Multifocal phlyctenular conjunctivitis in association with pulmonary tuberculosis

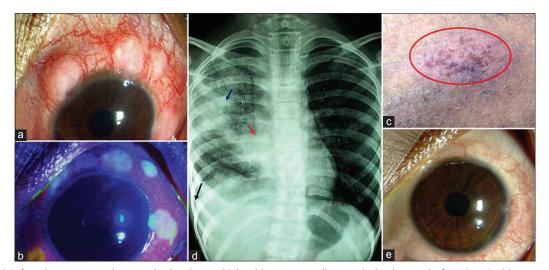


Figure 1: (a) Anterior segment photograph showing multiple phlyctens standing out in background of conjunctival hyperaemia (b) nodules staining positive with fluorescein dye (c) positive tuberculin test (14 × 16 mm) read after 48 hrs (d) Chest X ray showing right-sided mid-zone consolidation (blue arrow) and right-sided hilar lymphadenopathy (red arrow) along with blunting of right costophrenic angle (black arrow) suggestive of pleural effusion (e) lesions resolved without scarring post 1-week topical steroid therapy

An 11-year-old girl with left eye redness and watering for 2 months presented with left eye multiple raised, gelatinous conjunctival lesions around 2 × 2 mm size, arranged along the limbus [Fig. 1a] with central erosion and positive fluorescence stain [Fig. 1b] and surrounded by engorged, hyperaemic conjunctival vessels. A diagnosis of phlyctenulosis was made and topical steroid drops were started. On retrospect she gave history of productive cough for 15 days for which systemic evaluation was done. Her Mantoux test [Fig. 1c] and sputum for acid-fast bacilli came positive along with chest radiograph changes [Fig. 1d]. She was started on antitubercular therapy for pulmonary tuberculosis. The ocular lesions healed in a week without scarring [Fig. 1e] on topical steroid drops.

Phlyctenular keratoconjunctivitis is a hypersensitivity reaction to a foreign antigen.^[1,2] The ocular findings sometimes may point towards presence of systemic tuberculosis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship Nil.

Conflicts of interest

There are no conflicts of interest.

Monika Balyan, Chintan Malhotra, Arun Kumar Jain

Cornea, Cataract and Refractive Services, Advanced Eye Centre, PGIMER, Chandigarh, India Correspondence to: Dr. Chintan Malhotra, Cornea, Cataract and Refractive Services, Advanced Eye Centre, PGIMER, Chandigarh - 160 012, India. E-mail: drchintansingh@yahoo.co.in

References

- Rohtagi J, Dhaliwal U, Phlyctenular Eye Disease: A Reappraisal, Jpn J Ophthalmology 2000;44:146-50.
- Gokhale AM, Limaye SR. Etiology of phlyctenulosis. Indian J Ophthalmol 1965;13:65-7.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website:
回然数3周	www.ijo.in
	DOI: 10.4103/ijo.IJO_1657_18

Cite this article as: Balyan M, Malhotra C, Jain AK. Multifocal phlyctenular conjunctivitis in association with pulmonary tuberculosis. Indian J Ophthalmol 2019;67:1177.