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Case Image

SLK-A Time to Think Rethink

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Case

A 25-year-old male (Figure 1a and 1b) presented with a history of bilateral red eye with burning, tearing and foreign body sensation for the past two weeks. There was no history of trauma or contact lens wear. He was a known case of persistent hyperbilirubinemia since childhood and old records brought by him confirmed the same. The only positive findings on his eye examination was bilateral local hyperemia of the superior bulbar conjunctiva with a few filaments in the upper cornea and limbus plus opposing superior palpebral conjunctiva showing papillary reaction with hyperemia. Fluorescein and rose bengal staining was evident. Rest of his ocular examination was normal.

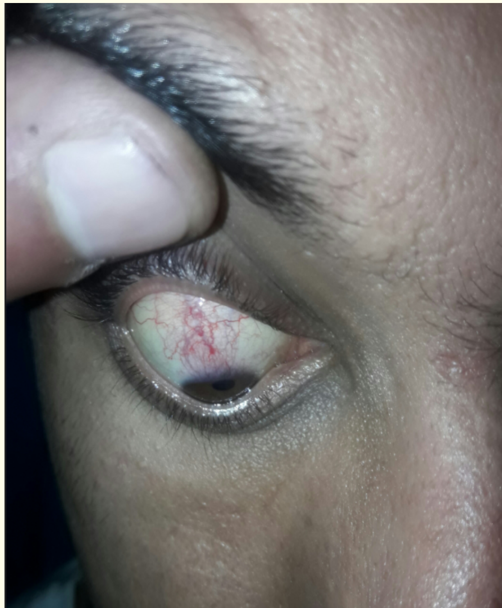

Figure 1a: Right eye.

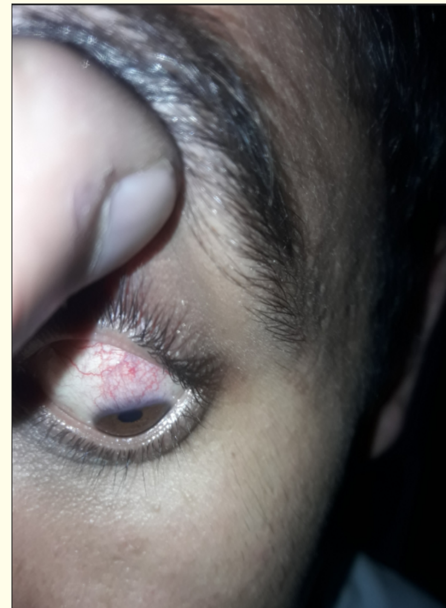

Figure 1b: Left eye.

All the findings were consistent with the diagnosis of superior limbic keratoconjunctivitis (SLK) of theodore. His thyroid function tests were within normal limits. He was started on topical cyclosporine and lubricants which caused improvement in his signs and symptoms. To the best of our knowledge and after an extensive internet search, this is probably the first reported case of SLK occurring with persistent hyperbilirubinemia.

Discussion

SLK is a predominant bilateral condition affecting females more than males. The common age group affected ranges from 20 to 60 years. The patient may also have abnormal thyroid function. The

pathogenesis of SLK is unclear. It may be the result of mechanical irritation from increased pressure of the upper eyelid against the globe and/or increased motility of the upper bulbar conjunctiva from hypothyroidism or ageing [1].

Classical findings in patients with SLK are as follows [2]:

- Age: 20 - 67 years
- Sex incidence: Women > men
- Duration: 1 - 10 years
- Prognosis: Eventually clears
- Usually bilateral
- Papillary reaction of superior palpebral conjunctiva
- Superior bulbar conjunctival injection
- Fine punctate staining of superior cornea and conjunctiva
- Rose Bengal staining of superior cornea and conjunctiva
- Proliferation of superior limbus to varying degrees
- Superior corneal and conjunctival filaments
- Decreased Schirmer test in some patients
- Occasional corneal hypesthesia
- Favourable response to 0.5 per cent silver nitrate in some cases

Various modalities for treating SLK include silver nitrate or thermal cauterisation of the superior bulbar conjunctiva, pressure patching, bandage contact lenses, topical trans-retinoic acid 0.1%, recession or resection of the superior bulbar conjunctiva [3], topical cyclosporine [4], steroids and lubricants [5].

Conflicts of Interest

The authors declare that they have no competing interest.

Financial Disclosure(s)

The authors have no proprietary or commercial interest in any material discussed in this article.

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