FIG. 1 *Retina left eye, Case 1*

FIG. 2 *Retina left eye, Case 2*

(Facing p. 103)

Mobile vitreous cysts

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Vitreous cysts are sufficiently rare to be regarded as ocular curiosities (Duke-Elder, 1964), and we therefore welcome this opportunity of describing two such cysts which have recently been examined in detail.

Case reports

Case 1, a 30-year-old man, complained of deterioration in the vision of both eyes for some months. There was no history of previous ocular disease and he was in perfect health.

The corrected visual acuity in each eye was 6/5 right with -1 D sph., -0.25 D cyl., axis 90° ; left with -1.25 D sph., $+0.5$ D cyl., axis 180° .

In the left eye there was a small spherical cyst in the middle of the vitreous, which was suspended by two fine strands that appeared to arise from Cloquet's canal (Fig. 1). The cyst was free to rotate around this pedicle, as an apple might about its stalk, and when it did so its surface was seen to be covered with fine pigment granules. The eye was otherwise normal.

The right eye had a tonic pupil but no other abnormality.

Case 2, a 53-year-old man, presented with the symptoms of presbyopia but also related that, since childhood, a "black blob" occasionally floated across the vision of the left eye. He was referred because a solid lesion in the fundus was suspected.

The unaided visual acuity in each eye was 6/4. There was a freely mobile cyst in the left vitreous, which fell to the posterior pole when the patient was supine, and which was covered with dark pigment granules (Fig. 2). Otherwise both eyes were sound.

Discussion

Mobile vitreous cysts are thought to be remnants of the hyaloid system (Duke-Elder, 1964), and certainly this origin is likely in Case 1, since the cyst was so closely connected to Cloquet's canal. The association of such cysts with retinitis pigmentosa has been stressed by Roveda (1953), but there was no evidence of this disorder in either of our two patients.

Purper (1950) and Cati (1951) both described cysts which were covered with pigment, and this led the latter author to suggest the pars ciliaris of the retina as the site of their origin, but Cassady (1949) claimed that the granular surface was not caused by pigment deposits but was rather an artefact due to the fact that a glistening body was being viewed against a light background. Both cysts reported here were plainly visible with a Hruby lens, and slit-lamp examination at high magnification clearly showed pigment scattered on their surfaces.

The cyst in Case 2 was free to roam around the vitreous, and when it lay against the retina it gave the impression of a solid lesion, so explaining the reason for the patient's initial referral.

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