE. AS-OCT (Visante TM OCT [ZeissMeditec, Germany]) was performed, observing an image compatible with unilateral glaucoma due to plateau iris, secondary to multiple retro-iridian cysts (Fig. 1). Sequential treatment was carried out with peripheral iridotomy applying Nd:YAG laser and iridoplasty without producing changes in the iris morphology or pressure values which remained at 26 and 24 mmHg, respectively. Finally, phacoemulsification was performed which maintained the open angle, producing an IOP of 18 mmHg despite persistence of the plateau iris configuration (Fig. 2).

Discussion

Nevus, melanoma and pigment epithelium cysts are the most common iris tumors.¹ The series published by Shields et al. in 2012¹ reported that out of all iridian cysts (21%), those related with iris pigment epithelium account for 86%, with 11% for stromal cysts and 2% for epithelial growth cysts. Iris pigment epithelium primary cysts can be single or multiple. Thomas proposed that the presence of these cysts in the root of the iris and ciliary body could produce plateau iris

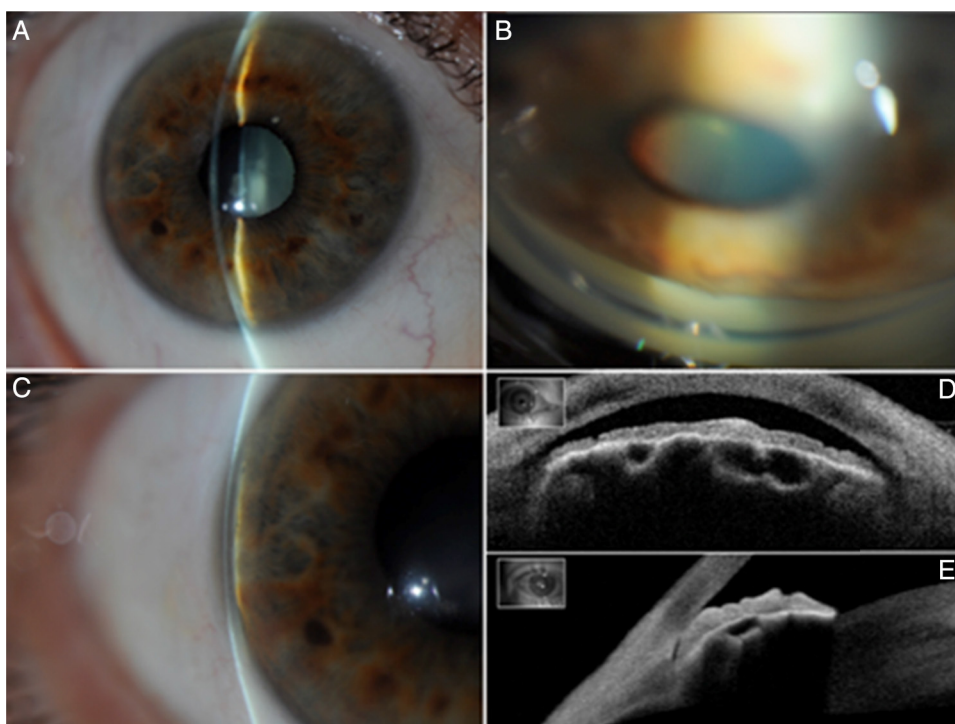


Fig. 1 – Baseline examination. Plateau iris due to iridociliary cysts with iridocorneal contact. (A) Narrow anterior chamber. (B) Gonioscopy does not display angular structures. (C) Van Herick grade I. (D, E) Retro-iridian cysts in AS-OCT.

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