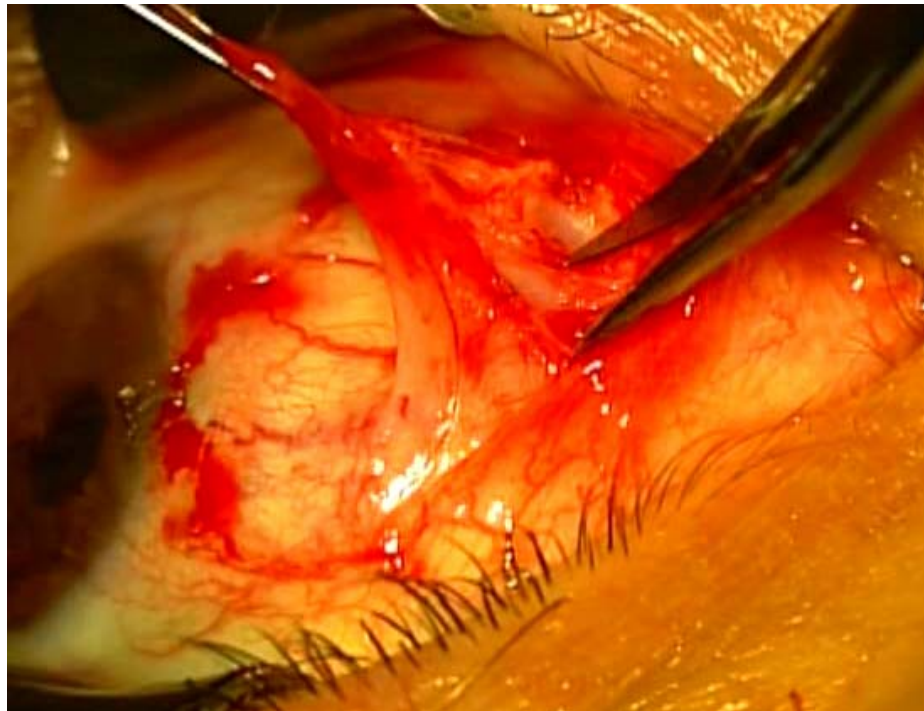


Pterygium Key Essence

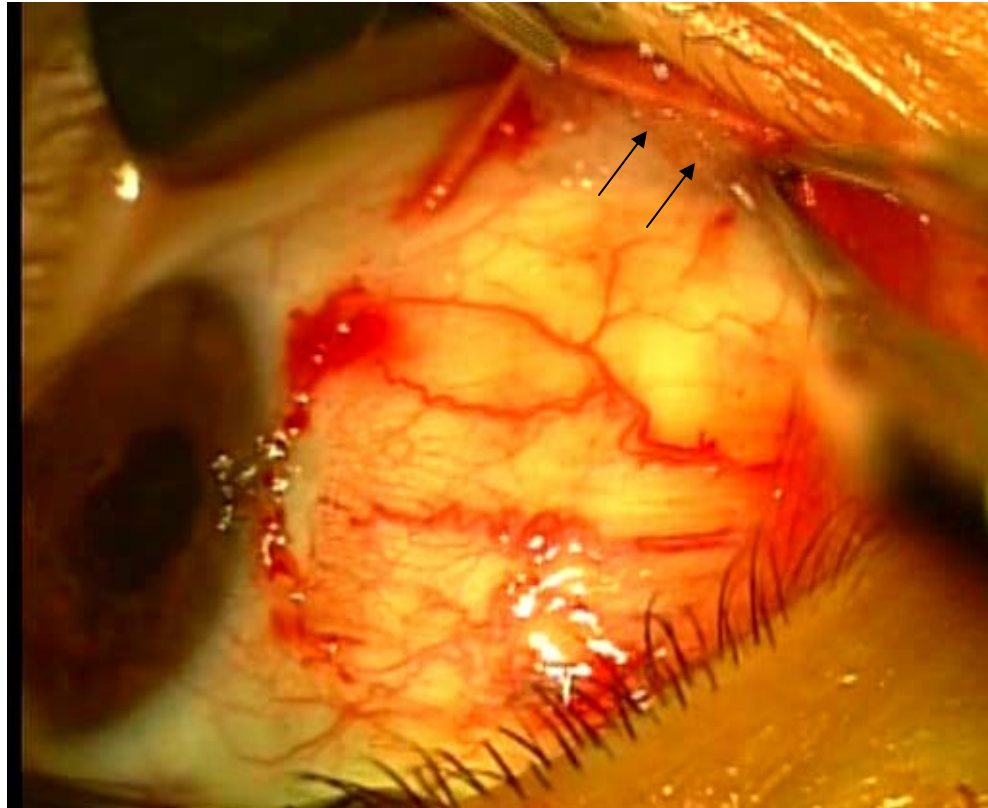
Intra & Post-operative Care

- The problem of pterygium is the fibrovascular tissue overgrowth between the epithelial tissue and the Tenon
- So dissection should be aimed at subconjunctival space but above the Tenon, and the application of MMC should also be exactly there



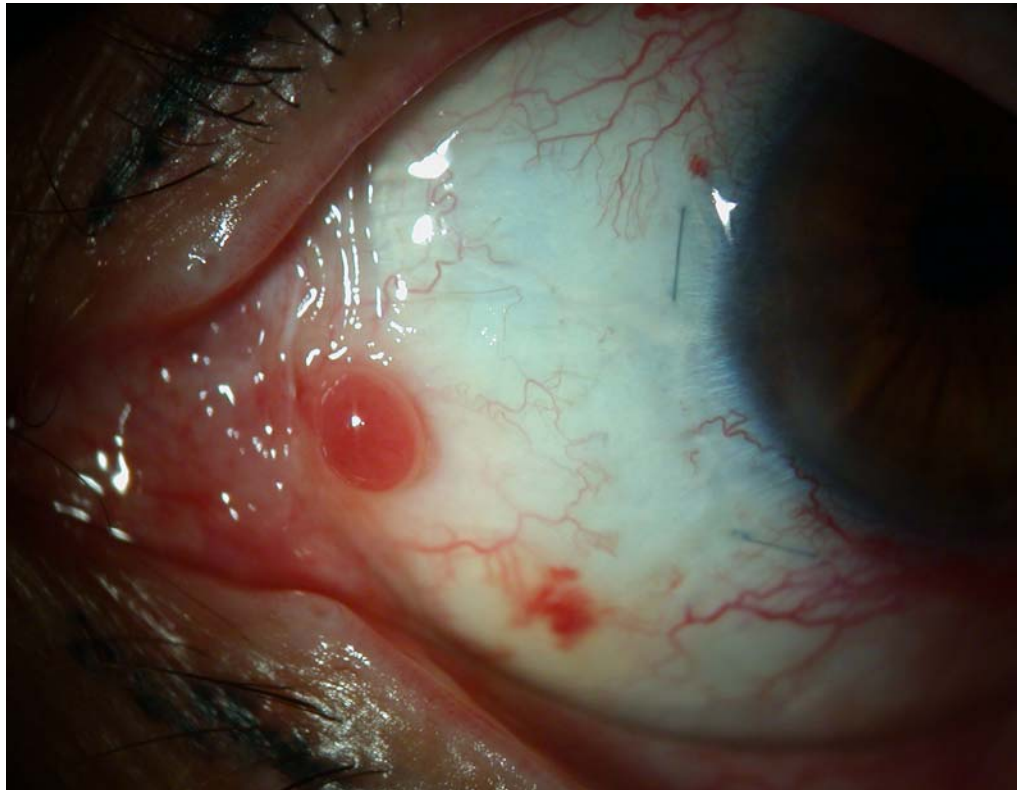
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- During MMC application, make sure that the overlying conjunctiva is in close contact with the MMC soaked sponges (Arrows)
- Application at bare sclera is unnecessary and potentially dangerous



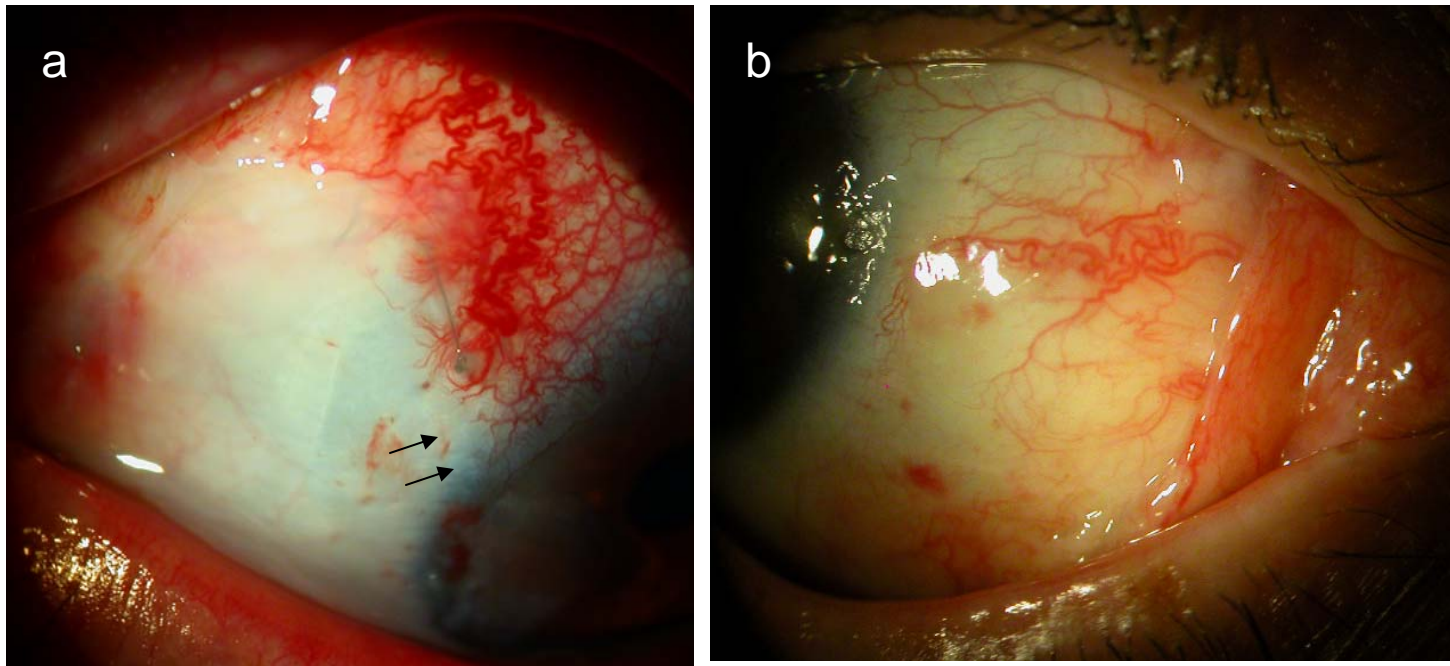
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Granuloma might be due to poor MMC
contact with the caruncle tissue

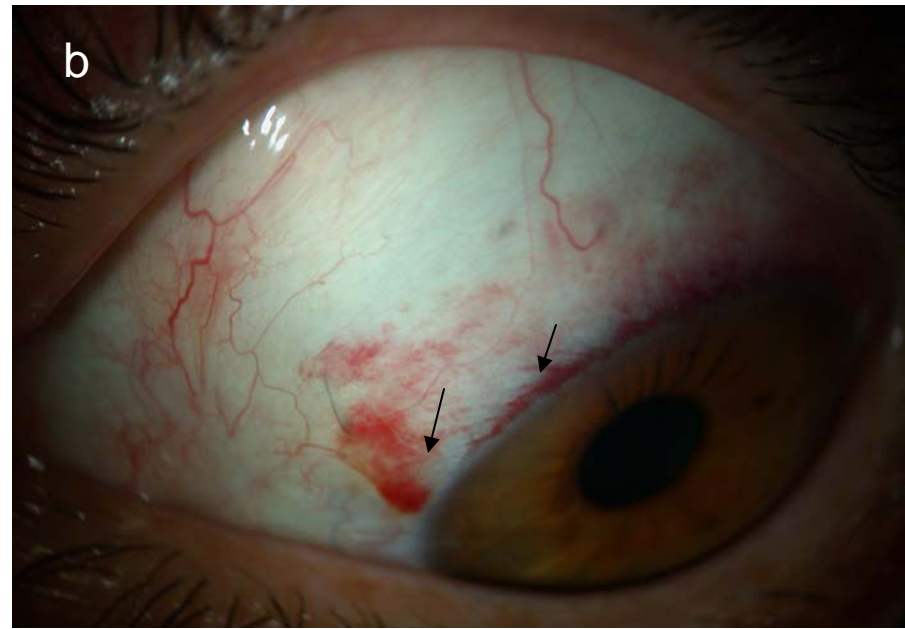


Host Conjunctival Inflammation seen during 3rd to 4th Postoperative week visit

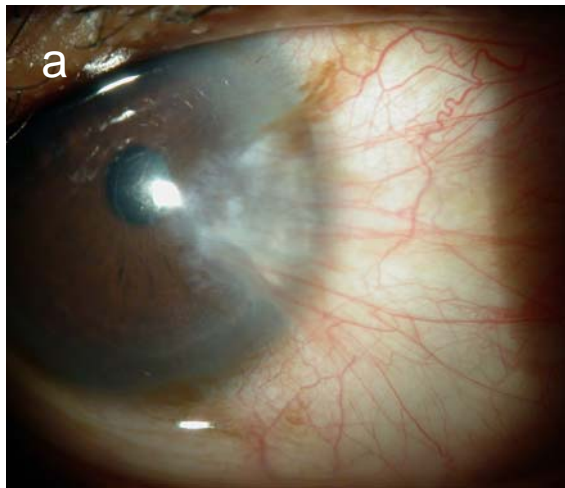
- More frequent when using sutures (a)
- Much less infrequent with fibrin glue (b)



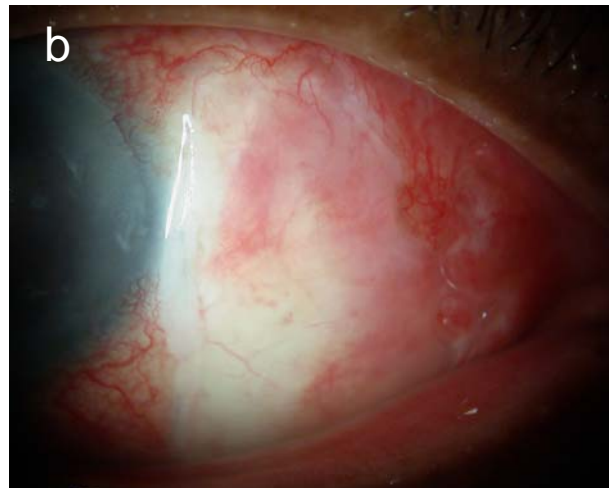
- For good result, remove the suture as early as one week and consider Kenalog injection at 3rd or 4th postop.
 - (a) Conj. Inflammation during 3rd postop. Week
 - (b) 3 weeks after kenalog injection
(Arrows- residual subconjunctival hemorrhage by injection)



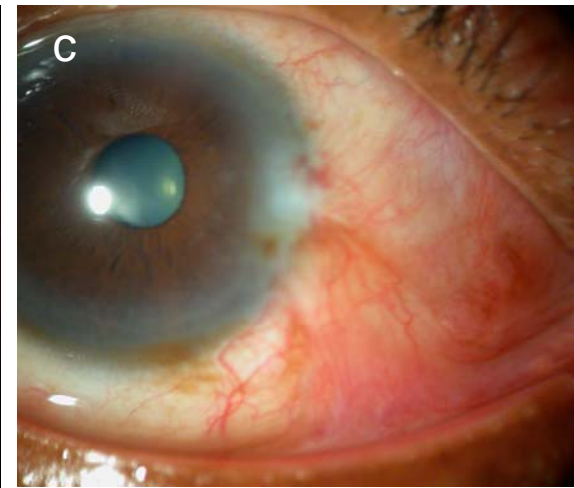
If we don't give kenalog, some eyes could end up with recurrence



(a) Preoperative

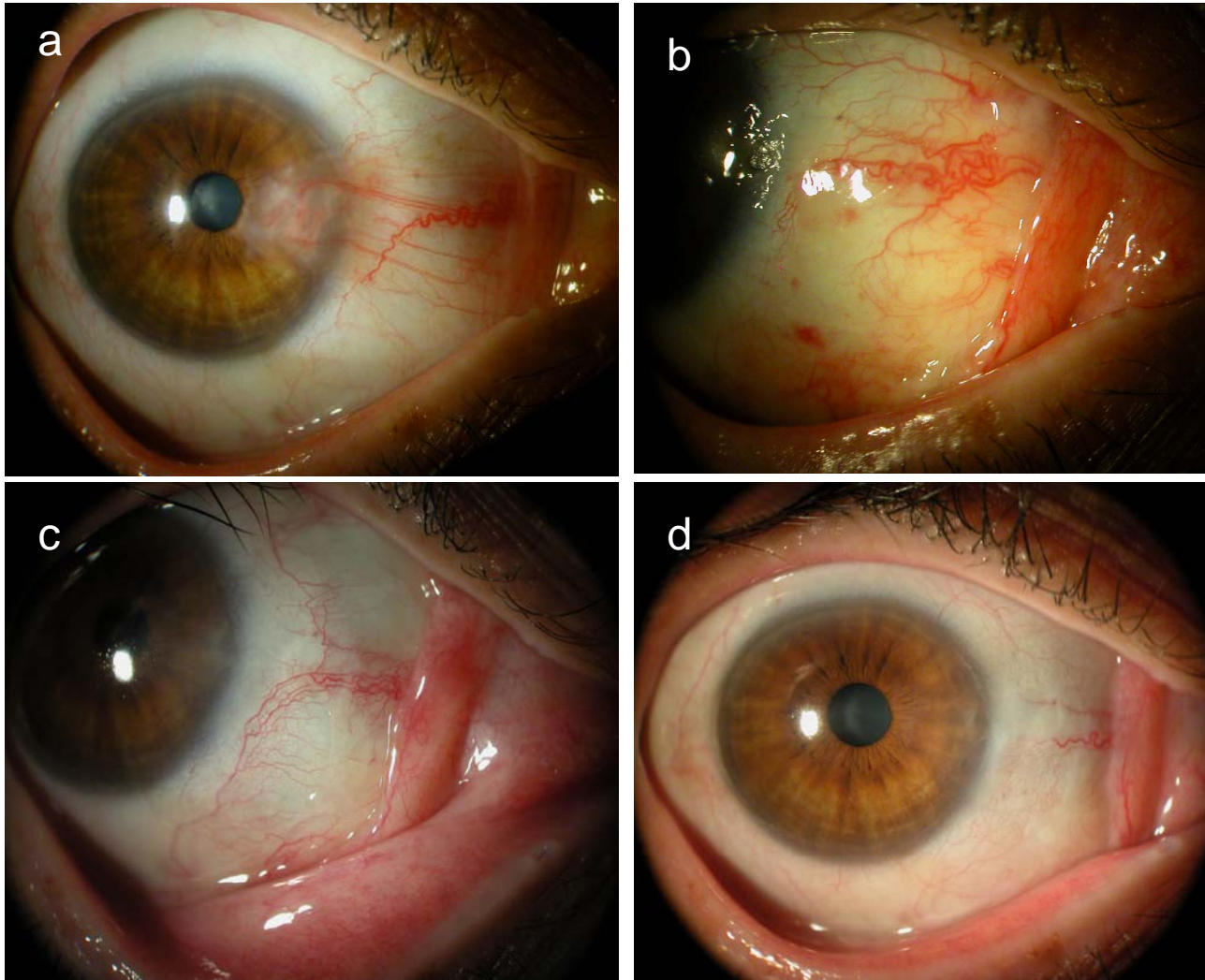


(b) 1 month postop.



(c) 7 months postop.

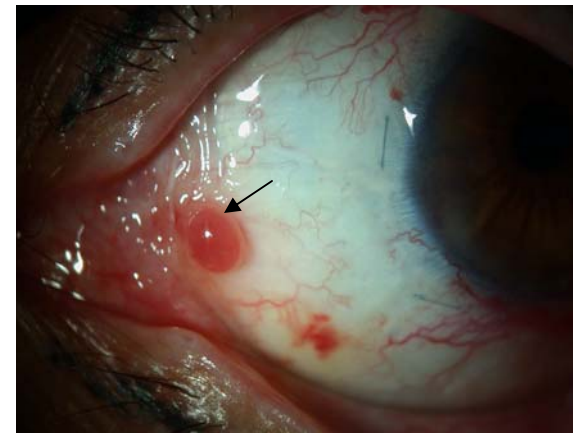
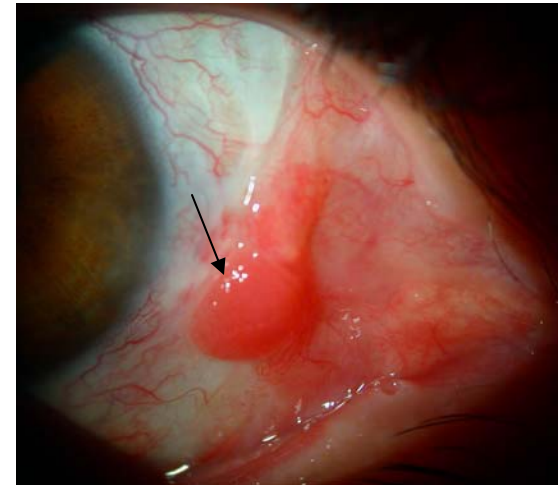
With fibrin glue, Inflammation usually resolves with Pred-Forte® QID and no need for kenalog injection



(a) Preoperative (b) 3 weeks postop. (c) 3 months postop. (d) 12 months postop.

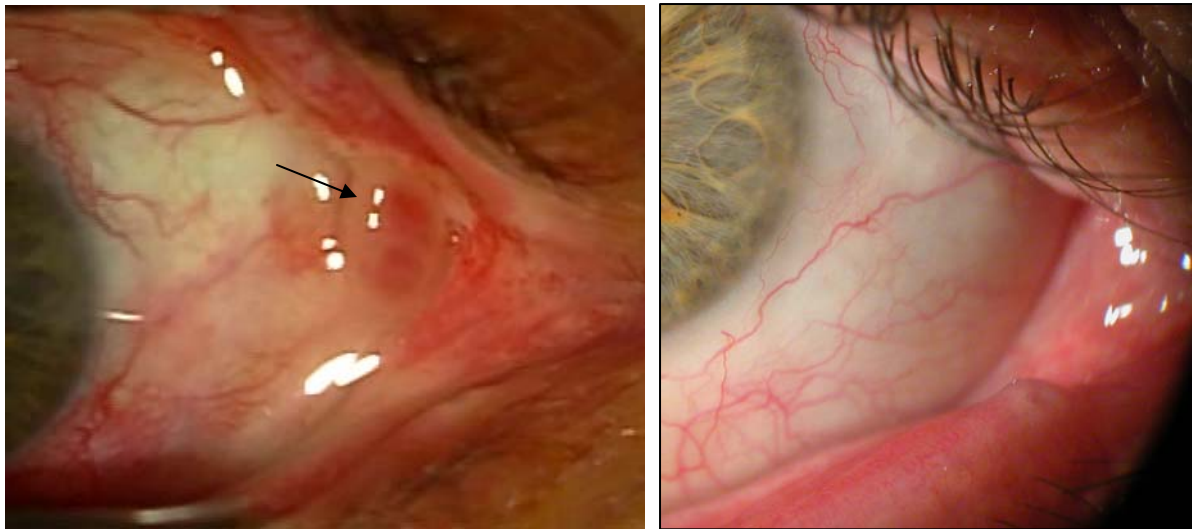
Pyogenic Granuloma develops because:

- Exposed sclera
- Residual fibrovascular tissue
- Suture induced trauma
- Large mass of fibrin glue
- Insufficient MMC contact



How to manage Pyogenic Granuloma

- Pred Forte ® q2h
- Kenalog injection
- Excision



Granuloma before and after Kenalog injection

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