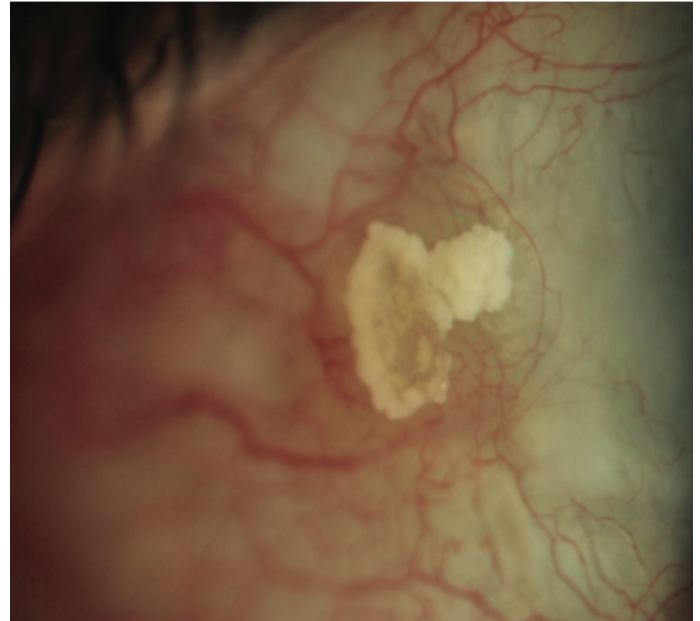
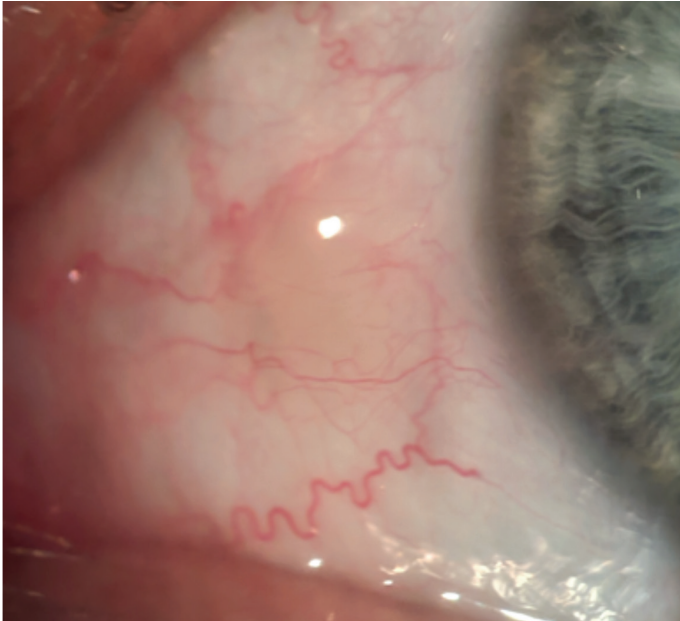


Pingeculum



SYMPTOMS AND SIGNS

Symptoms:

- May be asymptomatic
- Foreign body sensation
- Dry eye symptoms
- Rarely discomfort (only when inflamed)

Signs:

- Yellow-white mound on the bulbar conjunctiva adjacent to the limbus; nasal > temporal.
- Calcification occasionally visible.

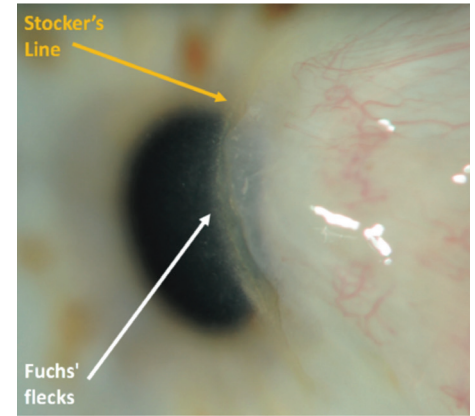
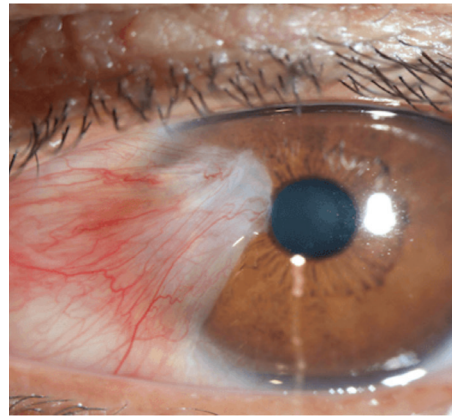
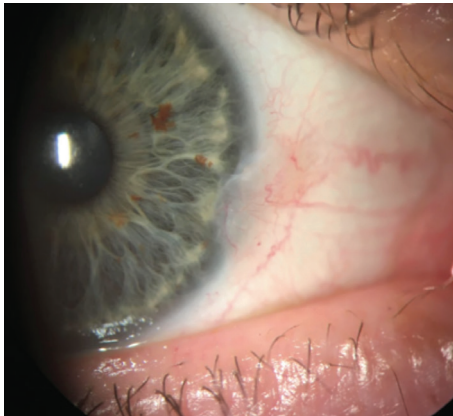
DESCRIPTION

Extremely common, innocuous, asymptomatic 'elastotic' degeneration of the collagen fibres of conjunctival stroma.

Documentation and routine review (12 months)required.

- Discuss UV, dust/wind protection
- Educate on possible progression to pterygium
- Lubricants if required

Pterygium



SYMPTOMS AND SIGNS

Symptoms:

- Ocular redness
- Foreign body sensation
- Dry eye symptoms
- Epiphora
- Irritation and discomfort when inflamed

Signs:

- Location: nasal > temporal
- Increased corneal astigmatism (WTR astigmatism)
- Keratometric distortion
- Changes in vision with encroachment towards visual axis
- Small haemorrhages at apex indicative of aggressive activity
- Fuchs' flecks: small discrete whitish flecks consisting of clusters of pterygial epithelial cells often present at the advancing edge
- Chronic:
 - o Stocker's line: linear epithelial iron deposition may be seen anterior to the head of the pterygium

DESCRIPTION

Triangular fibrovascular subepithelial ingrowth of degenerative bulbar conjunctival tissue over the limbus onto the cornea

Risk factors: Age (young people), Gender (M>F), Outdoor Activities, Race (Caucasian), UV exposure, Dust, Wind, Hobbies (e.g. surfing/fishing) and Smoking.

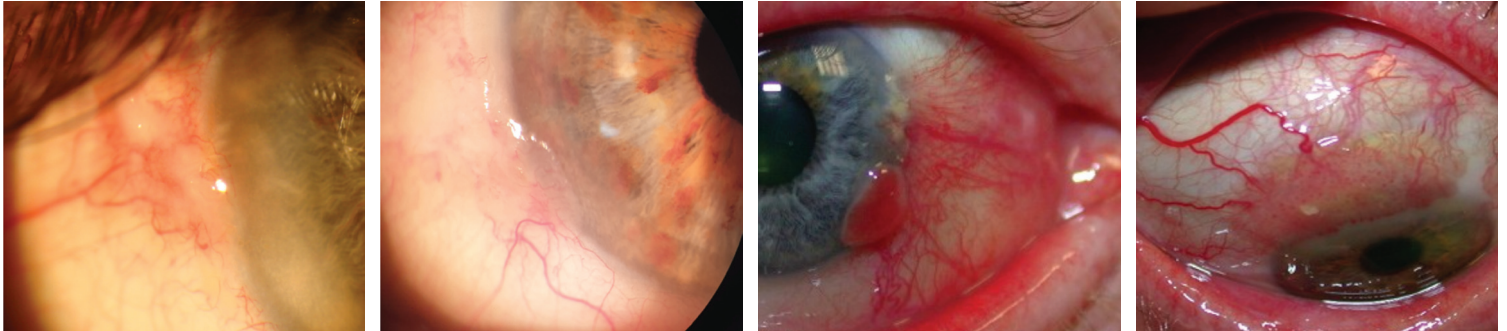
Documentation and routine review (6-12 months) required.

- Assess degree of symptoms/ visual impairment
- Monitor with photograph, VA, refraction, keratometry, topography
- Discuss UV, dust/wind protection
- Educate on progression
- lubricants, address blepharitis + MGD, short topical steroid course if required

Referral to an Ophthalmologist is required if:

- Progressive growth into visual axis
- Significant change in vision/astigmatism
- Significant symptoms: irritation, recurrent inflammation not relieved by topical medication
- Atypical appearance such as possible dysplasia
- Limited ocular motility
- Cosmesis

Ocular Surface Squamous Neoplasia (OSSN)



SYMPTOMS AND SIGNS

Symptoms:

- May be asymptomatic
- Ocular redness
- Foreign body sensation

Signs:

- Often begins at limbus
- Usually in interpalpebral zone of older patients
- Epithelial thickening; frosted glass appearance
- Nodular, irregular edges
- Pigmentation can occur in dark-skinned patients
- Prominent corkscrew vascular pattern and feeder vessels (large feeder vessels indicate invasion)
- Conjunctival injection (can masquerade as chronic conjunctivitis)
- May appear gelatinous (with superficial vessels); papilliform (when it has a papillary appearance); or leukoplakic (with a white keratin plaque covering the lesion)
- Intraocular extension is uncommon and metastatic spread is extremely rare
- Extremes disease can cause inability to close eye, proptosis and/or diplopia due to mass effect

DESCRIPTION

A spectrum of benign, pre-malignant and malignant unilateral slowly-progressive epithelial lesions of the conjunctiva and cornea.

1. CIN (conjunctival/cornea intraepithelial neoplasia)
 - Conjunctival dysplasia
 - Carcinoma-in-situ
2. Squamous Cell carcinoma (SCC)

Incidence of 1:50,000

Origin: Pterygium, CIN, De-novo.

Risk factors: UV Exposure, pale skin, older age immunosuppression, HIV, Xeroderma pigmentosum, smoking, HPV 16,18, Trachoma, Vit A deficiency.

Urgent referral to an Ophthalmologist is required. (If unsure refer for biopsy to confirm diagnosis)