A CLINICOPATHOLOGICAL STUDY TO ANALYSE THE IMPORTANCE OF HISTOPATHOLOGICAL EXAMINATION IN DIAGNOSIS OF EXCISED CONJUNCTIVAL LESIONS OF BULBAR CONJUNCTIVA

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Conjunctival lesion, Excision biopsy, histopathological examination, OSSN, scleral fixity, recurrence.

INTRODUCTION:
The conjunctiva is readily visible and so the tumours and other lesions in the conjunctiva are generally recognized at an early stage. Clinical diagnosis can often be made by ocular examination and slit-lamp bio microscopy, if features are characteristics. A biopsy is not necessary in cases of smaller tumours that appear benign. Small tumours can be better removed completely in one setting (excisional biopsy). Larger lesions, remove a portion of the tumour (incisional biopsy) to get a histopathological diagnosis prior to more extensive therapy. It is rarely needed to do exfoliative cytology or fine-needle aspiration biopsy, as incisional biopsy is readily available. Slit-lamp examination of the cornea is needed in patients with suspected conjunctival tumours. Rule out any corneal involvement in squamous cell carcinoma and melanoma of conjunctiva before planning for surgery. Management of a conjunctival tumour may be serial observation, incisional biopsy, excisional biopsy, cryotherapy, chemotherapy, radiotherapy, modified enucleation, orbital exenteration or various combinations of the above planning for surgery.

AIMS AND OBJECTIVES:
1. To analyse the importance of histopathological examination in confirming the diagnosis of various conjunctival lesions like ocular surface squamous neoplasia, malignant melanoma, granulomas.

2. To analyse the clinical presentation of various conjunctival lesions

3. To differentiate between benign and malignant lesions histopathologically (for early diagnosis of malignancy).
METHODOLOGY:

Cross sectional study

Subjects >12 years, of either sex attending OPD in GRH Madurai with conjunctival lesions requiring excision and HPE. Study was conducted for 5 months. Patients with infective conjunctival lesions, bleeding diathesis, on anticoagulant therapy and not consenting for participating in the study are excluded from the study.

40 subjects were studied for a period of 5 months.

Slit lamp examination of the conjunctival lesion and preoperative staging in case of malignant lesions is done. Posterior segment examination and vision documentation done.

Informed consent is obtained and the patient is shifted to OT and under proper anaesthesia the conjunctival lesion is excised with 11 blade and forceps and scissors from the base and edge of ulcer and sent for HPE examination. In doubtful malignant lesion cryotherapy is applied to base of lesion and the conjunctival defect is closed with AMG.

RESULTS AND DISCUSSION:

Among the study group 12 were < 20 years, 17 were 20-60 years and 11 were > 60 years. 23 males and 17 females participated in the study and it was noted that there is a slight male preponderance for malignant lesions. In cases <50 years benign non-pigmented lesions were more common and in > 50 years degenerations and malignancies were common. The most common tumour overall in this study was benign non-pigmented lesions (squamous papilloma) -25%, degenerations are second most common – 22.50%. Third most common includes non-pigmented malignant lesions 15 %. (squamous cell carcinoma). About 87.5% lesions were in bulbar conjunctiva. Chronic lesions tend to be benign or degenerative. Most non-pigmented malignant lesions were leukoplakic. Malignant lesion also showed scleral fixity and recurrence and they were found to be statistically significant with p value 0.029, and they mostly needed cryoexcision with 3 mm tumour free margin with AMG. Among the 27.5% smokers in the study group nearly 75% ad premalignant – malignant lesions. It was noted that OSSN was associated with HIV. (50%)

CONCLUSION:

It is observed that in subjects below 50 years benign non-pigmented lesions like squamous papilloma are common and they are asymptomatic, mostly <3mm size, freely mobile, have a chronic course and do not recur after simple excision.

It is also observed that in subjects > 50 years in our study the malignant lesion like squamous cell carcinoma are more common and have predilection towards males. They have pain, grossly appear leucoplakic (in malignant non-pigmented), > 4mm size mostly and scleral fixity is present. They require cryo therapy and AMG after excision and they recur often after
excision. It was also observed that the smokers had more incidence of premalignant-malignant lesions and OSSN was seen more in HIV positive patients.

**LIST OF ABBREVIATIONS:**

OPD- Out patient department
HPE- Histopathological examination
OT- Operation theatre
OSSN- Ocular surface squamous neoplasia
AMG- Amniotic membrane graft
HIV- Human immunodeficiency virus