INTRODUCTION

- Cystic lesions of the iris, although uncommon, have been well characterized and are classified according to the anatomic area of involvement.¹ ²
- Spontaneous hyphema may occasionally be related to vascularized iris lesions.³
- Here, we present a unique case of a dislodged IPE cyst causing a hyphema.

CASE PRESENTATION

- A 78 year old man was doing yard work when he had an episode of painless white out of vision in his left eye. Over the ensuing hours, the eye became red and the vision returned, but was cloudy.
- There is no history of cancer, bleeding diathesis, ocular foreign body or aortic aneurysm.

OPHTHALMIC EXAM

<table>
<thead>
<tr>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual acuity</td>
<td>20/25</td>
</tr>
<tr>
<td>IOP</td>
<td>12</td>
</tr>
<tr>
<td>Cornea</td>
<td>Clear</td>
</tr>
<tr>
<td>Conj/Sclera</td>
<td>White and quiet</td>
</tr>
<tr>
<td>Anterior Chamber</td>
<td>Deep and quiet</td>
</tr>
<tr>
<td>Iris</td>
<td>Flat, round, prominent pupillary ruff/floccule, prominent circumferential vessels</td>
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<tr>
<td>Lens</td>
<td>3+ NS, 2+ CS</td>
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<td>Gonioscopy OS only (Figure 2)</td>
<td>Inferior iris flocculus ~2mm in size with focal PAS and injected adjacent Schlemm's canal</td>
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Ancillary testing

A stroke work-up was performed with the following findings:
- CT Head: unremarkable
- CT Orbits (w/ and w/o contrast): unremarkable
- CTA Head and Neck: <50% stenosis of bilateral carotid arteries

Several months earlier, the patient had a CTA of the thorax for chest pain, which was negative for an aortic aneurysm.

DISCUSSION

- Iris lesions may be benign or malignant:⁵
  - Among malignant lesions, 21% are cystic.
  - Among cystic malignant lesions, 86% derive from IPE and 11% from iris stroma
- IPE cysts are benign and may be unilateral or bilateral.⁶
  - They are categorized anatomically as: pupillary, midzonal, peripheral or dislodged.
  - Anterior segment OCT shows a hyper-reflective anterior cyst wall with acoustic shadowing.
  - Complete extent of cyst best visualized on UBM.
  - Dislodged IPE cysts account for 2-5% of all iris cysts¹ ²
    - They may be free floating in the anterior chamber or vitreous or immovable in the inferior angle with varied visual symptoms.²
  - Iris flocculi are a special form of pupillary IPE cyst that may wax and wane, thus appearing wrinkled.³
    - Related to mutations in ACTA-2 or MYH11
    - These are associated with familial thoracic aortic aneurysm and dissection, so surveillance is recommended
  - Iris microhemangiomatosis may present with vascularized Cobb’s tufts at the pupil margin and spontaneously bleed.⁶
    - These lesions are evident angiographically and may be treated with argon laser.

CONCLUSION

- In cases of “spontaneous” hyphema, examine the anterior chamber angle and iris closely.
- Wrinkled or waxing/waning iris cysts (iris floccule) should have screening to rule out thoracic aortic aneurysm and dissection.

REFERENCES