Old wine in new bottle

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Case 1

- 4 year old boy
- c/o redness of Left eye – 1 week
- Associated with watering of eyes
- No Pain and photophobia
- Child referred to Ophthalmology institute
- Diagnosed as phlycten
- Given steroid/antibiotic drops
- Referred to ICH to rule out TB.
No h/o recent loss of weight or appetite
No h/o cough, fever
H/o contact with active TB case +
(2 neighbours died of TB)
Simple Phlyctenular conjunctivitis

- One small, round and raised nodule at the limbus.
- Localized bulbar congestion
- No conjunctival discharge
- No Secondary infection
- No corneal involvement
- Systemic examination normal
- Chest x ray mediastinal lymphadenopathy
- Mantoux positive - 15 mm
- Induced sputum sent for culture
  Reports awaited
- While awaiting for culture reports repeat X ray showed increased mediastinal lymph node enlargement
- Child was started on ATT
- LJ positive for tubercular bacilli
Case 2

- 9 year old male child
- Recurrent phlycten of Right eye – 6 months
- Systemic examination - normal
- Chest x ray - plural effusion R side
- Mantoux positive - 18 mm
- Plural fluid analysis
  - Straw coloured
  - Glucose 30mg/dl
  - Protein 3.5 g/dl
  - Gram stain – Ve
  - Smear for AFB –Ve
• Child was started on ATT, now on regular follow up
• No further recurrence of phlycten
• Pleural effusion ↓
Case 3

- 2 year old female child
- Phlyctenular conjunctivitis L eye
- Systemic examination normal
- Chest x ray normal
- Montoux positive - 18 mm
- Induced sputum sent for culture- negative
- Started on INH prophylaxis
Phlyctenular conjunctivitis

Caused by Type IV cell mediated delayed hypersensitivity to endogenous microbial protein
Causative allergens

- Tuberculuous protein
- Staphylococcus protein
- Moraxella Axenfeld bacilli
- Worm infestation
Phlyctenular conjunctivitis

- Age 3-15 years
- Sex F>M
- Undernourishment
- Poor socioeconomic conditions
Clinical picture

- Symptoms
  Eye discomfort, irritation and reflex watering rarely mucopurulent conjunctivitis due to secondary bacterial infection
Clinical picture

Signs
  Phylcten
  Pinkish white nodule surrounded by hyperaemia on bulbar conjunctiva near limbus

Course
  Self limiting
  Disappear in 8-10 days
  Recurrence common
Investigation

- Tuberculosis
  - TB should be ruled out.
  - X ray chest, Mantoux, counts with ESR
  - Induced sputum or RGJ

- Septic foci
  - Tonsillitis, Adenoiditis, Carries teeth

- Parasitic infestation
  - Stool examination
### Management

- **Local therapy**
  - Tropical steroids
  - Antibiotic drops
  - Atropine eye ointment

- **Specific therapy**
  - ATT if Tuberculosis is proved
  - Deworming
Anything new?!

- All our cases were asymptomatic at the time of presentation.
- No fever/cough/weight loss/appetite.
- Phlycten is the only clue which made us to find out tubercular infection/disease.
- Jolly Rohatgi et all - *Department of Ophthalmology, UCMS, New Delhi* involving 112 phlycten
- Most common aetiology in phlyctenular eye disease
  - Tuberculosis (76.7%)
  - Worm infestation (12.4%)
  - Staphylococcal blepharitis (6.2%)
- In tubercular Phlyctenular conjunctivitis
  - Recurrences more common
- Multiple etiological factors were frequently associated with severe phlyctenular eye disease

Phlyctenular Eye Disease: A Reappraisal Jolly Rohatgi and Upreet Dhaliwal Department of Ophthalmology, University College of Medical Sciences and Guru Tegh Bahadur Hospital, Delhi, India Jpn J Ophthalmol 2000;44:146–150 © 2000 Japanese Ophthalmological Society
Take home message

- This is to reemphasise the fact that even though Tuberculosis as an etiological association is being supplanted by staphylococcal infection and worm infestation in developed countries, tuberculosis is still a major cause of phlycten in India.

- Every patient presenting with phlycten even a mild, first attack, must be investigated for TB.

- Early diagnosis of TB is bound to help the patient.
Have an eye on the patients eye

Thank you