

Giant eyelid apocrine hidrocystoma with mass effect

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ABSTRACT

Objective: To report a rare case of giant eyelid apocrine hidrocystoma. **Method:** a Case report. **Results:** A 51-year-old healthy Chinese man presented with an unsightly large swelling over the nasal aspect of the left periorbital region. He had a history of blunt trauma to the left upper eyelid 20 years ago and claims the swelling has gradually increased since then. He complained of on and off pricking left orbital pain for the past 1 month which brought him to seek medical attention. The vision was otherwise good (6/9) with no diplopia. Orbital examination revealed a large fluctuant translucent swelling causing lateral displacement of the medial lid appendages. Computed tomography of the orbit reported a left periorbital well-demarcated encapsulated lesion with proteinaceous content measuring 2.6 x 3.3 x 2.8 cm causing a significant mass effect with lateral displacement of the eye globe. Subsequently, the patient was referred to the Oculoplastic team in Serdang and an orbital mass excision was performed. Histopathological analysis was suggestive of apocrine hidrocystoma. **Conclusion:** Apocrine hidrocystomas are uncommon, benign, cystic lesions of the skin frequently found on the face but are rarely found in the periorbital region. Tumours of more than 20 mm are called giant apocrine hidrocystomas and there are so far less than 10 cases reported occurring on the face.

KEY WORDS:

Apocrine hidrocystoma

Intraocular pressure changes following dropped nucleus: Our experience at Hospital Selayang

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ABSTRACT

Objective: To evaluate the intraocular pressure (IOP) changes and visual outcomes of Pars Plana Vitrectomy (PPV) for dropped nucleus post phacoemulsification. **Method:** This was a retrospective case series of patients who underwent PPV for dropped nucleus from January 2015 to August 2017. All patients underwent PPV with phacofragmentation / lens removal and secondary intraocular lens implantation. Patients (excluding known glaucoma or glaucoma suspects) were selected from hospital electronic medical record with follow up till post-operative third and sixth month. Major outcome parameters were: pre-phacoemulsification versus post-PPV best corrected visual acuity (BCVA) and pre-PPV versus post-PPV IOP. **Results:** Total of 30 patients were included in the study with a mean age of 67.4 years (SD=10.3). Average pre-PPV IOP is 28.6mmHg (SD=15.3) and majority of patients had pre-PPV IOP higher than 22mmHg (n=19, 63.3%). Thirteen (43.3%) patients required two or more anti-glaucoma medications (acetazolamide and anti-glaucoma eye drops) prior to PPV. All patients had a significant reduction in IOP post-PPV third month with an average of 13.8mmHg (SD=3.3, p 0.001) and sixth month 14.6 mmHg (SD=1.9, p=0.004) respectively. Patients also experienced significant visual improvement from pre-phacoemulsification BCVA logMAR 1.58 (SD=1.24) to post-PPV BCVA logMAR third month 0.54 (SD=0.41, p0.00) and sixth month 0.40 (SD=0.29, p=0.003) respectively. More than half of patients achieved good post PPV BCVA equal to or better than logMAR 0.3 (n=17, 56.7%). **Conclusion:** Patients with dropped nucleus post-PPV may achieve significant improvement in the final visual acuity and pre-operative high IOP is reversible post PPV.