

Pterygium what is it and when should you have it removed?

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What is it?

It is a growth of fibrous tissue, containing blood vessels, growing into the surface tissue of the cornea (the window of the eye) from the conjunctiva (the loose tissue overlying the white of the eye). It usually grows very slowly and may stop growing completely. It can grow completely over the pupil causing blindness.

What causes it?

There is good evidence that it is one of a spectrum of disorders that are the result of exposure to UV light – but there is almost certainly a lot of individual variation in susceptibility.

Does it need to be treated?

Only if it causes discomfort or is affecting or about to affect vision.

How can it be treated?

Mild discomfort is due to the drying effect on the cornea around the base of the pterygium and can be relieved by lubricants such as Viscotears. More extreme drying causes inflammation and a short course of steroid drops can be helpful when this occurs.

More severe symptoms, that do not respond to these simple measures, can be treated by surgery.

What are the surgical options?

1. Simple excision: has a very high rate of recurrence (50%) and should no longer be used.
2. Excision or avulsion with a conjunctival autograft has 5% -8% recurrence rate. Avulsion is safer than excision as no corneal tissue has to be removed (some surgeons favour a partial thickness corneal dissection). This is the technique I will usually offer you for first time surgery.
3. Excision or avulsion with the application of Mitomycin C at surgery has good results claimed but also problems with delayed healing and late thinning of the white of the eye.

4. Excision or avulsion with radiation; requires 2 or 3 doses of irradiation after surgery from a radiotherapist, has late complications of scleral thinning and I don't use it.
5. Excision with amniotic membrane grafting instead of conjunctival autografting has been shown to be less effective than conjunctival autografting.
6. Other techniques involve corneal graft surgery and use of tissue from the mouth and are only indicated for complex recurrences.

There have been very few good comparative trials and only simple excision and excision with amniotic membrane grafting have been shown to be worse than the other techniques.

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