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OCULAR DISEASE

EPISCLERITIS



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Introduction

- Episcleritis is benign recurrent inflammation of the episclera, involving the overlying Tenon's capsule but not the underlying sclera.
- It typically affects young adults, being twice as common in women than men.



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Etiology

- Exact etiology is not known.
- It is found in association with gout, rosacea and psoriasis.
- It has also been considered a hypersensitivity reaction to endogenous tubercular or streptococcal toxins.



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Pathology

- Histologically, there occurs localised lymphocytic infiltration of episcleral tissue associated with oedema and congestion of overlying Tenon's capsule and conjunctiva.



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Clinical picture-*Symptoms*

- Episcleritis is characterised by
 1. Redness
 2. Mild ocular discomfort described as gritty
 3. Burning or foreign body sensation.
 4. Mild photophobia and lacrimation may occur.



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Signs

- On examination two clinical types of episcleritis, diffuse (simple) and nodular may be recognised.
- Episclera is seen acutely inflamed in the involved area.
- In ***diffuse episcleritis***, although whole eye may be involved to some extent, the maximum inflammation is confined to one or two quadrants



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Diffuse Episcleritis





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CONTINUE...

- **In *nodular episcleritis*, a pink or purple flat nodule surrounded by injection is seen, usually situated 2-3 mm away from the limbus.**
- The nodule is firm, tender and the overlying conjunctiva moves freely.



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Nodular Episcleritis





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Clinical course

- Episcleritis runs a limited course of 10 days to 3 weeks and resolves spontaneously.
- However, recurrences are common and tend to occur in bouts.
- Rarely, a fleeting type of disease (*episcleritis periodica*) may occur.



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Differential diagnosis

- Occasionally episcleritis may be confused with inflamed pinguecula, swelling and congestion due to foreign body lodged in bulbar conjunctiva and very rarely with scleritis.



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Treatment

1. ***Topical corticosteroid eyedrops*** instilled 2-3 hourly, render the eye more comfortable and resolve the episcleritis within a few days.
2. ***Cold compresses*** applied to the closed lids may offer symptomatic relief from ocular discomfort.
3. ***Systemic non-steroidal anti-inflammatory drugs (NSAIDs) such as flurbiprofen (300 mg OD), indomethacin (25 mg three times a day) may be required in recurrent cases.***