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Ophthalmology Snapshot

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Ophthalmology Snapshot

Nalinee Tuntivanich

History

A 7 year-old male Pug had had bilateral mucopurulent ocular discharge for several months. He was referred from a private clinic to the Small Animal Teaching Hospital, Faculty of Veterinary Science, Chulalongkorn University for ocular treatment. From ophthalmic examination, STT 1 value was 10 and 5 mm on the right and left eye, respectively. Bilateral pigmentary keratitis was present with more prominent sign on the left eye compared to the other. On the right eye, a 5 mm, light pink, oval mass was noticed on the upper bulbar conjunctiva close to corneal limbus. No bleeding was observed.

After the dog had prescriptively been on topical corticosteroid and topical cyclosporine for 9 months, STT level increased while size of the mass was reduced to 3 mm in diameter. The mass was surgically excised and submitted for histopathological investigation. No evidence of recurrence had been noted after 2 years of surgery.

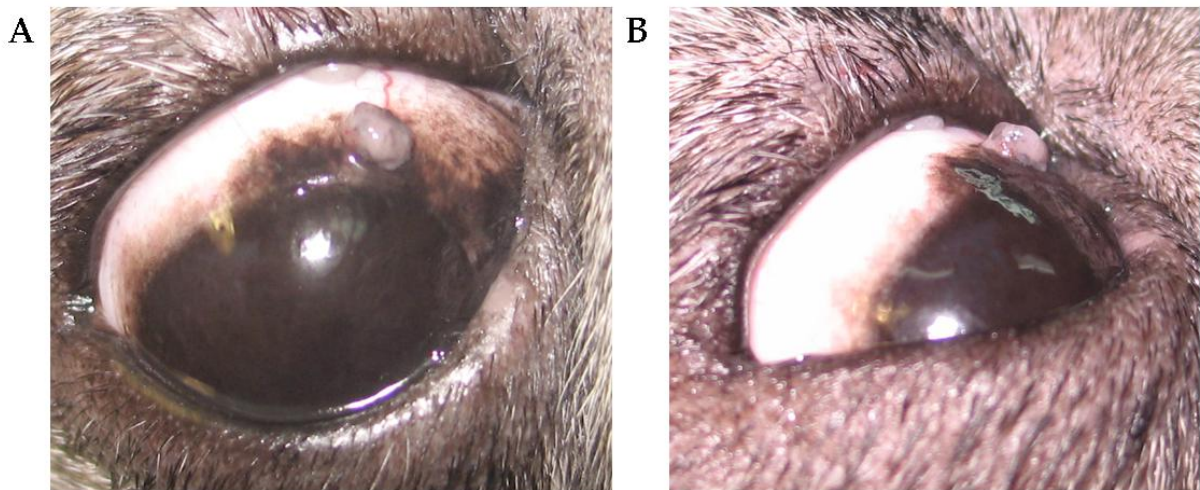


Figure 1 Photographs of the right eye of the Pug in the (a) front view and (b) oblique view demonstrating conjunctival mass.

(For better quality, figures can be viewed in the TJVM website)

Question

Give the differential diagnosis of the conjunctival mass based on clinical appearance.

Please turn to the next page for answers

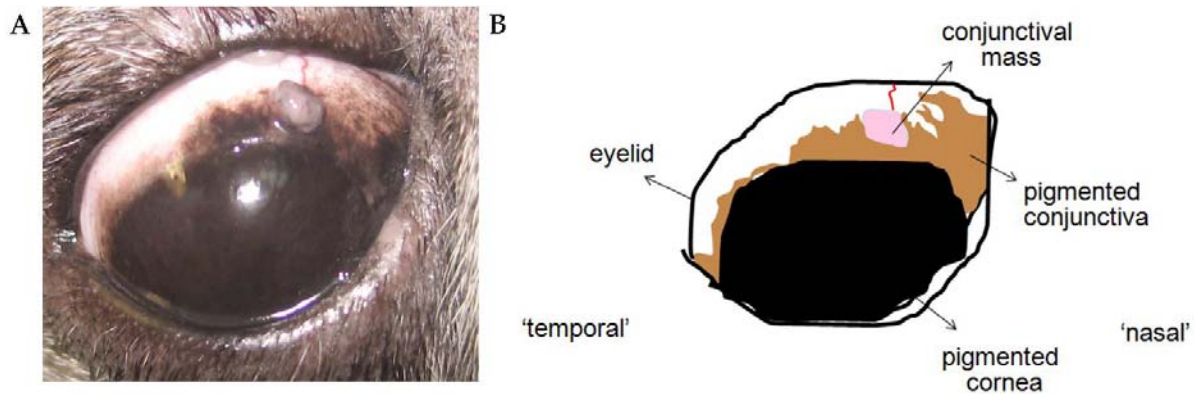


Figure 2 Front-viewed images of (a) an actual photograph and (b) a schematic drawing of the right eye, illustrating structures of the eye and conjunctival lesion.

Answers

Ophthalmic differential diagnosis:

1. Plasmoma
2. Squamous cell carcinoma
3. Hemangioma

Final diagnosis:

Conjunctival hyperplasia with lymphoplasmacytic conjunctivitis

Comments

Due to its clinical presentation, this lesion is called a non-neoplastic conjunctival mass. Lymphoplasmacytic/plasmacytic conjunctivitis (or plasmoma) is common in brachycephalic breeds (including Pug) that were predisposed to chronic superficial keratitis (CSK). This abnormality is associated with immune-mediated inflammatory condition across the ocular surface; subconjunctiva, cornea, limbus, and third eyelid. Conjunctiva is usually thickened and hyperemic with a majority of lymphocytes and plasma cells, histopathologically. In addition to a limitation of CSK factors, immunosuppressive drug with or without topical corticosteroid can be used to control progression and possibly reduce the lesion. Even though the lesion may recur following excision, excision with or

without cryotherapy is still considered a successful treatment.

Conjunctival squamous cell carcinoma is uncommon in dogs. If present, it usually occurs as an elevated, soft, pink mass on the bulbar conjunctiva at limbus. Affected dogs, which are brachycephalic breeds, mostly have history of chronic keratitis. Exposure to UV light is thought to be an important factor. Biopsy can be performed for final diagnosis.

Hemangioma is clinically presented as a bright red, friable, bleeding mass on temporal bulbar conjunctiva. Dogs kept outdoors with greater exposure to UV light tend to be predisposed to this neoplasia. Biopsy can be performed for final diagnosis.

References

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