

### Discussion

The name tricho-epithelioma indicates that in this tumour differential diagnosis is directed towards the hair structures. Reese (1951) states that these tumours may be single or multiple, are noticed in early life, and grow very slowly, and that there may be some keratinization as in our first case. In our three cases the tumours appeared for the first time when the patients were aged 39, 37, and 22 respectively, the first two being unusually late. Keyes and Queen (1945) reported a case involving the lid margin with many abnormal fine blond hairs protruding from the surface. No such feature was present in our cases. We feel that the tendency for slow growth of the tumour indicates a possible local change towards malignancy. This tendency has been observed by Duke-Elder (1952), but Reese (1951) views this tumour as a type of basal cell epithelioma.

### Summary

Three cases of tricho-epithelioma of the lid margin are described. The first had several unusual features, namely age at onset, size, the fact that it was a solitary lesion, and the tendency to re-appear at a different site.

These patients were seen at the Victoria Hospital, Bharatpur, and we thank Dr. T. G. Mathur, Principal Medical and Health Officer, Bharatpur, for permission to publish this report.

We also thank Dr. P. N. Wahi, M.D., M.R.C.P., F.N.I., Professor of Pathology, S. N. Medical College, Agra, for his opinion on the microscopic appearance of the tumour.

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## TWO CASES OF CONJUNCTIVAL CYST\*

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CONJUNCTIVAL cysts are rare, but six types have been described in the literature: congenital cysts commonly seen in naevi; traumatic cysts of the implantation type following operation or injury; epithelial or glandular retention cysts; pseudo-cysts after papillary hypertrophy of the conjunctiva usually following trachoma; lymphatic cysts resulting from dilation of lymphatic vessels; parasitic cysts.

\* Received for publication January 16, 1959.

Most of these arise from chronic inflammation of the conjunctiva, in which a solid rod of cells or a tubular process grows inwards, the central cells gradually degenerating forming a uni- or multilocular cyst. These usually occur in the upper lid and fornix, but have also been observed in the neighbourhood of the caruncle and plica (Duverger and Redslob, 1922; Cirincione, 1903; Vermes, 1906).

The present cases are unusual in that a cyst was found at the limbus underlying a pterygium.

#### Case Reports

(1) A male aged 25 years attended the hospital with a swelling over the medial part of the limbus of the right eye which had gradually grown during the past 6 months to its present size of 0.5 × 0.5 cm. A markedly swollen fleshy pterygium was encroaching upon the medial part of the cornea. A pterygium operation was undertaken and, as the apex was detached from the cornea, a translucent cyst could be seen beneath. The cyst, which was completely free from the overlying pterygium was closely adherent at the limbus and adjoining sclera, and was carefully excised. On section, it was found to be unilocular with a very thin wall and filled with clear fluid. The pterygium was excised and the area of the cyst cauterized.

(2) A female aged 50 years attended the hospital with a similar swelling which had been increasing for over 2 years. The pterygium was very thin and a cyst could be seen through it. The cyst was adherent to the episclera, but was easily removed together with the pterygium, and showed a similar appearance to that in Case 1.

#### Comment

Bistis (1921) has described the occurrence of a conjunctival cyst after inflammation due to a pterygium. The present cases are probably of the type in which cysts are formed by epithelial down-growth, but the freedom from the superficial pterygium and the attachment to the deeper structures suggest a congenital origin leading to the development of a cyst in later life (Straeten and Duyse, 1924).

#### Summary

Two cases of conjunctival cyst at the limbus hidden by an overlying pterygium are described and their probable origin discussed.

These patients were seen at the Victoria Hospital, Bharatpur, and I thank the Principal Medical and Health Officer, Bharatpur, for permission to publish this report.

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