



Two Clinical Presentations of Conjunctival Cysts

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Abstract

We report two cases of conjunctival cysts with different anatomical locations and clinical appearances. The first case involved a classic translucent inclusion cyst of the inferior bulbar conjunctiva. The second case presented as an opaque medial canthal cyst adjacent to the caruncle. Both were treated with complete surgical excision with no recurrence. These cases highlight the variability of conjunctival cysts and the importance of careful clinical evaluation.

Introduction

Conjunctival cysts are benign epithelial-lined lesions filled with serous or mucoid material. They may arise spontaneously or secondary to inflammation, trauma, or surgery. Although often asymptomatic, they may cause irritation or cosmetic concern. Clinical appearance varies depending on location and internal content.

Case 1

A 24-year-old male presented with a painless swelling of the inferior bulbar conjunctiva. Slit-lamp examination revealed a well-defined, dome-shaped, translucent cyst containing clear fluid. There was no inflammation or scleral involvement. Complete surgical excision was performed. Histopathology confirmed an epithelial inclusion cyst. No recurrence was observed at 6 months.

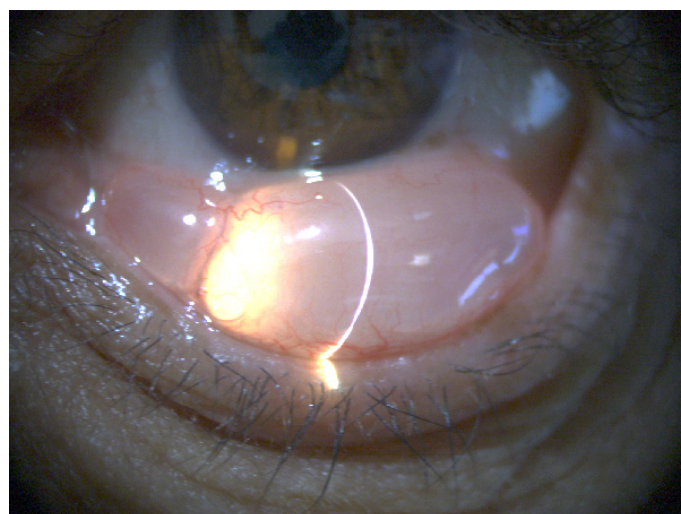


Figure 1: Inferior bulbar conjunctival inclusion cyst.



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Case 2

A 36-year-old female presented with a slowly enlarging lesion at the medial canthus. Examination showed a dome-shaped, opaque whitish lesion adjacent to the caruncle, without pigmentation or ulceration. Differential diagnoses included inclusion cyst and caruncular adnexal lesions. Complete surgical excision was performed with preservation of the lacrimal drainage structures. Histopathology confirmed a conjunctival epithelial-lined cyst. No recurrence occurred.



Figure 2: Medial canthal conjunctival cyst adjacent to the caruncle.

Discussion

These cases demonstrate the clinical variability of conjunctival cysts. Bulbar cysts typically appear translucent and thin-walled, while medial canthal lesions may appear opaque due to thicker lining or proteinaceous content. Differential diagnosis includes lymphangiectasia, dermoid cyst, nevus, and oncocyctic caruncular lesions. Observation may be appropriate for asymptomatic lesions; however, complete surgical excision remains the definitive treatment and minimizes recurrence.

Conclusion

Conjunctival cysts can present with different morphologic characteristics depending on their location. Accurate clinical evaluation and complete excision ensure excellent prognosis.

Author declarations

Patient consent

Written informed consent was obtained from both patients for publication.

Conflicts of interest

The authors declare no conflicts of interest.

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