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Surgical Treatment and Desensitization Therapy of Giant Papillary Allergic Conjunctivitis

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ABSTRACT

We found that three cases of giant papillary conjunctivitis responded well to local specific desensitization therapy and transplantation of the conjunctiva with saphenous vein tissue.

Giant papillary conjunctivitis is relatively frequent. Indeed, it accounts for 15% of the approximately 3000 cases of allergic conjunctivitis seen in our clinic. Since it leads to corneal ulcers and provokes ptosis, giant papillary conjunctivitis can be considered a severe form of allergic conjunctivitis.¹

Various therapies, each with limitations, have been used to treat the condition, including: cryoapplication (this has no effect on the immunopathogenetic mechanism); administration of cortisone or a combination of

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antihistamine and sodium cromoglycate (this only reduces the symptoms);²⁻⁵ and transplantation of the conjunctiva with oral mucosa (papillae typically reappear after a few months).^{6,7}

We describe a procedure of treating giant papillary conjunctivitis that combines transplantation of the conjunctiva with saphenous vein tissue and local specific desensitization therapy. We report our experience using this therapy in three cases of vernal keratoconjunctivitis.

SURGICAL PROCEDURE

Saphenous vein tissue is well suited for conjunctiva transplantation. It is strong and is a good substitute for the tarsus, which is necessarily removed with the conjunctiva. An additional advantage of saphenous vein tissue is that perivenous lymph tissue is easily removed, because there is no intramural lymph material.

A segment of the saphenous vein is removed at the point at which the femoral vein branches off, and is placed in heparin solution. The perivenous tissue and the venous valves are removed, and a cut is made along the vein with scissors. Should a larger area of tissue be required, various sections of saphenous vein may be joined together using a continuous suture.

The vessel wall is attached to the sclera, with the endothelial surface facing out. To prevent the transplanted material from contracting, the palpebral edge is sutured first; then, using spaced stitches, the upper edge of the flap is attached to the free edge of the upper conjunctival fornix.⁶ In this way, the saphenous tissue is attached to the conjunctival remnant.