

Old wine in new bottle

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Case 1



- 4 year old boy
- c/o redness of Left eye – 1 week
- Associated with watering of eyes
- No Pain and photophobia
- Child referred to Ophthalmology institute
- Diagnosed as phlycten
- Given steroid/antibiotic drops
- Referred to ICH to rule out TB.

AT ICH



- No h/o recent loss of weight or appetite
- No h/o cough, fever
- H/o contact with active TB case +
(2 neighbours died of TB)



Simple Phlyctenular conjunctivitis

- One small, round and raised nodule at the limbus.
- Localized bulbar congestion
- No conjunctival discharge
- No Secondary infection
- No corneal involvement

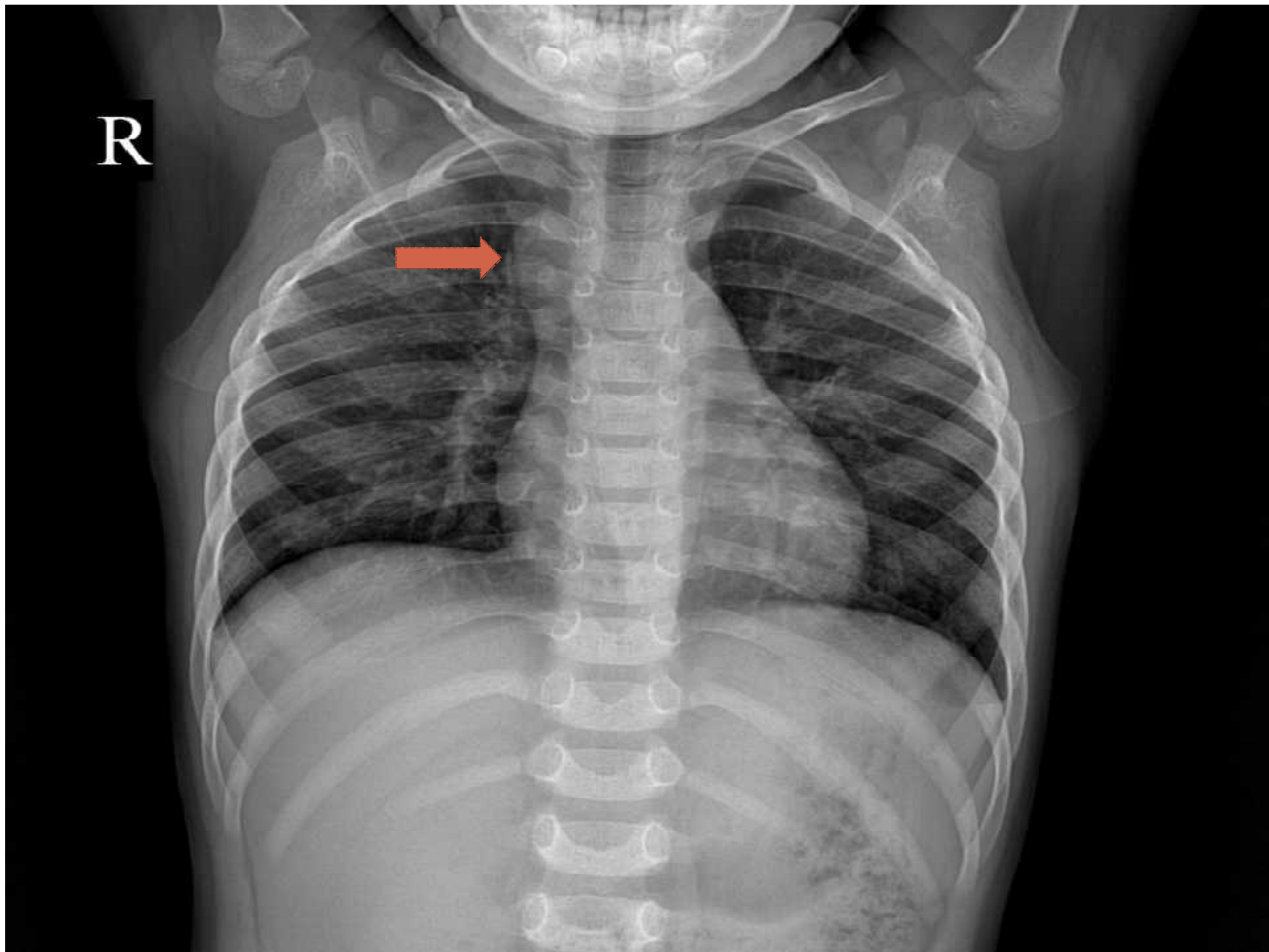




- Systemic examination normal
 - Chest x ray mediastinal lymphadenopathy
 - Mantoux positive - 15 mm
 - Induced sputum sent for culture
- Reports awaited

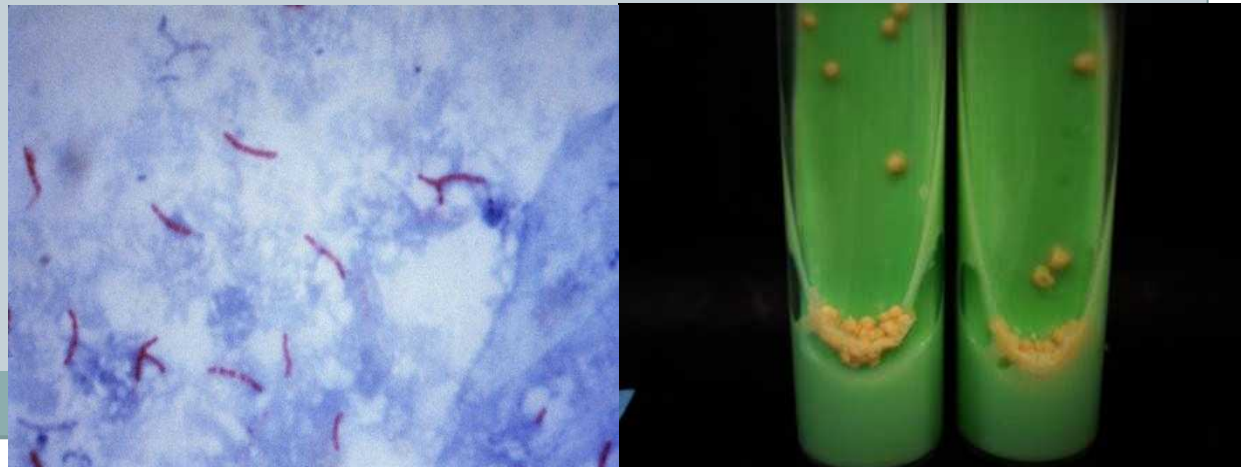


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- While awaiting for culture reports repeat X ray showed increased mediastinal lymph node enlargement
- Child was started on ATT
- LJ positive for tubercular bacilli



Case 2



- 9 year old male child
- Recurrent phlycten of Right eye – 6 months
- Systemic examination -normal
- Chest x ray - plural effusion R side
- Mantoux positive - 18 mm
- Plural fluid analysis
 - Straw coloured
 - Glucose 30mg/dl
 - Protein 3.5 g/dl
 - Gram stain –Ve
 - Smear for AFB –ve



- Child was started on ATT, now on regular follow up
- No further recurrence of phlycten
- Pleural effusion ↓

Case 3



- 2 year old female child
- Phlyctenular conjunctivitis L eye
- Systemic examination normal
- Chest x ray normal
- Montoux positive - 18 mm
- Induced sputum sent for culture- negative
- Started on INH prophylaxis

Discussion



Phlyctenular conjunctivitis



Caused by Type IV cell mediated delayed hypersensitivity to endogenous microbial protein

Causative allergens

- Tuberculous protein
- Staphylococcus protein
- Moraxella Axenfeld bacilli
- Worm infestation

Phlyctenular conjunctivitis



- Age 3-15 years
- Sex F > M
- Undernourishment
- Poor socioeconomic conditions

Clinical picture



- Symptoms

Eye discomfort , irritation and reflex watering
rarely mucopurulent conjunctivitis due to
secondary bacterial infection

Clinical picture



Signs

Phylcten

Pinkish white nodule surrounded by hyperaemia on bulbar conjunctiva near limbus

Course

Self limiting

Disappear in 8-10 days

Recurrence common

Investigation



- Tuberculosis

TB should be ruled out.

X ray chest, Mantoux , counts with ESR

Induced sputum or RGJ

Septic foci

Tonsillitis , Adenoiditis, Carries teeth

Parasitic infestation

stool examination

Management



- Local therapy

Tropical steroids

Antibiotic drops

Atropine eye ointment

Specific therapy

ATT if Tuberculosis is proved

Deworming

Anything new?!



- All our cases were asymptomatic at the time of presentation.
- No fever/cough/weight loss/appetite .
- Phlycten is the only clue which made us to find out tubercular infection/disease.



- Jolly Rohatgi et al - *Department of Ophthalmology, UCMS, New Delhi* involving 112 phlycten
- Most common aetiology in phlyctenular eye disease
 - Tuberculosis (76.7%)
 - Worm infestation (12.4%)
 - Staphylococcal blepharitis (6.2%)
- In tubercular Phlyctenular conjunctivitis
Recurrences more common
- Multiple etiological factors were frequently associated with severe phlyctenular eye disease

Phlyctenular Eye Disease: A Reappraisal Jolly Rohatgi and Upreet Dhaliwal Department of Ophthalmology, University College of Medical Sciences and Guru Tegh Bahadur Hospital, Delhi, India Jpn J Ophthalmol 2000;44:146–150 © 2000 Japanese Ophthalmological Society

Take home message



- *This is to reemphasise the fact that even though Tuberculosis as an etiological association is being supplanted by staphylococcal infection and worm infestation in developed countries, **tuberculosis is still a major cause of phlycten** in India.*
- *Every patient presenting with phlycten **even a mild, first attack**, must be investigated for TB.*
- *Early diagnosis of TB is bound to help the patient.*

Have an eye on the patients eye

Thank
you

