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Short communication

Amblyopia secondary to iris cyst^{☆,☆☆}



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ABSTRACT

Clinical case: A 5 year-old child diagnosed with moderate anisometropic amblyopia secondary to primary cyst of iris pigment epithelium. He was evaluated with ultrasound biomicroscopy (BMU) and optical coherence tomography (OCT) of anterior segment.

Discussion: The OCT, although with some limitations, is a useful tool to study the anterior segment. It is probably more recommendable than BMU in the childhood.

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Ambliopía secundaria a quiste de iris

RESUMEN

Caso clínico: Varón de 5 años de edad con ambliopía anisométrica meridional secundaria a quiste de epitelio pigmentario de iris. Es evaluado mediante biomicroscopia ultrasónica (BMU) y tomografía de coherencia óptica de polo anterior (OCT Visante).

Discusión: La OCT de polo anterior, aunque con limitaciones, es una herramienta útil en la evaluación de lesiones de polo anterior. Puede ser preferible, en la infancia, a la BMU.

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Palabras clave:

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Introduction

Cysts of iris pigment epithelium are the most frequent anterior segment benign tumour in childhood.¹ As they are generally asymptomatic, they tend to be infradiagnosed. In their evaluation, the slit lamp exam or biomicroscopy (BMC) and the ultrasound biomicroscopy (UBM) play a significant role.

We present the case of a five-year-old child diagnosed with amblyopia secondary to multiple unilateral cysts of iris pigment epithelium, who was evaluated using UBM as well as optical coherence tomography (OCT) of anterior segment.

Clinical case

The patient is a five-year-old child, with no significant personal or family history, referred to paediatric ophthalmology consultation due to left eye (LE) amblyopia, who had been under treatment with refractive correction and part-time occlusions for six months.

Examination

The child showed a visual acuity (VA) of 0.8 in his right eye (RE) and of 0.5 in his LE, with +1 and +3 -5 to 130°, respectively. He had no stereopsis, evaluated by TNO test. RE dominance;

orthophoria. Refraction under cycloplegia was repeated several times given the LE astigmatic axis and amount variability. No lesions are observed in the fundus of eye.

A corneal topography was performed using Pentacam (Oculus®), and the following keratometric data were obtained: RE K1 41.9-6.5° and K2 43.6-96.5°; LE K1 42-172.9° and K2 44-82.9° (Fig. 1). Given the difference between the LE corneal and refractive astigmatism, the anterior segment was thoroughly examined. After being dilated, a pigmented lesion was observed protruding from the pupil edge at V hours (Fig. 2) and leaving a mark on the anterior crystalloid, where a sectorial cortical cataract responsible for lenticular astigmatism (Fig. 3) was starting, which corresponded to a densitometry measurement of 9.8 in such area (Fig. 4).

Due to a suspected cyst of iris pigment epithelium, a UBM and OCT of the anterior segment were performed.

The LE UBM (OTI Systems®, 35 MHz probe) showed multiple cystic lesions of the iris posterior wall, in the medial portion, with thin, smooth, well-defined, hyperreflective walls with anechoic content, some of which were multilobate, more prominent at the area of IV-VI hours of iris, with no masses in the ciliary body (Fig. 5).

The LE OCT (OCT-Visante Zeiss®) of anterior segment showed the previously described cysts, which moved the iris anterior wall creating a localized iris plateau, without occluding the angle (Fig. 6).

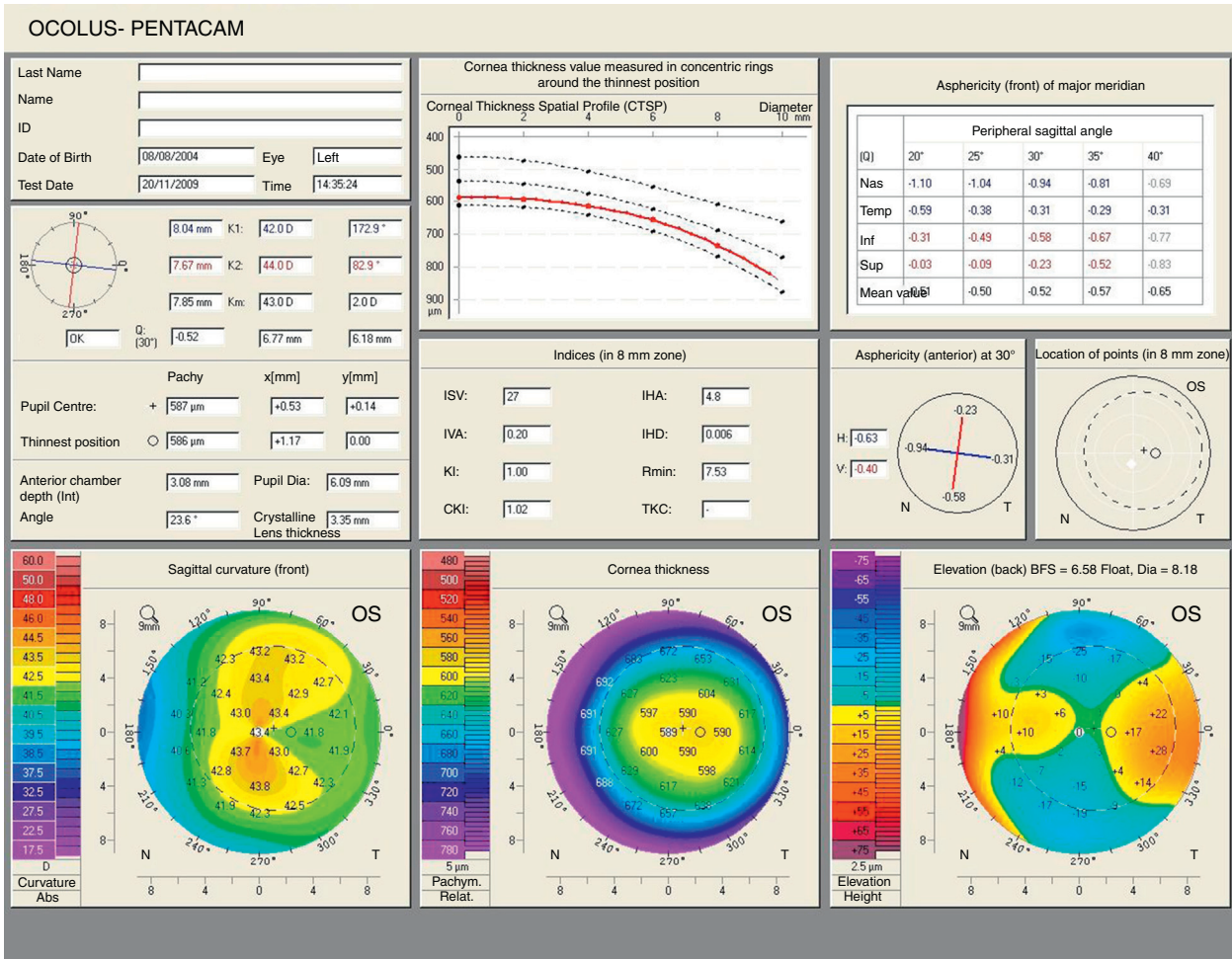


Fig. 1 – Left eye refractive map showing a regular astigmatism in favour of 2 D rule.

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