



Various Surgical Modalities of Pterygium

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Received: September 23, 2021

Published: November 01, 2021

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Keywords: Progressive; Regressive; Fleshy; Non Fleshy; Benign; Malignant; Pseudo; True

Pterygium is kind of proliferation of subconjunctival tissue which may or may not involve cornea epithelium of conjunctiva may show malignant change and conjunctival stroma kind of degeneration.

Exact cause not known however.

Ultraviolet rays may play an important part.

Other factors: Seasonal and physical factors.

Pterygium has bid and apex at the apex one has stickers line which is deposition of homoserine.

Pterygium can be

- Progressive, Regressive
- Fleshy, Non Fleshy
- Benign, Malignant
- Pseudo, True.

It is graded as grade 1, 2 and v3 depending upon progression towards pupillary area.

PT of pterygium may have irritation photophobia cosmetic problem induced astigmatism.

Indication of pterygium is when apex involves pupillary area to threatens.

Vision this is indication of surgery.

Because of recurrence lot of surgical modalities have been tried they are:

1. Simple excision
2. Through and through excision
3. Excision with use of mitomycin C
4. Excision with use of beta radiations
5. Lamellar keratoplasty
6. Excision with use of contact lens
7. Excision with implantation in lower fornix
8. Autograft
9. Stem cell graft
10. Amniotic membrane graft
11. Argon laser
12. Fibrin glue.

At present autograft with fibrin glue is the best.

Some of the side effects of surgery recurrence.

Some rare and severe complications are

- Scleral perforation with uveal prolapse due to severe cauterization
- Desmetocoele
- Endophthalmitis's.

Disclosure

I have no financial interest in publication of this article.

Volume 4 Issue 12 December 2021

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