Degenerations

- Rarely produce serious effects on ocular function and in most instances their recognition serves mainly to exclude progressive diseases. May occur as a result of age, exposure to sun and wind for long periods. Usually in interpalpebral area.

Pinguecula

- Extremely common lesion, appears as a yellow-white elevated deposit on the bulbar conjunctiva adjacent to the nasal or temporal aspect of the limbus, interpalpebral
- Elastic degeneration of collagen tissue of conjunctiva stroma, age-related or environmental
- Usually seen in patients greater than 30 years; warm, dry climates; chronic exposure to wind, dust and sun

Symptoms
- 1. Irritation
- 2. Redness
- 3. Often asymptomatic

Signs
- 1. Common raised yellow-white deposits on bulbar conj., may become calcified
- 2. Initially nasal or later temporal aspect of the limbus; cornea not involved
- 3. May be highly vascularized and injected and may be associated with SPK or dellen, precursor to pterygium?
- 4. It may become inflamed—pinqueculitis
Treatment

Usually none
To reduce ocular irritation if present:

a. Mild: Artificial tears (e.g. Refresh plus 4-8 times per day) or a mild topical vasoconstrictor (e.g., naphazoline 3-4 times per day)- refrigerate drops

b. Moderate to severe: Mild topical steroid (e.g., fluorometholone 0.1% 3-4 times per day) or Alrex, Lotemax

Pterygium (Wing)

- Sunny, hot, dusty regions of world have higher incidence, increases as proximity to equator & spend a lot of time outdoors
- Primary etiology is both heredity & environment: ie. UV
- Characterized by chronic inflammation
- Elastic degeneration of collagen tissue of conjunctiva stroma, age-related or environmental- similar histologically to pinguecula, damage to the limbal stem cells
**Signs**

1. Raised triangular, fibrovascular overgrowth of bulbar conjunctiva onto the cornea that will produce visual symptoms if visual axis involved or K’s distorted, significant with the rule astigmatism, early signs are small grey, corneal opacities near limbus, then conjunctiva overgrows the opacities

2. Bilateral, nasal>temporal, interpalpebral area; iron pigment line in advance of head of pterygium in the cornea is known as Stocker’s line

**Complications**
- Chronic irritation
- Decrease vision due to involvement of visual axis or induced astigmatism and TBUT
- Inflamed
- Cosmesis

**Treatment**

- Early treatment with tears, mild steroids (FML or Alrex qid), if severely inflamed then Lotemax qid, protective eye wear, hats
- Surgery is indicated either for cosmetic reasons or in cases of progression towards the visual axis
- Surgery (recurrence after excision varies from 20 to 40%, less with beta radiation and Theotepa topical drug, conjunctival autograft, amniotic membrane, Mitomycin C: excimer laser—good results also reported
- Pseudopterygium: caused by the adhesion of a fold of conjunctiva to a peripheral ulcer, is fixed only at its apex