

CYSTIC DERMOID OF CONJUNCTIVA, WITH COLOBOMA PALPEBRÆ.

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BRIDGET B., a baby, six weeks old, was sent to me in May, 1888, by my friend Dr. Ringwood, of Kells. On admission to hospital the child's mother gave the following history:—At birth a small whitish spot was noticed on the white of the left eye, near the inner corner, quite close to the inner angle of the lids. This has been growing ever since, and growing towards the “sight” of the eye. It reached the coloured part of the eye very shortly, growing more over it every day. At first healthy white was to be seen between the coloured part of the eye and the little growth.

On admission to hospital a small tumour was present on the nasal side of the left eye. It was of a whitish colour and solid-looking aspect. It consisted of two parts—a spherical or hemispherical portion touching and adherent to the periphery of the cornea, and a smaller spherical body superimposed upon the former. From the apex of the latter there grew a small hair. A small, half-moon shaped piece was, as it were, scooped out of the margin of the upper lid, corresponding to the position of the tumour, and a smaller but distinctly marked loss of substance existed in the lower lid in the same situation. The cilia in both lids were also displaced, so that their line was broken, and they lined the edges of the little excavations. The tumour was excised, the anterior solid-looking portion being first dissected off the cornea; then a strabismus hook was passed easily backwards under the conjunctival or scleral portion of the tumour. This hook passed underneath a long cystic-looking band of tissue, with some dark spots scattered

through it, which extended from the tumour proper as far back as the insertion of the internal rectus muscle. It adhered to the muscle itself, probably to the belly of the muscle, before the tendon passed through the capsule of Tenon. On breaking through the adhesions the new growth came away.

Dr. J. Alfred Scott very kindly made a microscopic examination of the parts removed. His report is as follows:—"The small tumour was somewhat pear-shaped, about 12 mm. long and 6 mm. wide at its widest part. It was composed principally of connective tissue containing many small blood-vessels, and some striped muscle at the smaller end of the tumour. It was covered by a prolongation of the conjunctiva, the structure of which was nearly normal. In one of the sections a small hair, with well-formed sebaceous glands, was noticed. A small cyst existed also about 4 mm. \times 3 mm., which was lined by a single layer of flat epithelium."

The position and microscopic characters of this growth justify us in assigning it to the class of dermoids, and the peculiarities of this particular example consist in the occurrence of a cyst within the growth, and its connection with the belly of the internal rectus muscle. These growths generally occur on the corneo-scleral margin, and if the history is to be relied on, the present case is exceptional in starting in a portion of conjunctiva some distance removed from the corneal margin. The association of colobomata of the lids with conjunctival dermoids is a well-known fact, and there can be no doubt that the two congenital defects have a close etiological connection. The view of De Wecker appears the most probable, that there is an arrest in the normal histological metamorphoses which transform, or should transform, the embryonic skin into conjunctiva. As a consequence, a dermoid growth appears upon the eyeball, and an interference takes place in the due development of the corresponding eyelid, so that a coloboma palpebræ also results.