

Free-floating iris cyst in the anterior chamber

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DESCRIPTION

A female in her early 50s presented with a complaint of occasional blurring of vision in her left eye, 3 weeks post cataract surgery. Slit-lamp examination revealed a pigmented free-floating iris cyst of approximately 1 cm × 1 cm at 6 o'clock position in the anterior chamber (AC) (figure 1A, B). Ultrasound biomicroscopy (UBM) revealed a free-floating epithelial cyst with an extremely thin wall with no internal reflectivity (figure 1C, yellow arrow). There was another peripheral pigmented epithelial iris cyst with no internal reflectivity (figure 1C, red arrow). Very large cyst floating in AC and a second sessile retroiridial cyst denoting the most likely cause is dislodgement after cataract surgery. Mobilisation of the cyst occurred with the head tilt. Due to her visual disturbance, the excision of the cyst was done.

Iris cysts are classified as primary and secondary with primary being more common. Primary cysts do not have a recognisable aetiology. Secondary cysts develop as a result of trauma, intraocular parasites, tumours or surgery.^{1 2} Despite the fact that the incidence of multiple iris cysts is estimated to be 15.40%–30%, no dislodged cyst in the AC following cataract surgery has been documented.³ UBM allows for the identification of the thin ultrastructure and internal echogenicity of the cysts and detects small cysts, multiloculated or multiple cysts.⁴ The overall incidence of cystic and sheet-like epithelial inclusion cysts after accidental or surgical

intervention of the anterior segment has been estimated to be 0.06%–0.11%.⁵ Free-floating cysts are usually asymptomatic; surgical removal must be considered only for a rapid enlargement or a reduction in endothelial cell count or visual disturbance.²

Learning points

- ▶ UBM is an invaluable tool in the complete workup of an iris cyst.
- ▶ Cataract surgery can result in the dislodgement of iris cysts in the anterior chamber.

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Case reports provide a valuable learning resource for the scientific community and can indicate areas of interest for future research. They should not be used in isolation to guide treatment choices or public health policy.

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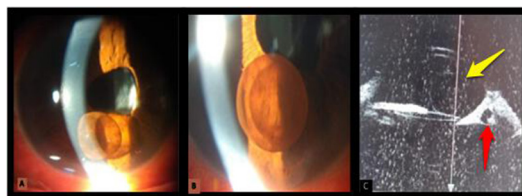


Figure 1 (A, B) Clinical photo showing free-floating cyst in anterior chamber. (C) Ultrasound biomicroscopy showing double cyst: one in the anterior chamber and one behind the iris in the periphery.

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