

## VERY ITCHY EYES IN A YOUNG PERSON

An 8-year old boy comes to the clinic. He has asthma and eczema. Every spring time, for several months, his eyes become very itchy, irritable and watery. He has difficulty in keeping his eyes open because of the irritation and watering. His Mother has noticed some raised white spots on the edge of the cornea, but she needs to hold the eyelids open to see these. You are able to see underneath the upper eyelids and there are a lot of rough-looking raised lumps on the inside surface of the eyelid

**Age** 8 years  
**Gender** Male  
**BP** -  
**HR** 100  
**RR** 25  
**T** 36.9  
**HIV status** Negative  
**Visual Acuity** (cannot open eyes)



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## QUESTIONS

- 1: What is this condition?
- 2: What causes it?
- 3: How can you help a patient to open their eyelids?
- 4: How can you look underneath the upper eyelid?
- 5: How would you manage this patient?
- 6: What are the risks of treatment?

## DISCUSSION

1. *What is this condition?*

This is Vernal Conjunctivitis (sometimes called Seasonal Allergic Conjunctivitis). The lumps under the eyelid are called Giant Papillae. The spots on the edge of the cornea are called Trantas' Dots. Both types of lesion are swollen, inflamed areas of conjunctiva.

2. *What causes it?*

This is a severe type of allergic reaction, usually to tree pollen or plant pollen, and tends to be worse at certain times of year (though sometimes the symptoms can be present for most of the year). Patients usually have a number of other allergies. The main symptoms are itching, irritation and watering and a patient can find it very difficult to open the eyelids.

3. *How can you help a patient to open their eyelids?*

It can be very difficult to examine an eye when a patient is in discomfort, particularly in children. In this type of condition, the lumps underneath the upper eyelid scrape against the cornea, causing intense itching and discomfort. Trying to force the eyelids apart in an examination is usually unsuccessful, can be harmful, and may make it even more difficult to do any sort of examination in the future. A drop of local anaesthetic such as amethocaine or lignocaine drops, in each eye can (after the initial stinging of the drops has worn off), allow the patient to open their eye more easily, and allow you to examine more fully. The effect of the local anaesthetic is temporary, of course.

4. *How can you look underneath the upper eyelid?*

In adults, it is possible to evert the upper eyelid by asking the patient to look down (this is **essential**), pulling the eyelashes down gently, then with the other hand, pressing gently on the mid-point of the eyelid with a cotton bud, and finally rotating the eyelid edge and eyelashes upwards over the cotton bud. (The same technique can be used to look for foreign bodies trapped underneath the upper eyelid.) For a demonstration, see <https://www.youtube.com/watch?v=UDMaT9s0ZnA>

5. *How would you manage this patient?*

Vernal conjunctivitis is a chronic condition, often persists for a long time, and is difficult to manage. It is best for patients to be seen in an Eye clinic for assessment and monitoring of treatment. Treatment is usually special Antihistamine eye drops – such as Cromoglycate or Lodoxamide. In the very short term, steroid eye drops can be used to settle the inflammation. Whilst they are very effective, there are risks with using steroid eye drops.

6. *What are the risks of treatment?*

Steroid eye drops can cause Cataract and Glaucoma. Both of these conditions cause loss of vision. In Glaucoma, the loss of vision is permanent. For this reason, it is dangerous to use steroid drops long term. Treatment for a week or two in this condition, in order to settle the inflammation, is acceptable. Long term treatment should be in a specialist eye clinic.