

OCULAR DISEASE

PTERYGIUM



Introduction

- A pterygium (plural pterygia) is a triangular fibrovascular subepithelial ingrowth of degenerative bulbar conjunctival tissue over the limbus onto the cornea.
- It typically develops in patients who
- have been living in hot climates and, as with pinguecula, may represent a response to ultraviolet exposure and to other factors such as chronic surface dryness.



Histology shows collagenous degenerative changes in vascularized subepithelial stroma





- Pseudopterygium appears similar clinically but is caused by a band of conjunctiva adhering to an area of compromised cornea at its apex.
- It forms as a response to an acute inflammatory episode such as a chemical burn, corneal ulcer, trauma and cicatrizing conjunctivitis.

Clinical features-Symptoms

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Most small lesions are asymptomatic.

- Irritation and grittiness are caused by a dellen – localized drying – effect at the advancing edge due to interference with the precorneal tear film
- Patients who wear contact lenses may develop symptoms of irritation at an earlier stage due to edge lift.
- Lesions may interfere with vision by obscuring the visual axis or inducing astigmatism.



There may be intermittent inflammation similar to pingueculitis.

- Cosmesis may be a significant problem.
- Extensive lesions, particularly if recurrent, may be associated with subconjunctival fibrosis extending to the fornices that may cause restricted ocular excursion.
- If pseudopterygium is suspected, there may be a history of a causative episode.



Signs

 A pterygium is made up of three parts: a 'cap' (an avascular halo-like zone at the advancing edge), a head and a body





Linear epithelial iron deposition (Stocker line) may be seen in the corneal epithelium anterior to the head of the pterygium





A pseudopterygium is classically distinguished by both location away from the horizontal (though this may also be seen with true pterygia) and firm attachment to the cornea only at its apex (head).





Treatment

Medical treatment of symptomatic patients is as for pinguecula.

 The patient may be advised to wear sunglasses to reduce ultraviolet exposure in order to decrease the growth stimulus.



Surgery.

Simple excision ('bare sclera' technique) is associated with a high rate of recurrence (around 80%), often with more aggressive behaviour than the original lesion.



CONCRETIONS



 Concretions are extremely common and are usually associated with ageing, although they can also form in patients with chronic conjunctival inflammation such as trachoma.

 They appear as multiple tiny cysts containing yellowish—white deposits of epithelial debris including keratin, commonly located subepithelially in the inferior tarsal and forniceal conjunctiva



Multiple small concretions



large concretion eroding through the conjunctival surface



They can become calcified and, particularly if large, may erode the overlying epithelium (Fig. 5.33B) and cause marked irritation.

 Treatment if symptomatic involves removal at the slit lamp with a needle under topical anaesthesia.