



## ROLE OF INJ. HYLASE IN THE TREATMENT OF EARLY PTERYGIUM

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### ABSTRACT

Study of 50 patients were carried out between the age group of 1 to 50 years. Treatment was given to all in the form of s/c inj. of hylase for three days alternatively. Out of this 28 patients were female and 22 male.

### KEYWORD

Then take away the pad and see that there is no active bleeding from the conjunctiva.

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### INTRODUCTION:-

Pterygium is a degenerative condition of sub conjunctival tissues which proliferate as vascularized granulation tissue invade cornea destroying as it closes so the superficial layers of stroma and Bowman's membrane the whole being covered by conjunctival epithelium.

The lesion thus appears as a triangular encroachment of the conjunctiva upon the cornea with front of blunt apex numerous small opacities lying deeply in the neighbouring part of the cornea. The thick vascularized conjunctiva appears on the cornea from the canthus and is loosely adherent in its whole length of sclera the area of adherence being always smaller than its breadth so that there are folds at the upper and lower border.

It frequently follows pingacula and when single is nasally and when double temporal lesion is also develop later. It never disappear as it progress consolidation start and dense fibrous tissues forms develop corneal astigmatism.

In the beginning it is symptom less but as it progresses impaired vision and later on cover pupillary area also. It is commonly seen in sunny climate sandy area of the globe like South Africa, Middle East, India, Pakistan etc. Ultraviolet light is etiological factor.

### AIM:-

The study was conducted to find out clinical effect of inj. hylase in the early pterygium at limbus upto 1 to 1.5 mm size in cornea.

### MATERIAL:-

This is a prospective none randomized clinical study was carried out in the general hospital palanpur between jan 18 to june 18. Patients having complain of redness foreign bodies sensations watering were examine on the slit lamp for the extension of pterygium on limbus. Visual acuity and fundus examination were done. 1500 i.u. of hylase injection was dissolved in 2 cc of d.w. out of this 0.25 cc of solution taken in insulin syringe and 1 cc of xylocaine 2% was also added and given at the neck of pterygium with 26 guaze needle by lifting the neck with tooth forcep. Eye speculum was applied and paracaine drops instilled on the cornea and conjunctiva before this.

Antibiotic ointment was applied and pad was given over the eye ask the patients to seat for half an hour. Then take away the pad and see that there is no active bleeding from the

conjunctiva. Ask the patient to go home with dark goggles and instilling astregent eye drops and antibiotic with non steroid eyedrops 3 times a day. And advice to come after 48 hours for further treatment.

### OBSERVATION:-

Type	Change in %
Group 1	Growth reduced 70%
Group 2	Appex&neck become pale 20%
Group 3	No change 10%

Occupation	Pts.
Farmers	22
laboures	18
Factory workers	06
Students	04

Age	Patients
1-10	2
11-20	6
21-30	6
31-40	9
41-50	27
Male	22
Female	28

### DISSCUSION:-

Hyaluronidose is enzyme is found naturally in your body that breaks hyalurenic acid down. It is very common in tropical region. Improper nutrition in poor class and prevalance of local irritation factors to the eye. Meyer and palner first to isolate hylurenic acid. Duphie and chain state that enzyme hyaluronidase liquified the tissue cementing substance hyaluronic acid. This occurs by the depolyrisation of hyaluronic acid through hydrolysis of linkage with the decreasing viscosity of the poly sacharide hyaluronic acid allowing more rapid spread of fluids through the connective tissues. One elderly patient have amblyopia was treated with loading dose of tablet predinosolone 40mg and tapered along with antihistaminics. The action of hyloronidase is reversibile with complete restoration of the inter cementing substances in 24 hours.

### TREATMENT OPTIONS:-

In fleshy pterygium one should go for surgery. Autograft surgery, 1) Suturing of conjunctiva , 2) Use of patient's own plasma , 3) Amniotic membrane trasplantation. One should use topical antibiotics with non steroidal drops with astrigent drops for period of three months.

**CONCLUSION:-**

In tropical area non surgical treatment of early pterygia is usefull by this method along with topical therapy. Chances of recurrence is very less.

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