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Letter to Editor

Rare case of a conjunctival cyst formation in an anophthalmic socket of a 10 years old patient

Abstract

Evisceration is a widely performed surgery in the pediatric population, the most common etiology for children is trauma and malignant retinal tumors. The procedure is safe and the complications are rare and often easily manageable.

We report the case of a 10 years old male patient, who had undergone evisceration surgery of the right eye 2 years before his admission, following a penetrating ocular trauma. The trauma circumstances were reported as accidental knife perforation. The patient was hospitalized and benefited from sutures of the globe injuries, associated to parenteral and local fortified antibiotics treatments. The follow-up was marked by installation of chronic painful endophthalmitis that was managed with an evisceration and hydroxyapatite implant. Two years later, the ophthalmic examination revealed the presence of 2 conjunctival cysts underneath the prosthesis, with no exteriorization of the hydroxyapatite implant. A surgery was then performed with removal of the conjunctival cysts.

Introduction

Evisceration is a widely performed surgery in the pediatric population, the most common etiology for children is trauma and malignant retinal tumors [1,2]. The procedure is safe and the complications are rare and often easily manageable [3,4]. The most common complications are prolonged pain and swelling, hemorrhage, necrosis, cellulitis, extrusion of the implant and sympathetic ophthalmia [5,6,7].

We report the case of a 10 years old male patient, who had undergone evisceration surgery of the right eye 2 years before his admission, following a penetrating ocular trauma.

The trauma circumstances were reported as accidental knife perforation. The patient was hospitalized and benefited from sutures of the globe injuries, associated to parenteral and local fortified antibiotics treatments. The follow-up was marked by installation of chronic painful endophthalmitis that was managed with an evisceration and hydroxyapatite implant. The patient then received an ocular prosthesis and was not reporting any symptoms for the following year. Two years later, the patient suffered from chronic bacterial conjunctivitis in the same eye that was not responding to usual treatments. The ophthalmic examination revealed the presence of 2 conjunctival cysts underneath the prosthesis, with no

exteriorization of the hydroxyapatite implant (Figure 1, 2). A surgery was then performed with removal of the conjunctival cysts, reconstruction of the conjunctival shell covering the implant and the anatomical piece was then sent to pathology for examination (Figure 3). Histopathologic analysis revealed the epithelial downgrowth nature of the excised piece.

To our knowledge, this is the first reported case of an epithelial downgrowth in an anophthalmic socket in a child. Our literature review found few reported cases only, all of which occurred in adults [8,9,10].



Figure 1: Two conjunctival cysts in anophthalmic socket with no exposed hydroxyapatite implant.



Figure 2: Lower conjunctival cyst.



Figure 3: Postoperative aspect of the conjunctiva covering the hydroxyapatite implant.

References

1. Migliori ME (2002) Enucleation vs evisceration. *Curr Opin Ophthalmol* 13:298-302. [Link: https://tinyurl.com/ycqzykjj](https://tinyurl.com/ycqzykjj)

2. Sara AK, Lilian RP, Bruce TC (2001) Pediatric Enucleation Analysis of Volume Replacement *Arch Ophthalmol* 119: 379-384. [Link: https://tinyurl.com/yb8ydt2j](https://tinyurl.com/yb8ydt2j)
3. Valeshabad AK, Naseripour M, Asghari R, Parhizgar SH, Parhizgar SE, et al. (2014) Enucleation and evisceration: indications, complications and clinicopathological correlations. *International Journal of Ophthalmology* 7: 677-680. [Link: https://tinyurl.com/y876gds5](https://tinyurl.com/y876gds5)
4. Moshefeghi DM, Moshefeghi AA, Finger PT (2000) Enucleation. *Surv Ophthalmol* 44: 277-301. [Link: https://tinyurl.com/ybe5qy5l](https://tinyurl.com/ybe5qy5l)
5. Cytryn AS, Perman KL, Migliori ME (1999) Enucleation, evisceration and exenteration of the eye. *Butterworth-Heinemann: Boston*. 105-12. [Link: https://tinyurl.com/ybt45fyz](https://tinyurl.com/ybt45fyz)
6. Kostick DA, Linberg JV (1995) Evisceration with hydroxyapatite implant. *Surgical technique and review of 31 case reports. Ophthalmology* 102: 1542-9. [Link: https://tinyurl.com/ycb89hl5](https://tinyurl.com/ycb89hl5)
7. Phan LT, Hwang TN, McCulley TJ (2012) Evisceration in the Modern Age. *Middle East African Journal of Ophthalmology* 19: 24-33. [Link: https://tinyurl.com/y7arwcbg](https://tinyurl.com/y7arwcbg)
8. Wolter JR (1965) Unusual epithelial downgrowth complicating retinal detachment surgery and ocular evisceration. *Am J Ophthalmol* 60: 679-684. [Link: https://tinyurl.com/y7mwh3x2](https://tinyurl.com/y7mwh3x2)
9. Wolter JR (1993) Epithelial downgrowth following evisceration, simulating orbital neoplasm. *Am J Ophthalmol* 55: 1160-1163. [Link: https://tinyurl.com/y7kevosn](https://tinyurl.com/y7kevosn)
10. Ghaiy R, Meyer DR, Farber MA (2005) Epithelial Downgrowth Complicating Evisceration With Orbital Implant Exposure. *Arch Ophthalmol*. 123: 1268-1270. [Link: https://tinyurl.com/yc4t2dwn](https://tinyurl.com/yc4t2dwn)