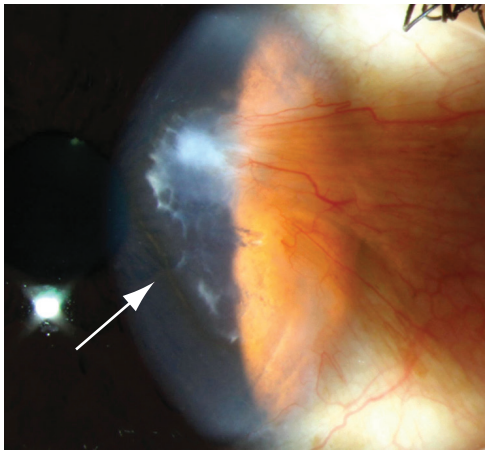

Figure 7-4 The Stocker line is iron deposition at the head of the pterygium *(arrow).* *(Courtesy of Arie L. Marcovich, MD, PhD.)*

reduce the recurrence rate, most clinicians prefer to cover the bare sclera with tissue (eg, conjunctival autograft) at the time of surgery. See Chapter 5.

CLINICAL PEARL

In patients with visually significant cataract and pterygium, a staged surgical approach is indicated. After the pterygium is excised and the corneal contour has stabilized, cataract surgery can be planned; this approach can lead to improved long-term refractive results (Fig 7-5).

Conjunctival Concretions

Concretions appear as small cystic lesions, which are filled with epithelial and keratin debris, glycosaminoglycans (GAGs; previously called mucopolysaccharides), and mucin. They are visible as small, yellow-white dots in the palpebral conjunctiva (Fig 7-6) of older patients or patients who have had chronic conjunctivitis or meibomian gland dysfunction. Concretions are almost always asymptomatic, but they may erode through the overlying epithelium, causing foreign-body sensation. If symptomatic, concretions can be easily removed at the slit lamp with topical anesthesia and a 25-gauge needle.

Conjunctival Epithelial Inclusion Cysts

Conjunctival epithelial inclusion cysts are clear or transilluminating lesions that appear in either the bulbar conjunctiva or the conjunctival fornix and are typically incidental findings on examination. Because these cysts are usually asymptomatic, they generally do not require treatment. If large or elevated, a cyst can cause irritation (Fig 7-7). If the cyst is symptomatic, incision and drainage with a needle at the slit lamp may be sufficient. Piercing the cyst in multiple locations may prevent recurrence (Video 7-1). If the cyst recurs, complete excision may be necessary.

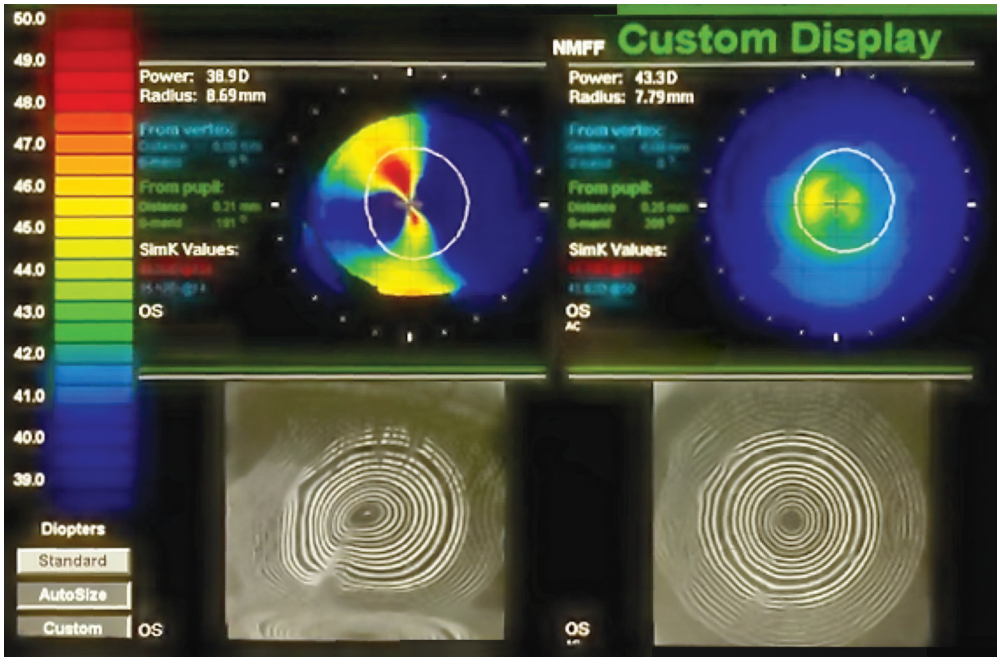

Figure 7-5 Change in astigmatism before and after pterygium excision. *Left:* Power map *(top)* demonstrates marked induced astigmatism due to nasal pterygium. Keratoscopic image *(bottom)* reveals irregular mires over the pterygium head. *Right:* Power map *(top)* 3 months after pterygium excision shows marked reduction in astigmatism. Keratoscopic image *(bottom)* shows more regular mires postoperatively. *(Courtesy of Robert S. Feder, MD.)*

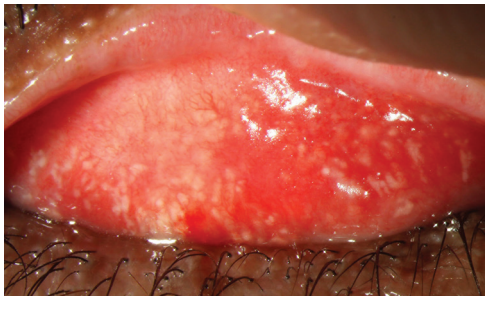

Figure 7-6 Conjunctival concretions. *(Courtesy of Arie L. Marcovich, MD, PhD.)*

VIDEO 7-1 Lancing of a conjunctival cyst.
Courtesy of Joseph D. Iuorno, MD.

Conjunctival inclusion cysts can be congenital or acquired. Most acquired cysts of the conjunctiva are derived from an inclusion of conjunctival epithelium within the substantia propria. The implanted cells proliferate to form a central fluid-filled cavity that is lined with nonkeratinized conjunctival epithelium. Conjunctival cysts may also form from ductal epithelium of the accessory lacrimal glands; these cysts are lined with a double layer of