Iris cysts masquerading as plateau iris syndrome  
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Abstract (35 words):  
A 48 year old male with unremarkable ocular and medical history presents. Slit lamp exam reveals narrow von Herrick angles; compression gonioscopy mocks plateau iris’ peripheral roll OU. Ultrasound biomicroscopy reveals iridociliary sulcus cysts OU.

I. Case History  
a. Patient demographics: 48 year old Korean-American Male  
b. CC: Distance blur, using +1.50 reading glasses  
c. No history of eye disease, injury or surgery  
d. LEE: 6 years ago  
e. Medical history: migraines, dyslipidemia, tobacco use

II. Pertinent finding  
a. Low hyperopia with presbyopia  
b. Pupils EERRL, confrontation fields FTFC  
c. van Herick angles narrow temporally  
d. Even iris pigmentation OD/OS  
e. Goniscopy open to CB 360, steeper approach temporally OU with temporal peripheral roll upon compression OU  
f. UBM reveals iridociliary sulcus fluid-filled masses OD at 9 o’clock; OS at 3 and 6 o’clock  
g. IOP 19/17 @ 8:26am  
h. Lens: clear OD/OS  
i. C/D measurements 0.30 OD, 0.50 OS with larger disc OS than OD  
j. Choroidal nevus along inferior arcades OD: flat, no overlying drusen  
k. FDT reliable, no misses OD/OS

III. Differential diagnosis  
a. Peripheral Primary Iris Cysts/Iridociliary Sulcus Cysts  
b. Plateau iris syndrome  
c. Melanoma of iris  
d. Pupillary block

IV. Diagnosis and discussion  
   i. Central (pupillary)  
   ii. Midzonal  
   iii. Peripheral (iridociliary sulcus)  
   iv. Dislodged  
      1. anterior chamber  
      2. vitreous chamber  
b. Differentiating between melanoma and cyst  
   i. Appearance with 3-mirror gonioscopy lens  
   ii. Progression  
   iii. Use of ultrasound biomicroscopy
c. Plateau iris configuration (Tarongoy et al, 2009)
   i. Anteriorly positioned ciliary body filling the ciliary sulcus
   ii. Positions peripheral iris in close approximation to trabecular meshwork
   iii. Reveals characteristic peripheral roll on compression gonioscopy
   iv. LPI is not helpful to patient’s with true plateau iris configuration in widening the angle

d. Complications
   i. Narrowed anterior chamber angle
   ii. Risk of glaucoma?
   iii. Follow-up period?

V. Treatment, management
a. Photographs
   i. 3-mirror gonioscopy photographs
   ii. von Herrick’s angles photographs
   iii. compression gonioscopy photographs
b. RTC 6 months for angle follow-up with gonioscopy

VI. Clinical pearls
a. Peripheral roll upon compression gonioscopy is not always due to plateau iris syndrome
b. Importance of gonioscopy in determining the status of the angle
c. UBM confirmed cystic nature of lesions
d. Korean-American patient’s risk for angle closure

Sources:
Articles:


Books:
