Allergic eye disease

Vernal keratoconjunctivitis

Continued

References


Acknowledgments

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Before

After

Fig. 8.

Fig. 9.

Fig. 10.

Fig. 11.

Fig. 8.

A 13-year-old girl with predominantily 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 by to be relatively normal by comparison.

Fig. 9.

This is the same girl as in Figure 8 one month after supratarsal subconjunctival triamcinolone 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. 10.

Child with severe limbal VKC. This is a close up of the right eye of the girl in Figure 8. Note the marked conjunctival hyperaemia, Trantas’ dots and invasion of cornea by thickened gelatinous pannus.

Fig. 11.

Right eye of child in Figures 8 and 9 one month after supratarsal subconjunctival triamcinolone 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.

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