CHRONIC IRIDO-CYCLITIS: ATROPHIC PATCHES IN THE IRIS

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EVERY ophthalmic surgeon is familiar with cases of patches of inflammation followed by atrophy in the choroid associated with keratitis punctata. These were first pointed out by Hill Griffith.⁽¹⁾ Textbooks do not point out that patches of atrophy also occur in the iris associated with chronic irido-cyclitis, although they are frequently to be found if carefully looked for in these cases.⁽²⁾ The common situation is usually either at the greater or lesser circle of the iris and rarely, as in the following case, at the margin of the iris. In other words they occur where the capillary anastomosis is largest. They are not usually observed during the first onset of the disease, but make their appearance generally from 3 to 6 weeks after the onset. It is possible that they are not observed in the early stages of the disease owing to the use of atropin to dilate the pupil. They are probably the site of the embolic infection causing the disease. The following are the notes of the case from which the illustration was made.

Mrs. B., aged 55 years, first seen on September 19, 1924, complaining of mist before the right eye, which came on suddenly a week previously. There was no ciliary injection. The pupil dilated evenly with atropin. There were keratic precipitates and vitreous opacities. Her teeth showed marked pyorrhoea alveolaris, and there were several apical abscesses. The teeth were extracted and a vaccine given. On October 8 she developed atropin irritation, and the atropin was left off. On October 22 the pupil had regained its activity, and the atrophic patch at the margin of the iris could then be seen.

REFERENCES

1. Hill Griffith.—*Trans. Ophthal. Soc.*, Vol. VII. p. 134.
 2. Mayou.—*Brit. Med. Jl.*, Oct. 28, p. 1324, 1910.
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