ANGIOMA OF THE IRIS*†

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ANGIOMATA of the uveal tract are rare and those situated in the anterior parts of the uveal tract are extremely rare (Duke-Elder, 1940). Cases have been reported as haemangiomas of the iris which appeared as vascular tumours on the surface of the iris giving rise to periodic bleeding. Ashton (1964) reviewed the literature on primary tumours of the iris and reported that so far only eight cases of angiomas of the iris had been confirmed before his own series of three. In view of the rarity of this tumour the details of the case described here were considered to be worth recording.

Case Report

A female infant aged 2 months was brought to the Eye Department of the Royal Berkshire Hospital on March 26, 1965, because the family doctor had noticed blood in the anterior chamber of the left eye which had appeared spontaneously without any history of trauma or infection. The right eye appeared normal.

The baby was examined under anaesthesia and a considerable hyphaema was seen in the left eye, which was white and free from inflammation. There was a vascular, pinkish-white growth in the iris filling the angle of the anterior chamber between 6 and 9 o'clock and occupying the outer two-thirds of the iris. The pupil margin was distorted. The intra-ocular pressure was 35 mm. Hg (Schiotz). Examination of the rest of the eye revealed no abnormality. On April 6, 1965, an operation was performed to remove the tumour (Fig. 1).

FIG. 1.—Diagram showing site of tumour and surgical incision.

A conjunctival hood was raised at the limbus between 5 and 9 o'clock. Diathermy was applied to the sclera round the limbus in this area. A scleral incision was made parallel to and 1 mm. behind the limbus, and from the centre of this a radial incision was carried backwards for 6 mm. The two lateral scleral flaps and the cornea were retracted and the tumour exposed. Diathermy was applied to the ciliary body at the base of the tumour which was then excised, dissecting it away by means of an iridectomy and freeing it from the ciliary body. Thrombin was used freely during the operation to fill the anterior chamber and cover the operation area. The scleral incisions were then sutured with virgin silk and the conjunctival hood sutured over the wound. Atropine and Neobacrin ointments were instilled and the eye padded.

Convalescence was uneventful and the eye remains free from inflammation or other complications.

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Pathological Report (Prof. Norman Ashton).—The section showed an angioma with connective tissue and thin-walled, dilated vessels. There was extensive stromal haemorrhage and early fibroblastic invasion involving the outer one-third of the iris. It was benign and appeared to have been completely excised (Figs 2 and 3).

FIGS 2 and 3.—
Photo-micro-
graphs of angi-
oma. $\times 85$.

Professor Ashton confirmed the rarity of the tumour and pointed out that this was probably the thirteenth recorded case.

Summary

The successful removal of an angioma of the iris in a 2-month-old infant is reported.

My thanks are due to Prof. N. Ashton for his report on this case and to Dr. E. H. Hemsted for the photomicrographs.

REFERENCES

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