CONGENITAL PTERYGIUM*

BY

MANMOHAN MALHOTRA

Willingdon Hospital, New Delhi, India

CONGENITAL pterygium is rarely recorded in the literature. The occurrence of such a disorder was seen in the right eye of a child.

Case Report

A boy aged 4 years was brought to the hospital on September 21, 1956, for examination of the right eye, as there was a fleshy pterygium growing from the inner angle of the palpebral fissure on to the cornea. The pterygium had been noticed at the time of birth. Apart from the grandmother, who had had a right pterygium commencing at the age of 40, no other member of the family was affected in this way.

The pterygium had remained almost stationary for 2 years, and had then started to grow and to encroach further on to the cornea.

Examination.—The child was healthy in all respects and extremely active and intelligent. No other congenital abnormality was detected.

A triangular fleshy mass with a blunt apex or head was seen growing upon the cornea for a distance of 3 mm. from the nasal side in the right eye. It was slightly hyperaemic. The cornea beyond the head showed no infiltration or opacity (Figure). The upper and lower margins of the triangular growth showed folds resembling a curtain overhanging the area of adhesion to the sclera and cornea. A probe could not be passed under the neck of the pterygium.

Treatment.—On September 27, 1956, the head was shaved off from the cornea and the base was undermined so as to expose the underlying sclera. The under surface of the growth and the area of adhesion was carbolized. The head was turned down, buried under the inferior part of the bulbar conjunctiva, and stitched in position by a mattress suture. The stitch was removed on the third day.

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Discussion

A pterygium may occur congenitally and may even be hereditary (Armaignac, 1914). It is suggested that a pterygium may be considered to be a sign of congenital degeneration or disorder of the corneal nerves of the particular segment, leading to degeneration of the overlying layers of the cornea. The conjunctival growth over the cornea is simply a compensatory reaction to fill in the defect. The presence of such a disorder in the foetus may only become evident later in life.

If the degeneration is marked it appears clinically as a congenital pterygium. In other cases a pterygium appears later, through excitation by external influences, such as exposure to wind and dust, etc.

Summary

A case of congenital pterygium in the right eye in a young child is described. There was no evidence of hereditary transmission. The aetiology of the condition is discussed.

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REFERENCE