

Bilateral iris cysts in an infant with retinopathy of prematurity

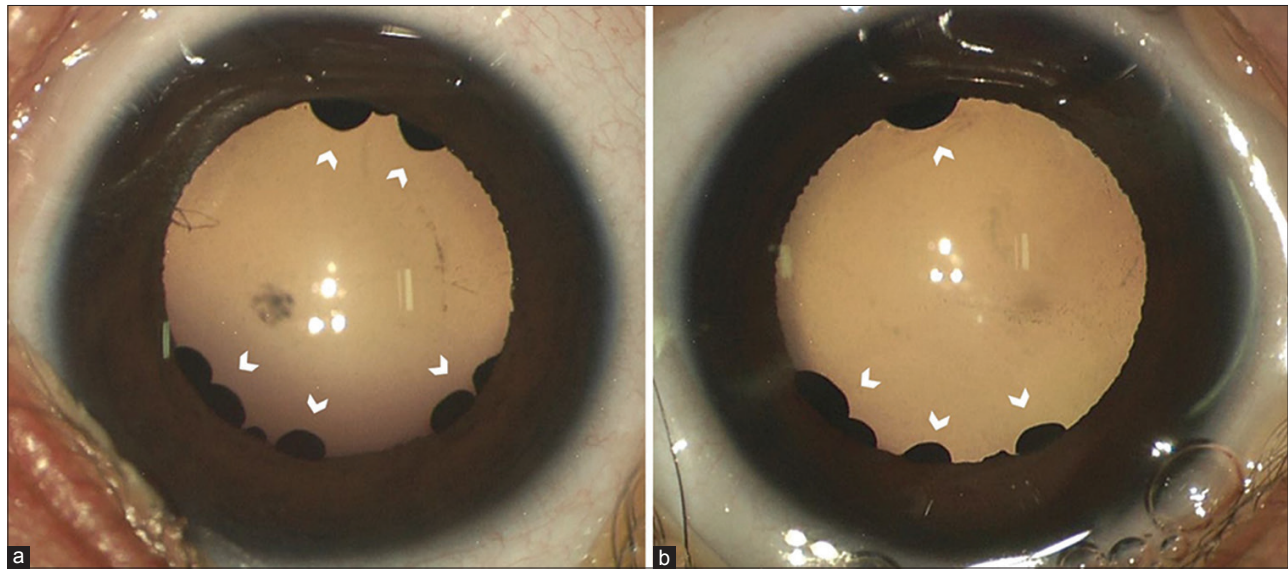


Figure 1: (a and b) Anterior segment of the right and left eye respectively, showing multiple, dark brown, rounded protrusions (arrows) emerging from behind the pupillary margin after pupillary dilation suggestive of mid-zonal iris pigment epithelial cysts

An 8-week-old premature infant, a diagnosed case of aggressive posterior retinopathy of prematurity (ROP), was brought to the ophthalmologist for routine follow-up post-laser treatment. Undilated anterior segment examination was normal. On pupillary dilation, multiple, dark brown, rounded protrusions (arrows) could be visualized behind the pupillary margin in both eyes [Fig. 1]. Posterior segment showed a well-lasered regressing ROP with no sequelae. A diagnosis of bilateral mid-zonal iris pigment epithelial (IPE) cysts was made. These cysts are caused by separation of the anterior and posterior pigment epithelium of the iris with accumulation of fluid between them.^[1] Pupillary dilation everts these cysts on to the pupillary margin and can mimic a ciliary body malignant melanoma.^[2] IPE cysts mostly remain asymptomatic and can simply be observed.^[3]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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References

- Shields JA. Primary cysts of the iris. *Trans Am Ophthalmol Soc* 1981;79:771-809.
- Shields JA, Shields CL, Loid N, Mercado G. Iris cysts in children: Classification, incidence, and management. *Br J Ophthalmol* 1999;83:334-8.
- Georgalas I, Petrou P, Papaconstantinou D, Brouzas D, Koutsandrea C, Kanakis M. Iris cysts: A comprehensive review on diagnosis and treatment. *Surv Ophthalmol* 2018;63:347-64.

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