

## Case Report

**CILIA INCARNATUM EXTERNUM - A RARE PRESENTATION**

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**Abstract**

A 26-year-old female presented to the outpatient department with complaints of a small swelling over her left upper eyelid. On examination, an aberrant eyelash was seen growing subcutaneously under the swollen area. This aberrant eyelash was removed surgically.

**INTRODUCTION**

Cilia incarnata is a rare anomaly in which eyelashes are misdirected, growing underneath the skin either outwards or inwards in an abnormal direction.<sup>[1]</sup> It has two major types:

- Cilium Incarnatum Externum: in which the eyelash grows in the subcutaneous plane.
- Cilium Incarnatum Internum: in which the eyelash grows subconjunctivally.

Herein we present a case of Cilium Incarnatum externum and its management.

**CASE REPORT**

A 26-year-old female presented to our outpatient clinic with complains of a small swelling on her left upper eyelid with mainly cosmetic concerns. She had no visual symptoms and there was no history of ocular trauma or chronic eye rubbing. On slit lamp examination an obliquely placed eyelash was seen running subcutaneously just above the right eye upper lid margin in middle of the upper eyelid. All other eyelashes were normally directed. A clinical diagnosis of Cilium Incarnatum Externum was made, and surgical removal was planned. The aberrant eyelash over the right upper eyelid was removed after making a small superficial incision over the lesion and the eyelash was pulled out with the help of a fine non-tooth forceps. The procedure was performed under topical anesthesia under slit lamp biomicroscope. Tobramycin + Dexamethasone eye ointment was applied and prescribed for local application twice daily for a period of five days.

**DISCUSSION**

Misdirected, ingrowing cilia can either be present subconjunctivally (cilium incarnatum internum) or subcutaneously (cilium incarnatum externum).<sup>[1]</sup> Cilium incarnatum externum can be a hereditary or acquired condition. The latter condition is thought to be a result of local pathology causing the misdirection of the lash or entire follicle.<sup>[2-4]</sup> In the hereditary variety, two patterns may be seen.<sup>[1]</sup> An eyelash after coming out obliquely from the follicle, again pierces the epithelium of the skin and grows

underneath it. A review of literature revealed very few isolated reports. The cases which are reported are largely asymptomatic and presented either due to a cosmetic concern or mistaking the lesion to be a lid nodule or a blackhead.<sup>[3,5]</sup> The only symptom that has been described is a needlelike sensation when the area is rubbed.<sup>[6]</sup> Most reported cases occurred in young female subjects. Previous cases have described the morphology of the abnormal eyelash as like other normal eyelashes, except visible heavy pigmentation and increased thickness in 1 case.<sup>[5,7]</sup> In our case, the eyelash, though pigmented, was smaller, thinner, and curved as compared to other lashes.

## CONCLUSION

A basic awareness of such a condition can lead to simple corrective measures by ophthalmologists rather than mishandling by the overzealous patient or cosmetologist.

## REFERENCES

1. Belfort R, Ostler HB. Cilia incarnata. Br J Ophthalmol 1976; 60:594-6.
2. Agarwala HS. Cilium inversum. Am J Ophthalmol 1963;55:648-9.
3. Bloch FJ. Minor anomalies in position of the eyelashes. Arch Ophthalmol 1947;37:772-4.
4. Herzog H. Pathologie der Cilien. Z Augenheilkd 1904;12:256.
5. Makrocki F. Ein Fall von pervers gewachsenen subcutanen Cilien. Zentralbl prakt Augenh 1883;7:129.
6. Sen DK, Mohan H, Gupta DK. Cilium inversum. Br J Ophthalmol 1969;53:207.