

## 'A Necklace To Ponder': 'Circumcorneal Necklace'

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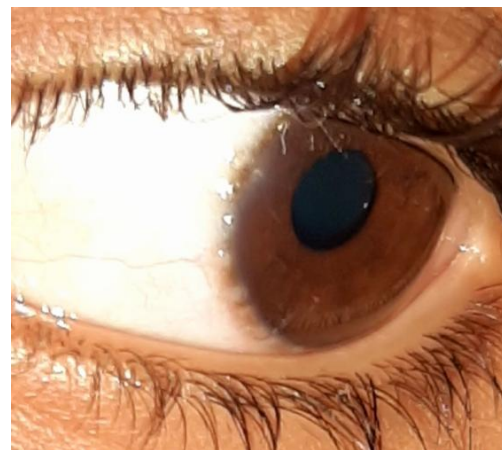
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**Abstract:** A 10-year-old female presented with a history of itching, redness, ropy discharge and photophobia in both her eyes for the past six months. Ocular examination revealed necklace shaped transparent, perilimbal (circumcorneal) cystic changes and all other features suggestive of vernal kerato conjunctivitis (VKC). To the best of our knowledge and after an extensive internet search, only very few cases of cystic changes occurring in the perilimbal region in VKC has been reported.<sup>[1]</sup>

**Keywords:** Cornea, cyst, necklace

### 1. CASE

A 10-year-old female presented with a history of itching, redness, ropy discharge and photophobia in both her eyes for the past six months. As per her history, she was already using Alcaftadine 0.25% eye drops off and on prescribed to her by some general practitioner. There was no other significant medical, surgical, family, traumatic or drug abuse history. Ocular examination was carried out and her best corrected visual acuity was 6/6 in the right eye with -0.50 Dsphere/-0.35 Dcyl at 130 degree and 6/6 in the left eye with -0.50 Dsphere/-0.25 Dcyl at 45 degree. Her ocular movements, colour vision, fundus and intraocular pressure were normal bilaterally. Slit lamp/torch examination revealed papillae on upper tarsal conjunctivae, 360-degree limbal papillae with gelatinous nodules and Horner-Trantas dots. There were cystic changes in perilimbal region in both the eyes(FIGURE 1). The clinical findings were consistent with the diagnosis of VKC. We started her on Olopatadine plus ketorolac eye drops twice a day plus Bepotastine 1.5% once a day along with lubricant eye drops. Cool compresses to both the eyes was also advised. There was some improvement in her symptoms and signs as noted on subsequent followup.



### 2. DISCUSSION

Various grading systems to classify the severity of VKC have been proposed from time to time.<sup>[2]</sup> The diagnosis of this disease is easily clinched on clinical examination. The common symptoms are itching, photophobia, burning, and tearing while the signs include presence of giant papillae on the upper tarsal conjunctiva or at the limbus, the presence of aggregates of epithelial cells and eosinophils at the limbus (Trantas' dots), and conjunctival hyperaemia. Corneal shield ulcer, subconjunctival fibrosis, symblepharon, and conjunctival keratinization can also develop.<sup>[3]</sup>

Differential diagnosis of VKC includes seasonal allergic conjunctivitis, perennial allergic conjunctivitis, atopic kerato conjunctivitis, giant papillary conjunctivitis, as well as chlamydial

infection. Treatment includes cool compresses, mast cell stabilizers, antihistamines, nonsteroidal anti-inflammatory drugs, topical corticosteroids, cyclosporine, and tacrolimus.<sup>[4]</sup>

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**Citation:** Dr Anubhav Chauhan, Prof.(Dr) Kulbhushan Prakash Chaudhary, 'A Necklace To Ponder': 'Circumcorneal Necklace'. *ARC Journal of Ophthalmology*. 2020; 5(1): 14-15.

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