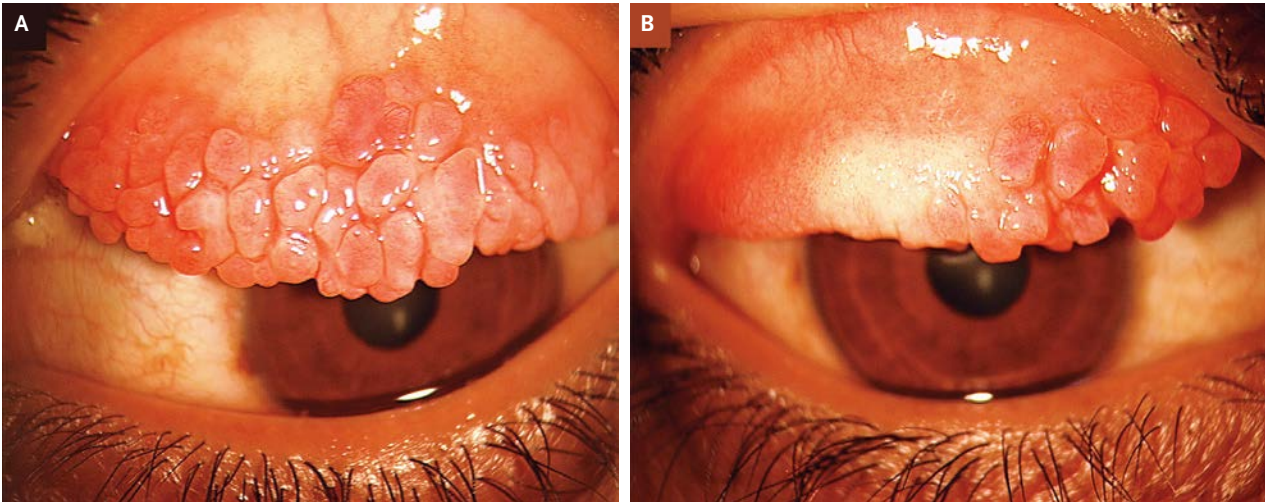


IMAGES IN CLINICAL MEDICINE

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Giant Papillae in Vernal Keratoconjunctivitis



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A 7-YEAR-OLD BOY PRESENTED WITH A 3-YEAR HISTORY OF SEVERE ITCHING and ropy discharge in both eyes. There was no family history of atopic disease. A pattern of seasonal variation was noted, with an increase in symptoms during the summer. On examination, his best corrected visual acuity was 20/30 in each eye. There were large, flat-topped, confluent cobblestone papillae in the upper palpebral conjunctiva in both the right eye (Panel A) and the left eye (Panel B). Tarsal conjunctiva showed loss of architecture, scarring, and hyperemia. Mild limbal hypertrophy was present. Treatment included topical 0.1% betamethasone, 0.2% olopatadine (an antihistamine and a mast-cell stabilizer), and tear substitutes. Supratarsal injection of triamcinolone acetonide resulted in a marked decrease in the size of the hypertrophic papillae within 2 weeks. Each recurrence was managed by adjusting the topical dose of glucocorticoid and administering topical 0.05% cyclosporine twice a day, resulting in remissions of 6 to 7 months. The patient was followed for 2 years, with decreasing severity of the disease. Vernal keratoconjunctivitis requires supervised ophthalmic care to monitor the course of the disease and adjust immunosuppressive therapy.

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