What happens when you call a pterygium names

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Case history

- 21st October 2003
- 47 year old male
- Referred from Mombasa
- Hotel industry
- Family in Nairobi
- Recurred growth in left eye
August 2003

- Growth in left eye
- Clinically - pterygium
- Excision done (1\textsuperscript{st} operation)
- Histology – fibrous histiocytoma,
- DDx – neurofibroma
- Referred
Early October 2003

- Symblepharon noted
- Divided (2\textsuperscript{nd} operation)
- No histology
21st October 2003

- Recurred fleshy growth
- Symblepharon
- Restricted EOMM
- Diplopia
- Topical steroids
27th March 2004

- Inflammation subsided
- 3rd operation
- Resection
- Dissected off the medial rectus
- Autologous conjunctival graft
Donor site
1 week post-op
1 month post-op
Histopathology (Nrb)

PTERYGIUM

**Gross:** A small fragment.

**Histology:** Sections show features of pterygium. There is a nodule of mature cartilage.
Histology

Examination discloses goblet cell-containing non-keratinised stratified squamous epithelium overlying a hypercellular fibrous tissue stroma. In places there is distinct granulation tissue formation. Suture material is identified. Subjacent to the stroma, scleral-like collagen lamella is noted. There is no evidence of malignancy.

Conclusion

Conjunctiva - The appearances are those of excessive conjunctival scarring. I interpret the immunohistological findings as those of 'aberrant' cytokeratin expression in myofibroblasts but any marked further recurrence should be treated with suspicion.
3 months post-op
4 months post-op

- August 2004
- Nodular growth
- Pain
- Topical steroids
10th August 2004

- 4th operation
- Re-excision
- triple freeze-thaw cryo-application
- Histology – aggressive high grade squamous cell CA
- Swollen lacrimal gland on CT scan, steroids p.o
- Recurrence in 2 months
26th Nov 2004

- Pain
- Retina flat
- Re-excision, Cryo, 5FU intraop, and subconjunctival injections later
- No histology report to date
Nov 2004 – February 2005

- Increasing pain and left side headache
- Minimal visible external growth
- Retina flat with indentation
- No waterbath ultrasound available
- Referred to India
Ultrasound scan
Workup

- FNA submandibular node – reactive lymphadenitis but no tumour cells
- Chest Xrays – Normal
- LFTs – Normal
- Abdominal U/S – normal
- No evidence of metastatic lesions
- Enucleation done February 2005
Adhesions at sites of previous excisions

Tumour on medial aspect, 15mm diameter and 6mm height, dull grey colour, at CB extending to choroid

Highly cellular, areas of necrosis, nuclear polymorphism, tumour giant cells, binucleated tumour cells, elongated polygonal cells with mod-abundant cytoplasm

Amelanotic malignant melanoma of CB
Histology (Chicago)

- None of the melanoma markers is +ve
- Histogenic origin of the tumor cells is uncertain
- May represent metastasis to the choroid or direct invasion of tumor from the conjunctiva into choroid and CB although undetected clinically or during pathology examination
Follow-up

1. Examination of the socket for recurrent growth
2. Examination of regional lymph nodes

q3mths for 1 yr then q6mths for 3 yrs

3. LFTs
4. Abdominal U/S yearly
5. Chest X-ray
6. Head CT scan
Recommendations

- The untapped role of telemedicine
- Digital histopathology records for cross-consultation
- Ocular prosthesis for empty sockets