

Letter

Conjunctival Rhinosporidiosis with Lateral Rectus Muscle Involvement

Rajesh Subhash Joshi, DNB, MS (Ophth)

Department of Ophthalmology, Vasantrao Naik Government Medical College, Yavatmal, Maharashtra, India

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Dear Editor,

We report a case of a 69-year-old man with right eye conjunctival rhinosporidiosis involving the lateral rectus muscle. The patient presented with a progressive swelling of the temporal conjunctiva of the right eye and intermittent binocular diplopia for four months. There was no history of diminished vision, epiphora, and photophobia. The patient was a swimmer.

The best-corrected visual acuity was 20/60 in both eyes. Slit lamp examination of the right eye showed a red, elevated, non-ulcerated vascular mass arising from the lateral aspect of the bulbar conjunctiva 12 mm from the temporal limbus [Figure 1]. The biomicroscopic examination was otherwise normal. Ocular motility, intraocular pressure, and dilated fundus examinations were not remarkable in both eyes.

The lesion was excised with surrounding 5 mm of conjunctiva under topical 0.5% proparacaine hydrochloride drops. The base of the lesion was attached to the lateral rectus muscle sheath. The excision area was treated with 5% povidone-iodine.

Histopathological examination of the lesion showed multiple sporangia in the subepithelial area consistent with rhinosporidiosis [Figure 2].

The present case had the typical appearance of conjunctival rhinosporidiosis, which was confirmed by histopathological examination of the excised lesion. Recurrence has been noted after successful excision, and medical therapy is considered controversial since the culture of the organism has not been successful in artificial media, making sensitivity determination impossible.^[1] However, oral dapsone is recommended to prevent recurrence after excision of the lesion.^[2] The most effective treatment is surgical excision with

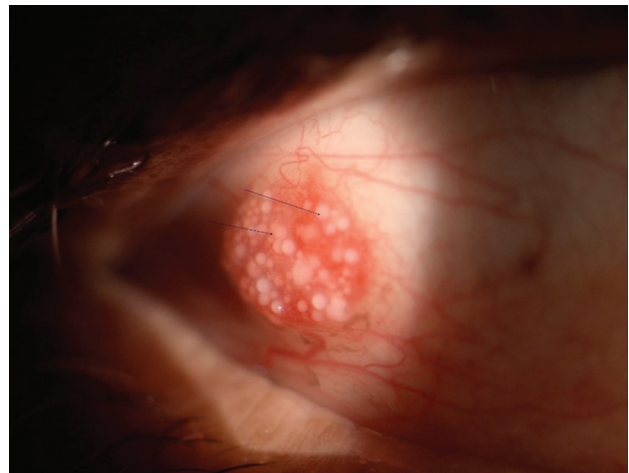


Figure 1. Clinical photograph of the right eye showing the red vascular mass in the bulbar conjunctiva. Pale yellow nodule represents mature sporangia (Arrow).

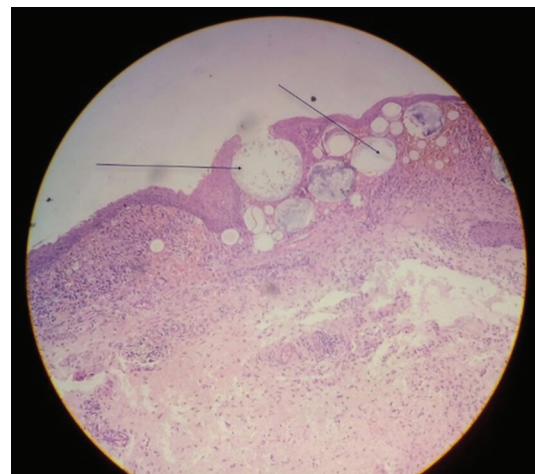


Figure 2. Histopathological examination of the lesion showing multiple sporangia in subepithelial layers (Arrow).

Correspondence to:

Rajesh Subhash Joshi, DNB, MS (Ophth). 77, Panchatara Housing Society, Manish Nagar, Somalwada, Nagpur 440 015, Maharashtra, India.
E-mail: rajesh5@rediffmail.com

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electrocautery of the base of the lesion. We could not cauterize the base as the lesion was sitting on the lateral rectus muscle sheath. Electrocautery could have caused fibrosis of the muscle fiber. Silver nitrate cautery to the

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base of the lesion has been suggested by Kuriakose to prevent recurrence.^[3] Due to unavailability of silver nitrate, we applied 5% povidone-iodine lotion to the base of the lesion, for its broad-spectrum antimicrobial activity. It is widely used before surgical procedures for the prevention of ophthalmic infection.

No recurrence was noted at last follow-up 6 months after excision of the lesion. This case highlights the presentation and possible use of povidone-iodine in rhinosporidiosis, which should be further investigated.

Declaration of patient consent

The author certify that he has obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that his name and initial will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of Interest

There are no conflicts of interest.

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