

Dermoids

These are small fatty looking lumps that may either occur on the cornea (window of the eye) or on the Sclera (white of the eye). They are not uncommon. There are two varieties around the eyes:

CORNEAL DERMoids

Dermoids are congenital tumors that arise from ectodermal tissue that was displaced during embryologic development.¹⁸ They are covered by keratinized epithelium and can contain hair follicles, glands, fat, smooth and skeletal muscle, nerves, blood vessels, bone, cartilage, and teeth. In the eye, they most often present as yellowish white solid, vascularized, elevated nodules straddling the corneal limbus. They also can lie centrally in the cornea, involve the entire cornea, or form a ring around the limbus. They typically extend into the deeper stroma without affecting Descemet's membrane and the endothelium, but in some cases they replace all tissue anterior to the iris pigment epithelium. Gonioscopic examination of the angle beneath the tumor can indicate the depth of extension. Dermoids may increase in size with age.

Corneal dermoids may be associated with other developmental abnormalities. Approximately 30% of persons with Goldenhar's syndrome (oculoauriculovertebral dysplasia) have epibulbar dermoids. Other eye findings include lid colobomas, Duane's syndrome, iris coloboma, and microphthalmos. Abnormalities of structures derived from the first and second branchial arches are also common. Preauricular skin appendages and fistulas, vertebral anomalies, and mandibular and malar hypoplasia can be seen.

LIMBAL DERMoids

Limbal dermoids are usually a cosmetic rather than a visual problem; however, they may induce astigmatism, cause irritation (due to a hair or mass effect), or produce drying of the surrounding cornea by lifting of the lid during blinking. Reduction of the mass of the tumor by shaving it at the level of the surrounding corneal surface will reduce astigmatism and improve cosmesis, but some opacity will remain. A better cosmetic and astigmatic result can be achieved with a lamellar graft. The dermoid tissue is often not solid enough to retain sutures, so grafts must encompass the entire tumor.

TREATMENT

Usually observation, but if they become large or irritating then they can be removed. The precise technique of removal depends on their location and size.