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EXTERNAL DISEASE AND CORNEA

INTRASTROMAL CORNEOSCLERAL EPITHELIAL CYST

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Introduction: Intrastromal corneal cyst (ISCC) is very rare corneal pathology. There are only 16-17 cases described in the literature. ISCC may be primary (congenital) or secondary (acquired) as a result of injury, inflammatory process etc. The diagnostics & treatment rather difficult due to rarity observations. The item of this work was to work out the diagnostic criteria & treatment possibilities of ISCC.

Material and methods: Child H., 8y.o. with intermittent corneal opacification was carried out a full ophthalmological examination & surgical treatment.

Results: Complaints: the reduction of visual acuity of the right eye, intermittent corneal clouding with a tendency to increase.

Objectively: blepharospasm, photophobia, mixed injection, 2 cystic formation of the limbus at 6 o'clock ongoing intrastromal pseudohypopion. Visual acuity – 0.06 uncorrected, IOP – 15.0mm. US-scan revealed intrastromal corneal cystic cavity.

Treatment: I stage – conservative antibiotic & inflammatory therapy – without success.

II stage – surgical intervention revision of the scleral cyst drainage & BSS sodium solution irrigation the ISCC with closed cryodestruction of corneal & scleral cysts.

After operation – residual corneal clouding. Visual acuity rised to 0.2.

Conclusion

1. The migration of epithelial cells into the corneal stroma with its subsequent proliferation plays a key role in ISCC formation.
2. The drainage of ISCC with BSS solution irrigation & closed cryodestruction – the safest method of treatment in pediatrics.