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Surgical Technique for the Management of 'Necklace shaped' Conjunctival lymphatic cystic lesion

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Abstract

A 53-year-old male presented with a history of redness, discomfort,and photophobia in his right eye for the past one month.Ocular examination revealed necklace shaped, transparent, conjuctival lymphatic cystic lesion in his right eye. It was removed with multiple vertical, concentric incision made with an 18 gauge needle.To the best of our knowledge and after an extensive internet search,this method of treating the lesion has never been described before.

Keywords: Conjuctiva,cyst,lymphatic.

Introduction

Conjunctival cysts are thin walled and slowly progressing cysts. They are usually symptomless but can cause cosmetic disfigurement, reduced motility, foreign body sensation, dry eye due to unstable tear film when they increase in size.[1]

Case

A 53-year-old male(figure 1) presented with a history of redness, discomfort, and photophobia in his right eye for the past one month. There was a history of severe form of viral conjunctivitis two months back,

when he was on a visit to his village in Uttarakhand(India). He was properly treated as per his version. There was no other significant medical, surgical, family, traumatic or drug abuse history. Ocular examination was carried out and his best corrected visual acuity was 6/6 in both the eyes. His ocular movements, colour vision, fundus and intraocular pressure were normal bilaterally. Slit lamp/torch examination revealed small palpebral aperture in the right eye due to mechanical ptosis; multiple bulbar conjuctival, raised, necklace shaped transparent cystic lesion on the lateral aspect of the right eye, 8 to 10 mm away from limbus in the interpalpebral area(figure 2). There was surrounding conjuctival congestion plus features of dry eye.The clinical findings were consistent with the diagnosis of conjuctival lymphangiectasia.His laboratory workup was within normal limits.

Figure 1

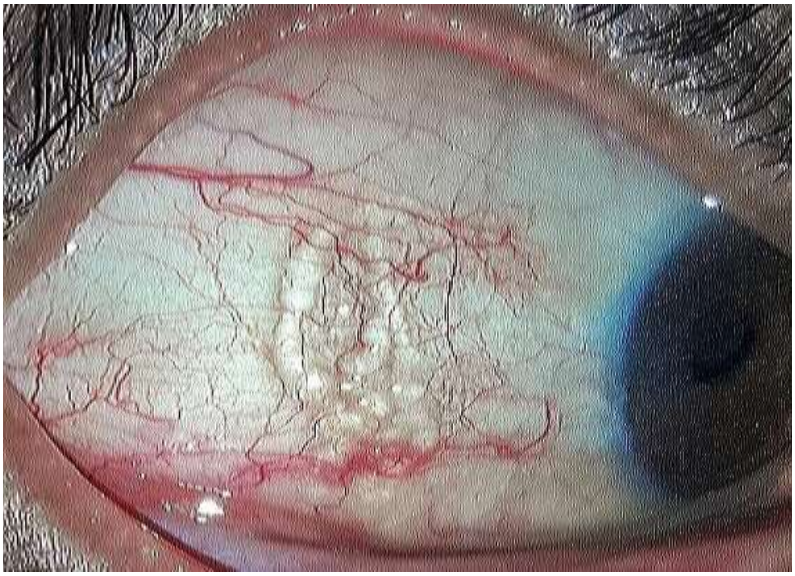

Figure 2

He was on antibiotic-steroid eye drops plus lubricants, but there was no relief in his symptoms. We suggested rupturing those transparent cyst with a needle, but at the same time also stated that there could be a conjuctival haemorrhage because of the procedure. Patient gave his consent for the procedure. After topical instillation of proparacaine drops, under slit lamp guidance, multiple vertical, concentric incisions were made with an 18 gauge needle(figure 3).Patient was put on cyclosporine eye drops(0.05%) BD for three months. Conjunctival haemorrhage developed as a result of the procedure(figure 4) which gradually resolved over the next three weeks. After three weeks again the procedure was repeated. Over the next followup, patient had considerable improvement in his symptoms and after 6 months, the palpebral aperture of the right eye became normal and the patient was totally free from all his ocular signs and symptoms(figure 5).To the best of our knowledge and after an extensive internet search,this method of treating the lesion has never been described before.

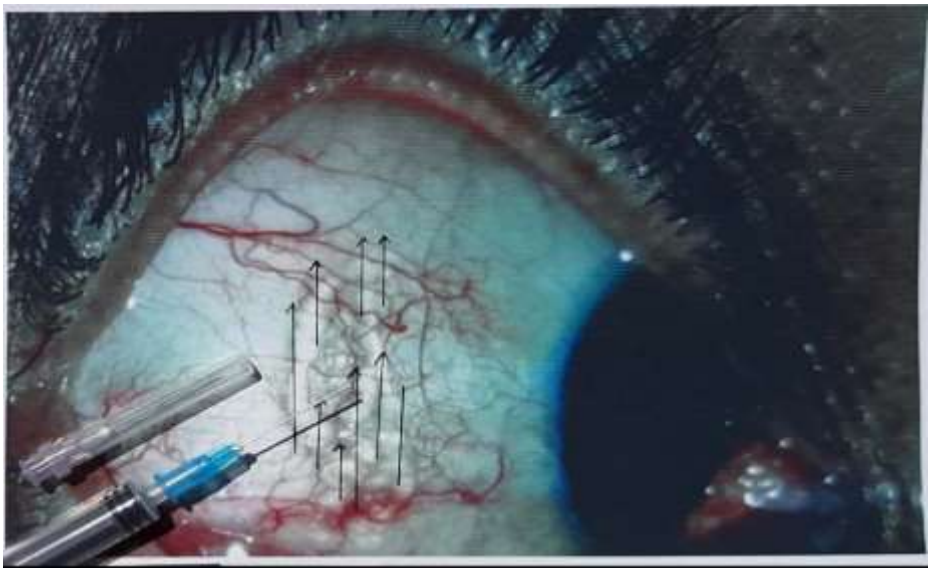

Figure 3

Figure 4

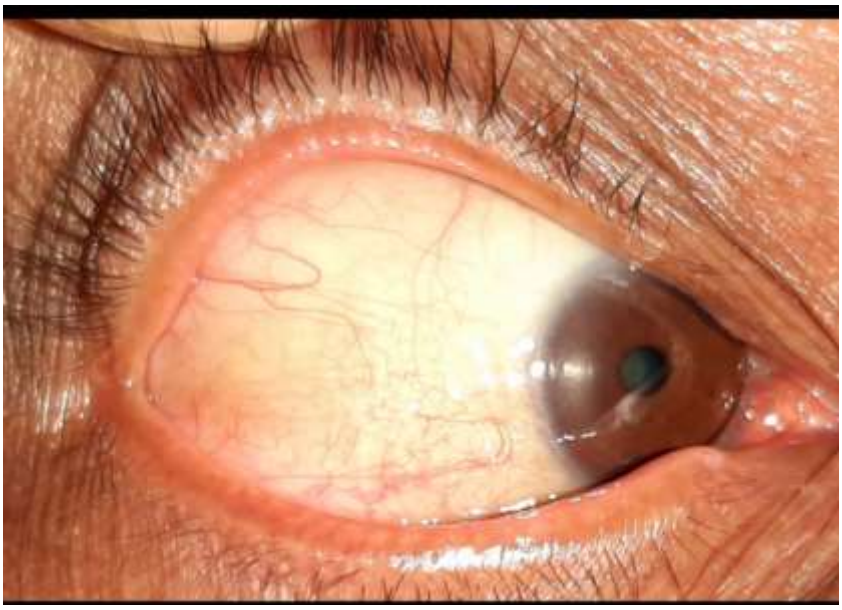

Figure 5

Discussion

Lymphangiectasia of the conjunctiva is a localized or diffuse enlargement of the lymphatics that appears as chemosis or a freely movable cyst or series of cysts("string of pearls"). Although lymphangiectasia is benign in nature, excision may be required. These lesions can be associated with Klippel-Trénaunay-Weber Syndrome,[2] turner's syndrome, Nonne-Milroy-Meige disease,[3] and antiallergic topical medications.[4] It is a rare condition, which occurs as a result of a connection between conjunctival lymphatic and blood vessels. Symptoms may include ocular irritation, dryness, epiphora, blurred vision, and pain. Titanium Alloy Suture

Forceps to treat the lesion has been described in literature.[5]

The important differential diagnosis of such conjunctival lesions includes haemangioma, venous malformation, Kaposi's sarcoma, conjunctival dysplasia, conjunctival intra-epithelial neoplasia, and lymphoid hyperplasia.[6] Excisional biopsy with a histopathological confirmation can be done. Treatment modalities include conservative management, surgery, and carbon dioxide laser.[7]

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