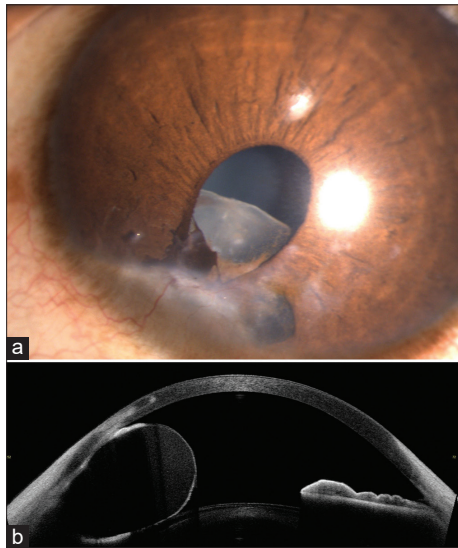


## Iris implantation cyst: A benign visual prognosticator



**Figure 1:** (a) Slit lamp image showing an inferior leucomatous corneal opacity with superficial vascularization with implantation cyst inferiorly, behind iris encroaching visual axis. (b) ASOCT of the cyst showing fluid filled cavity, causing a secondary angle closure

Iris implantation cyst is a secondary cyst formed as a result of invasion of conjunctival or corneal epithelial cells following surgery or penetrating wound.<sup>[1]</sup> In cases with no evidence of trauma, developmental anomaly with conjunctival tissue invasion into the iris stroma seems to be the underlying cause.<sup>[1]</sup>

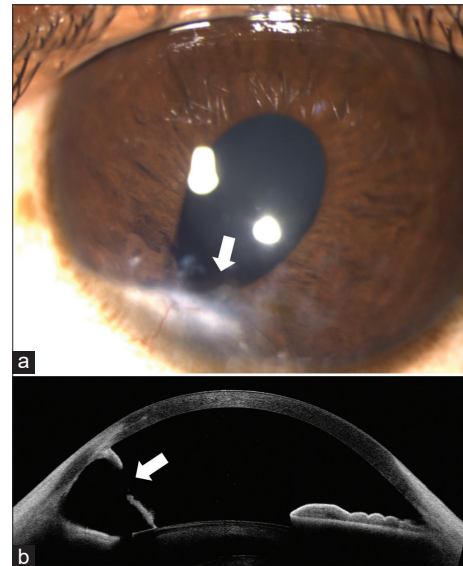
A 24-year-old with a history of corneal perforation repair, presented with blurring of vision in left eye. His best corrected visual acuity was 6/9 (Snellen) and intraocular pressure 18 mmHg. Examination revealed an inferior leucomatous corneal opacity with superficial vascularization and an irregular anterior chamber. An iris implantation cyst encroaching visual axis was noted [Fig. 1a] behind inferior iris defect causing a secondary angle closure. Anterior segment optical coherence tomography (ASOCT) showed a thin-walled fluid-filled cyst behind the iris, confirming the same [Fig. 1b].

Our patient underwent Nd-YAG cystostomy and was kept on topical steroid and cycloplegic, tapered over 2 weeks. One week post operatively, the cyst size had significantly reduced and was maintained at 6 months [Fig. 2a and b]. The IOP at 3, 6, 9, and 11 months follow up was 14–16 mmHg.

Therefore, laser Nd-YAG cystostomy should be considered in such implantation cysts approaching visual axis, which has minimal to no complications versus surgical cystectomy, especially in a phakic young patient is fraught with complications.

### 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.



**Figure 2:** (a) Slit lamp image showing shrunken cyst (white arrow), following Nd-YAG cystostomy. (b) ASOCT showing a shrunken cyst with opening in the cyst wall (white arrow) following laser

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### Conflicts of interest

There are no conflicts of interest.

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### Reference

- Georgalas I, Petrou P. ScienceDirect Iris cysts: A comprehensive review on diagnosis and treatment. *Surv Ophthalmol* 2017;63:347-64.

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