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Original Research Article

Severe Complication of Pterygium Surgery: Diagnosis and Treatment of an Observation

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Abstract: Pterygium is a frequent pathology that affects the appendages of the eye. It is a degenerative fibrovascular lesion of the bulbar conjunctiva appearing in the palpebral fissure and extending over the cornea, mainly in the nasal region [1]. It is frequently found in tropical regions [1]. Most are asymptomatic but can lead to eye morbidity associated with aesthetic consequences. Its symptomatology is dominated by irritation, watering, tingling, and discomfort. Decreased visual acuity is related to flooding, lamella penetration, and corneal deformation [2-4]. His treatment remains surgery. Several techniques are described such as simple excision, excision with graft (auto, amniotic membrane), use of adjuvants, and Beta irradiation [5, 6]. Complications remain rare but formidable. Management varies according to schools and availability. The most severe constitute perforation with often recourse to keratoplasty.

Keywords: Pterygium, fibrovascular lesion, eye morbidity.

INTRODUCTION

Pterygium is a relatively common eye disease that predominates in warm, dry areas in the north and south of the equator.

Although its treatment is simple and fast with minimal immediate iatrogenic risk, cases of exceptional postoperative perforations have been reported.

Their prognosis is reserved and their treatment is often difficult.

MATERIALS AND METHODS

A 35-year-old patient was operated on for pterygium recurrent OG.

Who charged 48 hours after surgery decreased visual acuity, redness, and watering?

He presents a month later to the emergency department for aggravation of his symptomatology whose examination finds he takes the last intervention for BAV whose examination finds:

AV: 8/10 OD, 2/10 OS

A perforation at 7 o'clock with a hernia of the iris and a slightly ovalized pupil.

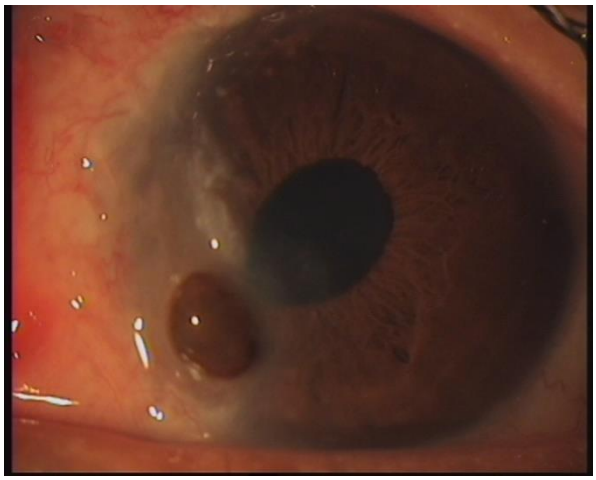

Figure 1: corneal perforation at 7 o'clock

The introduction of a therapeutic lens proved insufficient.

A conjunctival recovery was carried out secondarily.

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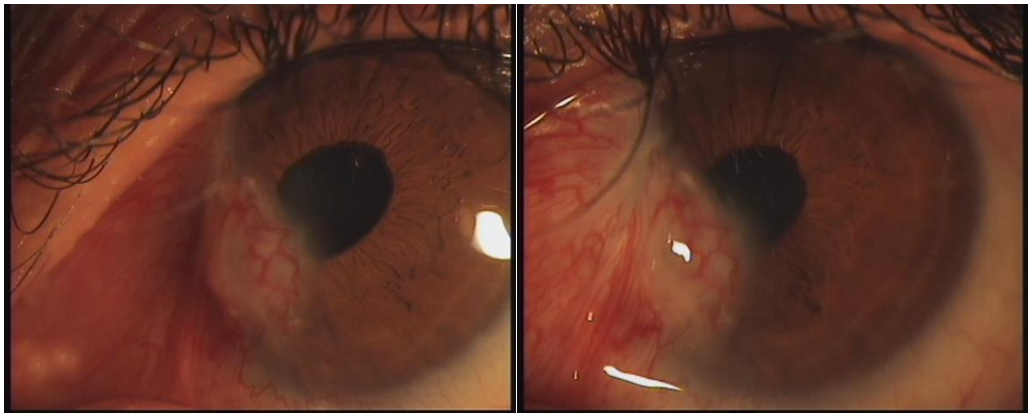

Figure 2: Conjunctival recovery of perforation

Development

Favorable with a 3/10 AV, a filling of the perforation, and maintenance of satisfactory integrity of the eyeball.

DISCUSSION

Pterygium surgery ranges from simple excision with scarification of the horn and putting the sclera naked to more complex surgical techniques, such as imbibition of dilute mitomycin, conjunctival graft, lamellar keratoplasty, and amniotic membrane grafting, but some can cause serious complications in the ocular surface including corneal perforation.

Many techniques are used in the treatment of these perforations including the installation of a therapeutic lens, the use of cyanoacrylate or fibrin glue, the achievement of conjunctival coverage, a lamellar graft or "hot" transfixing keratoplasty.

More recently, authors have proposed the creation of a multilayer amniotic transplant.

In our observation, the patient benefited from conjunctival coverage that allowed the sealing of the perforation and the maintenance of satisfactory integrity of the eyeball, however, it remains aesthetically unsightly and, as it prevents any visual recovery, it requires the use of keratoplasty in a second time.

CONCLUSION

Pterygium is a relatively common pathology.

Among the various risk factors, UV exposure is the most common as well as chronic allergic conjunctivitis.

Postoperative complications such as conjunctival infections.

Lachrymation, diplopia, astigmatism, the occurrence of hemorrhage in the body apterygial, Metaplasia epidermoid of the epithelium covering, Actinic keratosis can make the bed of a squamous cell epithelioma can be seen.

Corneal perforation remains a serious problem that can occur after pterygium surgery, is difficult to treat and compromises the visual prognosis.

Conjunctival recovery seems to us an interesting alternative and allowed in our observation the preservation of the integrity of the eyeball.

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