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Case Report

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LEFT LOWER EYELID CYSTIC LESION-A CASE STUDY

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ABSTRACT

Epidermoid cystic lesions are most common cutaneous cysts and they constitute 18% of eyelid masses. It is more common in males, either in 2nd and 3rd decade. It is usually asymptomatic and mostly presents as a slowly growing painless mass. It is most commonly confused with sebaceous cysts and dermoid cyst but histopathological and radiological examination provides the final diagnosis.[1] Histopathology of the mass reveals a cyst lined by squamous epithelium filled with keratin. Here a case is presented of a cystic lesion near medial canthus of left lower eyelid, which was treated surgically.

KEYWORDS: Keywords: Epidermoid cyst, Epidermal inclusion cyst, Eyelid, Squamous epithelium filled with keratin.

INTRODUCTION

One manifestation of tarsal-related pathology is a cystic lesion. Tarsal-related cysts are regarded as the third primary cause of sebaceous cell cancer, after chalazion and tarsal enlargement.[1] It is the cyst's internalization of ectodermal components. It is divided into congenital and acquired varieties, or primary and secondary types. Ectodermal components are incorporated at the closure of the neural groove or epithelial lines in the primary or congenital form.[2] However, the regions that are more vulnerable to repeated stress are typically the ones where secondary or acquired epidermoid cysts occur.

AIM: Review the clinical presentation of a patient with Cystic lesion of eyelid.

OBJECTIVE: Study the diagnosis and management of Cystic lesion of eyelid.

MATERIAL AND METHODOLOGY

Simple Random Single Case Study on patient with Cystic lesion of eyelid.

CASE DESCRIPTION

A 28 years old female patient working as a housewife not known for any major systemic illness visited to Ophthalmic Outpatient Department of concerned hospital with complaints of left eye lower eyelid mass near medial canthus since last 1 year which was gradually increasing in size. The swelling was painless.

HISTORY OF PRESENT ILLNESS

Patient was asymptomatic 1 year back. She had complaints of ocular discomfort in left eye including dryness and foreign body sensation in the left eye. She had complaint of left eyelid mass swelling gradually increasing in size since 1 year.

PAST OCULAR HISTORY

Patient is myopic using spectacles since 3 years.
No history of eye trauma, surgery, amblyopia, strabismus.
K/C/O – Hypertension.
M/H/O – No significant medical history. S/H/O – No significant surgical history.
Allergy – Not known for any drug or food item.
Habits – Mishri.

OCULAR EXAMINATION

Normal appearing orbital structures. Left lower eyelid cystic lesion on eye.

INTRAOCULAR PRESSURE

Right eye 14.6 mmHg and left eye 14.6 mmHg.

VISUAL ACUITY

Vision	Right eye	Left eye
Unaided	6/12	6/24
Aided	6/6	6/6
Near	N6	N6

SLIT LAMP EXAMINATION

	Right eye	Left eye
Lids	NAD	Lower Lid Cystic swelling seen
Conjunctiva	NAD	NAD
Cornea	Clear Avascular	Clear Avascular
Pupil	Round regular Pupillary reflex present	Round regular Pupillary reflex present
Anterior chamber	NAD	NAD
Lens	NAD	NAD

FUNDUS EXAMINATION
Not done.

ON EXAMINATION
The swelling had irregular margins, was non-tender, immobile, negative fluctuation test, normal in temperature, non-reducible, non-compressible. Trans-illumination test was negative.

Slit lamp examination showed swelling near medial canthus left eye. For further diagnostic purpose, USG was done and it showed a complex cystic lesion on medial aspect of lower eyelid? Haematoma? Infective or inflammatory etiology.

DIAGNOSIS
Left Eye Lower eyelid cystic lesion.

TREATMENT
Based on clinical and radiological evaluation, left eye lower eyelid (near medial canthus) cyst excision with histopathological examination under local anaesthesia was planned.

Pre-operative blood investigations were within normal limits. After written and informed consent, patient underwent surgery and the cyst was excised and was sent for histopathological examination in 10% formalin filled container. Histopathology examination (HPE) showed cyst wall lined with stratified squamous epithelium with congested blood vessels and underlying loose keratin flakes. Postoperatively following treatment was given.

Eye drop Nepafenac- 1 drop 2 times a day for 15 days. Tablet Celin 500mg 1 time a day for 15 days.

Eye drop Carboxymethylcellulose (0.5%)- 1 drop 3 times a day for 15 days. Tablet Enzoflam SP - 1 tablet twice a day for 3 days.

ON FOLLOW UP (After 7 days)
Redness reduced in left eye, cornea clear in both eye.

Associated symptoms of foreign body sensation in left eye and dryness reduced by 80%. No other fresh complaints were noted.

	Right eye	Left eye
Lids	NAD	NAD
Conjunctiva	NAD	NAD
Cornea	Clear Avascular	Clear Avascular
Pupil	Round regular Pupillary reflex present	Round regular Pupillary reflex present
Anterior chamber	NAD	NAD
Lens	NAD	NAD

DISCUSSION
There are several proposed mechanisms for cystic lesion formation. These include sequestration of epidermal rests along fusion planes during embryonic development or epidermal proliferation of the infundibulum of the hair follicle with occlusion of the pilo- sebaceous unit.[3] It can originate from hair follicles or invagination of surface epidermis. The treatment of choice is the excision of the cyst encapsulated with the cyst wall, as otherwise the cyst wall can lead to a recurrence of the

cyst, and spillage of the cyst material in the surrounding tissue causes an inflammatory and a foreign body reaction.[4]

RESULT

The specimen was submitted to histopathology analysis showed no malignancy. Epidermoid cystic lesion of eyelid is a benign swelling that can be diagnosed by clinical and radiological evaluation.[4] Surgical excision prevents recurrence.[5] Malignant transformation is rare.[6]

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