# CONJUNCTIVAL LESIONS REFERENCE GUIDE

## ANTERIOR EYE PHOTOGRAPH

### PINGEULUM

- **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

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### PTERYGIUM

- **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:
    - 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:
- May be asymptomatic
- Ocular redness
- Foreign body sensation

Signs:
- Often begins at limbus
- Usually in interpalleal 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

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)
## CONJUNCTIVAL NAÉVI

**Symptoms:**
- Onset often in 1st–2nd decade of life
- May be asymptomatic
- Foreign body sensation

**Signs:**
- Pigmented
- Distinct margins
- A key feature is the presence of intralesional cystic spaces
- Mobile (not tethered)
- Can increase in pigment and size at puberty and pregnancy (due to hormones)

Most common melanocytic conjunctival benign tumour. <1% malignant potential.

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

*Referral to an Ophthalmologist is required if:*
- Extension onto cornea
- Sudden ↑ size or pigmentation
- Development of vascularity (except in a child)
- Cosmetic reasons

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## CONJUNCTIVAL MELANOMA

**Symptoms:**
- Presentation is often in the 6th decade of life
- May be asymptomatic
- Foreign body sensation

**Signs:**
- Can be nodular or diffuse
- Black or grey vascularized raised, nodule that is fixed to episclera
- Growth beyond puberty (size, colour change)
- Feeder vessel
- Limbus commonly
- Fish flesh appearance for amelanocytic
- If arising from PAM, manifest as areas of thickening and nodularity

Conjunctival melanoma is rare. Accounting for about 2% of all ocular malignancies.

*Origin:* 70% arise from pre-existing primary acquired melanosis (PAM), 20% from naevi, 10% de novo (poorer prognosis).

25% are amelanocytic.

*Risk factors:* Caucasian, middle-old age, ocular melanocytosis (from episclera/sclera), dysplastic nevus.

*Urgent referral to an Ophthalmologist is required.*