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CASE REPORT

A RARE CASE OF SYMBLEPHERON TRIGGERED BY LONG STANDING CILIA: A CASE REPORT

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ABSTRACT: BACKGROUND: In this case report we describe a very rare case of symblepheron which hasn't been reported in literature till date, triggered by long standing cilia embedded in the subconjuctival space followed by regression of symblepheron by removing the cilia. **CASE REPORT:** A 65-year-old man, presented to the eye O.P.D of I.G.M.C. Shimla with complaints of irritation and foreign body sensation in the left eye from last 8-9 months. He had no history of trauma, chemical injury or surgery in left eye in the past. He had history of multiple treatments with topical antibiotics and lubricants for the complaints with no relief. Torch light examination revealed a whitish membrane in the lower palpebral conjunctiva. Slit lamp examination revealed two semilunar pseudopockets and partial symblepheron in lower fornix. Further probing revealed two eyelashes embedded in the subconjuctival space in one of the peudopockets. Search with a needle under topical anesthesia under slit lamp magnification enabled the cilia to be removed with little difficulty; the cilia were of the same size and appearance as the patient's own. He was prescribed topical antibiotics and the symblepheron regressed significantly in 8 weeks' time. **CONCLUSION:** Long term inflammation associated with foreign bodies like embedded cilium in the subconjuctival space may cause unusual presentations like symblepheron as in this case.

KEYWORDS: Symblepheron, cilia, subconjunctival foreign body, long term inflammation.

INTRODUCTION: Eyelashes (Cilia) are frequently seen lying on the eyelid, on the ocular surface, in the tear film or caught among other lashes after they fall out of their follicles Eyelashes can be seen in unusual anatomical parts of the eye after falling out of their follicles. They can be observed in a meibomian gland orifice, lacrimal punctum, conjunctiva, or the skin of the eyelid.[1] There may be some diagnostic problems, occasionally questions of management and in rare instances, some risk of morbidity.

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 anterior eye surface is also possible. Some instances are easily explained and others require closer inspection or consideration.[1] Eyelashes can be seen intaocularly too although rare and usually associated with a history of trauma and surgery. Location of the intraocular cilia is variable. They may be located in the anterior chamber, iris, lens, vitreous, and retina[2,6]

Symblepharon (plural symblephara) is an adhesion between the bulbar and palpebral conjunctiva which has been described in Ocular cicatricial pemphigoid, Stevens–Johnson syndrome-toxic epidermal necrolysis, Atopic keratoconjunctivitis, Conjunctival chemical and thermal burns, Trachoma etc.[3]

We, herein, describe a rare case of symblepheron triggered by long standing cilia embedded in the subconjuctival space without a history of trauma or surgery followed by regression of

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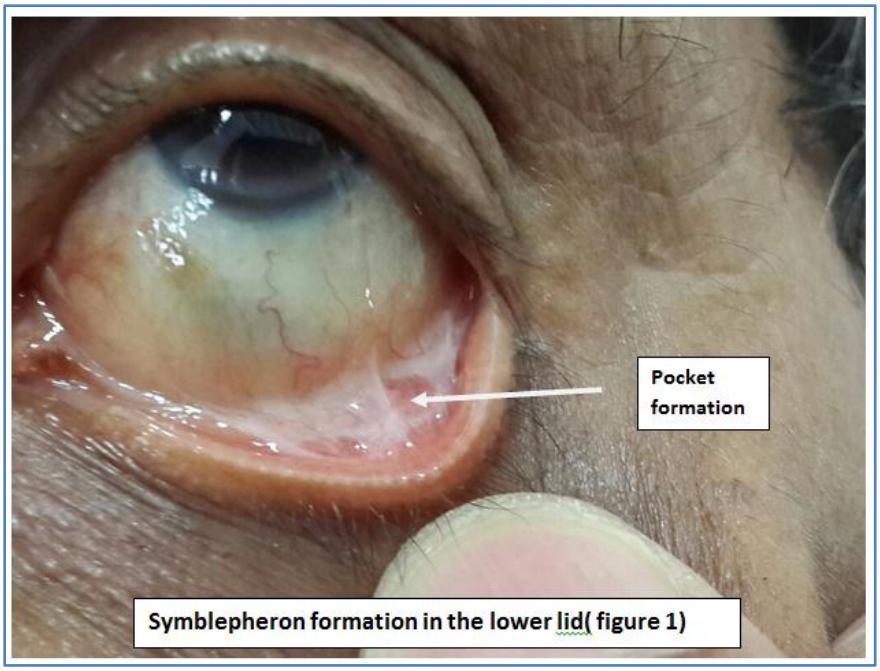
symblepheron by removing the cilia. To the best of our knowledge this is the first case of symblepheron triggered by long standing cilia embedded in the subconjuctival space without a history of trauma or surgery, to be reported.

CASE REPORT: A 65-year-old man, presented to eye O.P.D. of I.G.M.C. Shimla in September 2014 with complaints of recurrent irritation and foreign body sensation in the left eye from last 8-9 months. He also complained that there is some white structure inside his lower eyelid which he himself noticed everting his lower lid. He had history of multiple treatments with topical antibiotics and lubricants for the complaints with no relief.He had no history of trauma, chemical injury or surgery in left eye in the past. He had pseudophakia in his right eye operated 10 years back. At presentation, his best corrected visual acuity was 6/6 in both eyes. Rest of the ocular examination was normal.

Torch light examination revealed a whitish membrane in the lower palpebral conjunctiva. Slit lamp examination revealed two semilunar pseudopockets (As shown in figure 1) and partial symblepheron formation in lower fornix. Further probing revealed two eyelashes embedded in the subconjuctival space in one of the pseudopockets. Search with a needle under topical anesthesia under slit lamp magnification enabled the cilia to be removed with little difficulty; the cilia were of the same size and appearance as the patient's own. He was prescribed topical antibiotics and lubricants.

The Symblepheron regressed significantly in about 8 weeks' time (Figure 3) and the patients symptoms also diminished significantly.



Symblepheron formation in the lower lid(figure 1)

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Eyelashes removed from the subconjuctival space(fig.2)

DISCUSSION: Loose lashes can be observed lying on the lids, in the conjunctival sac or in the tear meniscus. As a part of a dermolipoma, cilium can grow in the conjunctiva.[1] Occasionally a loose lash can penetrate the ocular surface. Gutteridge et al., showed an eyelash, which had penetrated the conjuctival layers into the subconjunctival space. Also, they observed lashes in the meibomian gland orifice, in the lacrimal punctum and at the skin of the eyelid.[1, 4] As a rare complication, after subtenon anesthesia, subconjunctival cilium has been reported to be present.[5]

Cilium as a foreign body can occur in different parts of the eye such as the anterior chamber, iris, vitreous, lens, and retina. Intraocular cilia are typically a consequence of ocular penetrating trauma or surgery.[2,6] After cataract surgery, a lash migration into the clear cornea was reported.[7] After perforation, a lash was observed in the anterior chamber, which is the most frequent location. A decision to do surgery is multifactorial. Location of the cilium, accompanying inflammation and ocular injuries affect the physician's decision.[1,2,6,8]

In our case we observed two cilia entrapped in the peudopocket in the subconjuctival space along with symblepheron formation in lower fornix. Conjunctival scarring predisposes entrapment of cilia by making folds and blind recesses in the conjunctiva.[9] In our case patient reports irritation and foreign body sensation from many months along with history of rubbing of lower eyelid.Cilia entrapment and constant rubbing have predisposed to conjuctival inflammation. Long term inflammation and associated conjuctival scarring have further predisposed to symblepheron formation.

Subconjunctival cilia can be a mechanical irritant and can cause granuloma formation.[10] Subconjunctival cilia can be symptomatic or asymptomatic. Mimura et al., reported an asymptomatic subconjunctival cilium without hyperemia or edema.[9] George and Silvestri reported subconjunctival cilia with recurrent foreign body irritation.[11]

In our case, the patient had complaints of irritation and foreign body irritation with history of rubbing leading to long term inflammation and symblepheron formation. The fact that symblepheron regressed significantly after removal of suconjuctival cilia further emphasizes that they were the sole precursor of its formation. To our knowledge, we have reported the first case of cilia as a precursor of symblepheron formation. Ocular foreign bodies (FBs) are often encountered in clinical practices. In most cases, medical history referring to the nature of injury may be enough to suggest the presence of

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a FB. However, there are cases in which the presence of the FB is difficult to diagnose based on history taking or clinical examination.

The case described here emphasizes the fact that subconjuctival growths merit careful examination with the slit-lamp.

Long term inflammation associated with foreign bodies like embedded cilium may cause unusual presentations like symblepheron as in this case.

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