HYDATID CYST OF THE ORBIT*

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HYDATID cysts are not uncommonly localized in the eye and its appendages, but their occurrence in the conjunctiva is rare (Duke-Elder, 1938, 1952; Walsh, 1947). As far as I could find in the literature none has been reported in Arabia. Only two cases have been seen in Aden in 17 years.

Case Reports

Case 1, an Arab female aged 35, attended the out-patient department complaining of loss of vision in the left eye for the past 3 months. The globe was partially shrunken. The left upper lid looked fuller and was less mobile than the right. On lifting the lid one could see a small cystic tumour-like mass in the upper temporal quadrant of the orbit.

The patient gave no history of trauma or pain in the eye, and on account of this vague history it was difficult to decide the cause of the loss of sight. My first impression was that this was a case of sarcoma of the choroid which had spread outside the globe. The conjunctiva was as normal as in the other eye. The diagnosis of hydatid cyst did not suggest itself, but as the eye was blind I decided to enucleate the remains. It was at once obvious that the cyst was quite separate from the globe. The cyst was very tense and circular in outline, and, while dissection was being attempted, it ruptured and the diagnosis of hydatid was at once apparent. It was confirmed microscopically as one could see many scolices and hooks from the cyst wall. There was a certain amount of reaction due to the rupture of the cyst into the tissues but this subsided in due course.

Case 2, an Arab female aged 35, came to the out-patient department complaining of proptosis in the right eye, without much pain, of 2 months' duration. The proptosis was forwards and downwards. The vision in the eye was reduced to finger counting. A tumour could be palpated through the upper lid and seemed to be cystic in nature. The upward movement of the eye was limited. The blood count showed an eosinophilia of 5 per cent. A tentative diagnosis of hydatid cyst of the orbit was made as this patient arrived just after the discharge of Case 1. I aspirated a small amount of the fluid in the cyst and the laboratory tests confirmed the diagnosis.

It was decided to remove the cyst and a direct cutaneous approach was chosen. The cyst was exposed, and to reduce its size a small amount of fluid was aspirated. Dissection was difficult as the cyst was deep in the orbit, and it ruptured before it could be removed. The wall of the cyst was removed entire and the wound closed in layers. Leakage of the cyst fluid caused severe local reaction, and 15 days after the operation the patient suddenly complained of severe pain in the eye. Chemosis of the conjunctiva, oedema of the cornea and a hypopyon were present, and in spite of all attempts to prevent it, panophthalmitis developed, and the eye had to be eviscerated, after which the trouble quickly subsided.

Fluid aspirated from Cyst

Proteins.—Present in very small amount
Sugar.—55 mg./100 ml.
Urea.—Less than 15 mg./100 ml.
Chlorides.—Abundant

Differential White Blood Cell Count

polymorphs	37	} per cent.
lymphocytes	55	
monocytes	3	
eosinophils	5	

Under the microscope many scolices were seen in the aspirated fluid. No morbid histological examination was possible.

REFERENCES

DUKE-ELDER, S. (1938, 1952). "Text-book of Ophthalmology", vols 2 and 5. Kimpton, London.
WALSH, F. B. (1947). "Clinical Neuro-Ophthalmology". Williams and Wilkins, Baltimore.

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