Case report

A rare presentation of lower conjunctival fornix eyelashes cyst

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ABSTRACT

Purpose: To describe a rare presentation of a right lower conjunctival fornix eyelashes cyst.

Case Report: A 56 year-old lady presented to our clinic complaining of blackish mass in the lower conjunctival fornix of the right eye (see fig.1), with mild conjunctival hyperemia around the mass. There was no history of discharge and difficulty in extraocular muscles movements also there was no history of trauma. A gradually enlarging mass over the past few years with recurrent conjunctivitis. Slit lamp examination of the mass showed normal appearing eyelashes surrounded by capsule only. The mass was surgically excised with good cosmetic appearance and without any complications.

Introduction

Eyelashes grow on the edge of the eyelid. A normal eyelid has a single row of eyelashes located along its anterior margin. The posterior portion of the lid contains a row of Meibomian glands orifices, which secrete the oily component of the tear film (1). There are approximately 100 eye lashes on the upper lid and approximately 50-75 on the lower lid, they protect the eyeball. Three to five eyelashes falls from our eyelids daily. Occasionally, a lash will be observed or appear to be growing in an unusual place and possibly produce diagnostic difficulties. Injury from abrasion or foreign body action of lashes on the cornea is also possible.

Figure 1: blackish mass in the lower conjunctival fornix of the right eye

Figure 2

Figure 3: showing the lashes with overlying conjunctiva.
Discussion

There are many disorders or diseases affecting the eyelashes which involve the growth, site of the growth, the direction of the growth, inflammation of the hair follicles and infestation with parasites.

The growth of eyelashes (like in madarosis) may be affected permanently due to tissue damage, atrophy or inflammation (2) or could potentially be reversed with the proper diagnosis and treatments.(3)

Abnormal growth site of the eyelashes follicles as in distichiasis, which usually exit from the duct of the meibomian gland at the eyelid margin is common eyelashes disorders.(4)

Eyelashes follow a natural pattern of growth and fall out at a regular rate. Unusual retained eyelashes alone or associated with other substances may be seen in many parts in the orbit.

In our study we see that retained eyelashes alone seen in the lower fornix encapsulated by conjunctiva ( see fig. 2 ), which may be explained by fall out of the lashes into the fornix due to chronic blepharitis. In this case we simply manage that by excision of the cyst with lashes and conjunctiva ( see fig.3 ), then we close conjunctiva by 7/0 vicryl without any complications.

Other unusual retained lashes seen in the corneal stroma after trauma a case report done by Edward J. Casswe. The lashes were surgically removed, with good visual recovery (5). Another case report done by David M. Kozart showed a large metallic foreign body and two eyelashes were embedded in the retina as a result of penetrating ocular trauma. Following removal of the metallic fragment and one eyelash, the vision in the injured eye has remained 20/20 over a three-year follow-up period in spite of the retention of the second eyelash in the retina. The retained eyelash has provoked no inflammatory reaction.(6)

Abraham Solomon showed another case of retained eyelashes in the anterior chamber following corneal perforation were found on a routine slit lamp examination 2 months post corneal rupture repair, lashes easily removed from the anterior chamber without complications and the anterior chamber is quiet after 2 weeks postop.(7)

Retained lashes may cause variable responses in the eye, ranging from no response, to severe infection or inflammation such as uveitis or endophthalmitis. Retained eyelashes are probably more common than reported. Careful examination under high magnification is warranted and early diagnosis is important; which in turn decrease the risk of serious complications.

References