

THE ALLERGIC EYE

There are two main presentations of the allergic eye – seasonal allergic conjunctivitis and perennial allergic conjunctivitis.

Seasonal allergic conjunctivitis

This type of conjunctivitis is due to a type 1 anaphylactic hypersensitivity reaction to a specific antigen, usually an air-borne pollen of some sort.

The main symptom is of bilateral conjunctival hyperaemia, a watery discharge and itching. Most people also have rhinitis at the same time. As with most allergic conditions, patients may have other manifestations of allergy, such as eczema and asthma.

The eyes can be so itchy that rubbing leads to oedema of the eyelids.

The conjunctivitis is recurrent and seasonal, peaking in the spring, late summer and early autumn. Diagnosis is usually clinical.

Treatment is with topical, over-the-counter antihistamine vasoconstrictors in mild cases. Non-steroidal anti-inflammatories or topical mast cell inhibitors can be used separately or in conjunction if over-the-counter products are not effective.

Topical corticosteroids can be used in cases that do not respond to other treatment. However, their use should be monitored by an ophthalmologist because of the danger of exacerbating herpes simplex virus infections, which can lead to corneal ulceration and perforation. Long-term use can lead to glaucoma and possibly cataracts.

Perennial allergic conjunctivitis

Again, this is a type 1 hypersensitivity reaction to a specific antigen, but in this case the antigen is usually house-dust mite or animal dander.

Patients have year-round bilateral conjunctival hyperaemia, a stringy discharge and itchy eyes. Seasonal exacerbations are common. There is also usually a history of other atopic diseases, such as eczema and asthma and perennial allergic rhinitis.

Severe forms of the condition can result in large tarsal conjunctival papillae, conjunctival scarring, corneal neovascularisation and corneal scarring with loss of visual acuity.

Treatment is the same as that for seasonal allergic conjunctivitis, but it is more likely that topical corticosteroids will be needed.

Vernal conjunctivitis

Vernal conjunctivitis is generally regarded as being allergic in nature and is most common in young male infants and young men.

The symptoms are of intense itching, tearing of the eyes, photophobia, conjunctival hyperaemia and a sticky mucoid discharge. It is usually the palpebral conjunctiva of the upper lid that is involved, but the bulbar conjunctiva may be involved in some cases. In the palpebral form, square, hard, flattened, closely packed and greyish papillae are present – classically described as ‘cobblestone’ in appearance. These are mainly in the upper tarsal conjunctiva. Occasionally, a small, circumscribed loss of corneal epithelium occurs, which causes pain and increased photophobia.

Symptoms usually disappear during the colder months and become milder with age.

Treatment is the same as that for seasonal allergic conjunctivitis except that patients with vernal conjunctivitis are more likely to need topical mast cell inhibitors or intermittent topical corticosteroids.

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