

Case Report

Open Access

Kissing Pterygium : when the Delay in Diagnosis Leads to a Tragic Ending

El Baroudi Taieb^{1*}, Belghmaidi Sarah², Hajji Ibtissam³ and Moutaouakil Abdeljalil⁴

¹Ophthalmology service university hospital center Mohammed VI Marrakesh

²Ophthalmology service university hospital center Mohammed VI Marrakesh

³Ophthalmology service university hospital center Mohammed VI Marrakesh

⁴Ophthalmology service university hospital center Mohammed VI Marrakesh

*Corresponding author

El Baroudi Taieb, Ophthalmology service university hospital center Mohammed VI Marrakesh, Morocco. Tel : 212653035609;

E-mail: elbaroudi.taieb@gmail.com

Received: April 13, 2022; **Accepted:** April 21, 2022; **Published:** May 05, 2022

Keywords: Pterygium, Kissing Pterygium, Treatment, Amniotic Membrane

Introduction

A pterygium is an ocular surface fibrovascular, wing-shaped encroachment onto the cornea associated with chronic ultraviolet light exposure [1-2]. The main histopathological change in pterygium is elastotic degeneration of conjunctival collagen [3].

Pterygium occurs mostly on the nasal side, which can be attributed to light coming to the temporal cornea and being focused on the nasal Cornea [4]. Double head pterygium or Kissing pterygium, that is, nasal and temporal pterygia in the same eye is rare. Through this case, we present the case of a kissing pterygium which is a rare situation, and the importance of early diagnosis and care to avoid loss of visual acuity.

Case description

Clear and informed consent for publication of images has been obtained from the patient. We report the case of a 65-year-old female who consults for a progressive decrease in visual acuity in her left eye. The interrogation discovers the notion of working in an outdoor environment without sun protection from a young age, and no ophthalmological history was found, notably pterygium surgery.

The ophthalmological examination of the right eye were without particularity, apart from a slight anterior blepharitis. Examination of the left eye finds low visual acuity (counts fingers at only 2 meters) and the auto refraction was impossible. Ocular surface examination finds a densely vascularized doubleheaded "kissing" pterygium that cover most of the cornea and hiding the visual axis

(figure 1). Figure 2 shows Fuchs' patches (minute gray blemishes that disperse near the pterygium head). The examination of the lens and fundus was impossible because of the pterygium which made passage impossible. A mode B ocular ultrasound was performed and was without particularity.

The current benchmark for treatment of a doubleheaded pterygium is excision with amniotic membrane transplant has been proposed to the patient but unfortunately she refused any surgery. Faced with this situation, medical treatment based on artificial tears and local anti-inflammatory drugs was prescribed to reduce the inflammation and the gene caused by the pterygium.

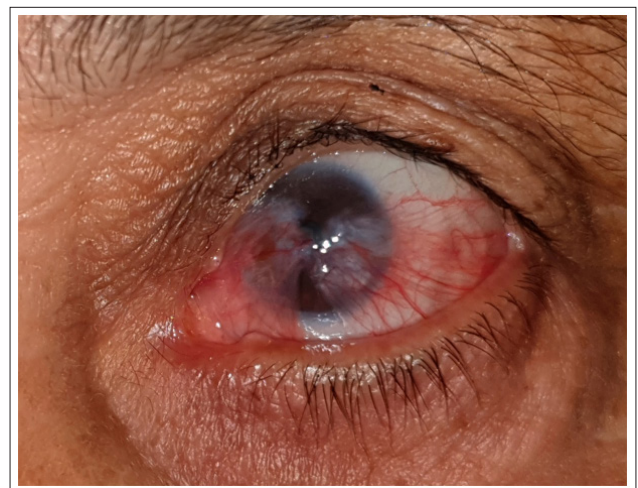


Figure 1: Double head pterygium (nasal and temporal pterygium) covering almost the entire cornea

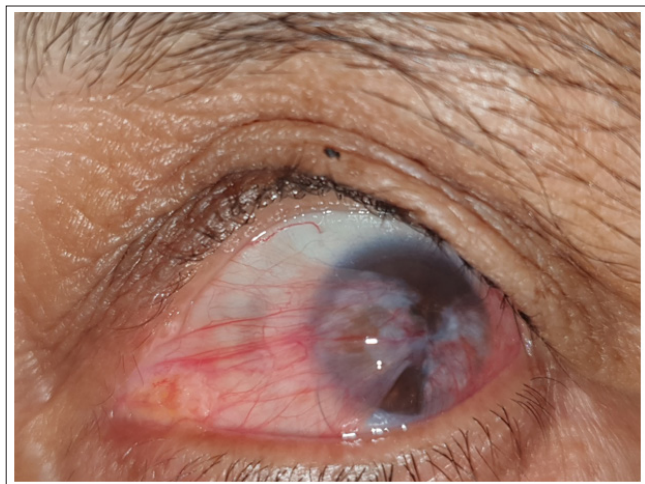


Figure 2: Shows Fuchs' patches (minute gray blemishes that disperse near the pterygium head)

Conclusion

Pterygium is a relatively common and benign pathology if diagnosed and treated early. Although access to care has become easy, we continue to receive in consultations patients at advanced stages (pterygium hiding the visual axis or double head pterygium) making treatment difficult and the visual prognosis reserved.

Pterygium excision with amniotic membrane transplant is the current benchmark for treatment of a doubleheaded pterygium. The pterygium could be excised in a stepwise manner removing the pterygium 1 side at a time and waiting a minimum of 3 months apart. This allows the conjunctiva to heal and gives the surgeon the chance to harvest the same region of conjunctiva for a second time. Mitomycin C is often used as an adjuvant therapy to further reduce the rate of recurrence [5].

References

1. Dushku N, Reid TW (1994) Immunohistochemical evidence that human pterygia originate from an invasion of vimentin-expressing altered limbal epithelial basal cells. *Curr Eye Res* 13: 473-81.
2. Kwok LS, Coroneo MT (1994) A model for pterygium formation. *Cornea* 13: 219-24.
3. Spencer WH (1985) *Ophthalmic Pathology: An Atlas and Textbook*. 3rd ed., Philadelphia : W.B. Saunders 1985 : 174-176.
4. Maloof AJ, Ho A, Coroneo MT (1994) Influence of corneal shape on limbal light focusing. *Invest Ophthalmol Vis Sci* 35: 2592-2598.
5. Boutin T, Mednick Z, Zhou T, Showail M, Einan-Lifshitz A, et al. (2019) Simple limbal epithelial transplantation to treat recurring kissing pterygium. *Canadian Journal of Ophthalmology* 54: e54-e57.