

**Before**



**Fig. 8.**



**Fig. 10.**

**Fig. 9.**

13 year old girl with predominantly unilateral severe limbal vernal keratoconjunctivitis. Note the lid swelling, increased skin pigmentation around the lid and the injected conjunctiva. The eye is watering and she looks uncomfortable. The other eye appears to be relatively normal by comparison.

**Fig. 11.**

This is the same girl as in Figure 8 one month after supratarsal subconjunctival triamcinalone under local anaesthetic drops. She is happy and relaxed. The lid swelling has gone. She can now open her eye which is white and quiet. Her left eye which appeared to be relatively normal before, evidently has moderate vernal keratoconjunctivitis too. The lids are a little swollen and the limbal conjunctiva is injected and thickened. She is so pleased with the response in her right eye she is requesting an injection for her left eye.

**Fig. 11.**

Right eye of child in Figures 8 and 9 one month after supratarsal subconjunctival triamcinalone under local anaesthetic drops. Note that the conjunctiva hyperaemia has gone. The thickened vascularised gelatinous pannus has resolved leaving a mildly pigmented flat scar. The vascular pannus accompanying the pannus has resolved apart from the one larger nasal feeder vessel. Visual acuity had improved from 6/18 to 6/6.

**References**

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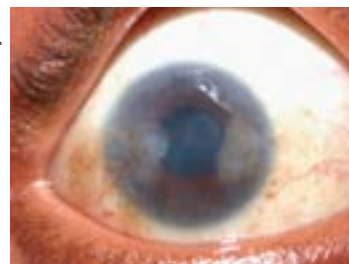
**Acknowledgments**

The authors are grateful to Dr Amos Kibata for helpful comments on a draft of this manuscript. Dr Debbie Carmichael set up the protocols for effective management of VKC at KCMC and prepared a patient information leaflet.

**After**



**Fig. 9.**



**Fig. 11.**

**Red Eye Picture Quiz** *From page 72*

**ANSWERS**



**1**

A 14-year-old boy. Complains of itching eyes for three years with sticky clear discharge. VA 6/6.

**Vernal keratoconjunctivitis (Vernal catarrh)**

The lumpy appearance of the conjunctiva is caused by swelling of the conjunctiva due to the chronic inflammation. In most cases allergic conjunctivitis will improve in adulthood and does not require intensive treatment. Topical steroids should only be used during acute attacks if there is evidence of corneal damage.

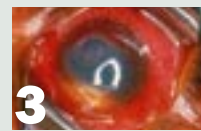


**2**

45-year-old female. Complains of painful eye and discomfort in bright light with watery discharge. VA 6/12.

**Acute anterior uveitis**

Photophobia is typical in these patients as the pupil's constriction in the response to light causes pain. The redness is maximum near the limbus (ciliary injection) and the pupil is irregular where it is stuck to the front of the lens. Acute anterior uveitis should be managed with atropine to keep the pupil dilated. Topical steroids may be useful in severe cases.



**3**

Five-year-old girl. Severe pain and loss of vision for three days. Used traditional eye medicines one week ago. VA CF.

**Suppurative keratitis**

The eye is very red and the iris cannot be seen clearly which suggests the cornea is cloudy. This eye requires hourly topical antibiotics. If facilities are available then a cornea scraping and gram stain should be performed before starting topical treatment. In some regions fungi are a common cause of corneal ulcer and anti-fungal treatment will be required. The white line inferiorly is a hypopyon caused by pus formation in the anterior chamber. It indicates severe inflammation. Traditional eye medicines are not sterile and may cause severe infections.



**4**

Six-year-old male. Painful eye for ten days. Had malaria one month ago. Corneal sensation reduced when tested. VA 6/60.

**Herpes simplex keratitis**

Not all cases of herpetic simplex keratitis present with a typical dendritic/geographic ulcer. A useful sign of herpes is reduced sensitivity of the cornea. This is thought to be due to damage to the sensory nerves. Herpes keratitis is sometimes associated with febrile illness. Herpes keratitis is managed with a topical antiviral such as acyclovir or trifluorothymidine.



**5**

25-year-old woman. No pain or discharge complained of red eye since this morning. VA 6/6.

**Sub-conjunctival haemorrhage**

The lack of pain and discharge imply that there is no inflammation. The very sharply defined edge is typical of a sub-conjunctival haemorrhage. No treatment is required and redness will clear over a course of 2 weeks.



**6**

19-year-old male. Complains of gritty foreign body sensation, painful eye for three days with sticky yellowish discharge, VA 6/9.

**Bacterial conjunctivitis**

The entire conjunctiva is red and eye is discharging pus on the lower lid and on the eyelashes. This should be treated with intensive topical antibiotics for one week. In very severe cases, particularly in young men, you should consider doing a gram stain to look for *Gonococcus*, and you should ask specifically about symptoms of urethritis.