



**Allergologia et  
immunopathologia**  
Sociedad Española de Inmunología Clínica,  
Alergología y Asma Pediátrica  
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ORIGINAL ARTICLE

## Quality of life and clinical characterization of patients with vernal keratoconjunctivitis in a pediatric population in Colombia

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Received 5 July 2017; accepted 2 December 2017

### KEYWORDS

Quality of life;  
Allergy;  
Vernal  
keratoconjunctivitis;  
Pediatrics

**Abstract** Vernal keratoconjunctivitis is one of the most serious ocular allergies that have the potential to induce large ocular morbidity and significant visual changes affecting the quality of life of these individuals.

**Methodology:** This study was conducted in two phases. The first phase consisted of the clinical characterization of 32 patients from the Clinical Allergology center of the I.P.S. Universitaria from July 2014 to February 2015. A retrospective analysis of medical records was performed.

In the second phase, the evaluation of quality of life was conducted using the questionnaire KIDSCREEN 27, which was validated in our population and evaluated as recommended by the creators of this instrument.

**Results:** A total of 24 patients (75%) were men, mean age of 12.1 (SD 2.6) years. 100% of the patients had clinical evaluation and were monitored by Allergology and Ophthalmology, 12 patients (37.5%) were found in mild level, 5 patients (15.6%) were moderate and 14 patients (43.8%) were severe level. The most common symptoms were pruritus (75%), photophobia (50%), lacrimation (37.5%), and secretions (28.1%). 65.6% had a family history of atopy and 84.4% had an allergic comorbidity. Aeroallergen skin tests were found positive in 25 patients (78.1%). All patients had initiated ocular treatment by the time the survey of quality of life was conducted; but, they still had low quality of life scores in the 5 domains assessed. When the scores were evaluated by gender, the only statistically significant difference was found in the domain of family life and free time, which was lower for women.

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*Conclusion:* The vernal keratoconjunctivitis is a disease more prevalent in men. It apparently has an important atopic base in our environment, which due to its severe ocular involvement causes a marked decrease in the quality of life of the children who present it.  
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## Introduction

Vernal keratoconjunctivitis (VKC) is a chronic inflammatory bilateral external eye disease but in its early days can occur unilaterally, affecting mainly patients in the first and second decade of life.<sup>1,2</sup> The predominant symptom is severe ocular itching, followed by marked photophobia, blepharospasm, mucus and foreign body sensation.<sup>3</sup>

It may involve only the palpebral area or only limbo area, but generally occurs in mixed form.<sup>4</sup> The hallmark of palpebral VKC is papillary hyperplasia of the upper tarsal conjunctiva, papillae ranging from 1 mm in diameter to giant papillae or typical stoned.<sup>4</sup> In limbal VKC predominates the infiltration of limbal subconjunctival tissues forming nodules, sometimes accompanied by pannus, superficial neovascularization in cornea's periphery, making limbo's appearance thickened and opaque. They are often covered by white calcified excrescences known as Horner-Trantas nodules.<sup>5</sup> The extension to the center of the cornea of limbal vegetations can affect vision,<sup>6</sup> also it can be found irregular pigmentation of the bulbar conjunctiva exposed<sup>7</sup>; all these changes reflecting important ocular involvement of the disease affect the quality of life of patients.

Although some signs and symptoms of VKC may be similar to those of other ocular allergic diseases, the presence of limbo papillae and/or giant tarsal papillae can differentiate it from seasonal allergic conjunctivitis<sup>8</sup> and the absence of eczema on eyelids can help to differentiate atopic keratoconjunctivitis.<sup>9</sup>

It is an often underdiagnosed disease. Although its prevalence varies widely by geographic area, it is considered a rare disease in temperate areas with endemic sites and a prevalence ranging between 4 and 5%<sup>10</sup> is estimated. It has the potential to induce serious visual changes of 6–55% of patients, depending on the study population, due to complications of the cornea and unsupervised use of steroids.<sup>10</sup> While appropriate assessment of the signs and symptoms of the disease is made with frequency, it is not enough to measure the impact it can have on the daily development of activities in these patients.

Allergic VKC and atopic keratoconjunctivitis (AKC) are the most severe forms of allergic eye disease. Knowing the impact that a disease has on the quality of life, it is important to improve the overall care of the individual, as it helps to evaluate the therapeutic measures and make decisions in health care. Yet, one of the main constraints in this regard are few studies at the time and the difficulty of finding an instrument that is validated to be applied in the target population.

Our study aims to conduct the clinical characterization and evaluate the quality of life of patients with a diagnosis of vernal keratoconjunctivitis, using a scale that is validated in our environment in patients who consulted a reference center of Clinical Allergology of the city of Medellín (Antioquia, Colombia) diagnosed with vernal keratoconjunctivitis.

## Methods

A descriptive cross-sectional study was performed; this was carried out in two phases, in the first phase the clinical characterization of patients who came to the Service of Clinical Allergology of the I.P.S. Universitaria was conducted, in a time period from July 2014 to February 2015. A retrospective analysis of medical records was performed, where the following items were evaluated:

1. Patients: Children (age 8–18 years, group for which the application of the instrument of quality of life is allowed) with a diagnosis of VKC. The diagnosis was based on clinical history, previously done by Clinical Allergology and Ophthalmology.
2. Demographic and clinical data: These were taken from the medical records age, gender, place of residence, education, conjunctival papillary reaction, secretion, hyperemia, Trantas nodules, pseudogerontoxon, chemosis, symptoms to determine the activity of the disease at the time to evaluate the quality of life instrument (pruritus and/or photophobia associated with conjunctival hyperemia, discharge, visual disturbances or other clinical signs) and treatments performed.
3. Clinical grades: symptom scale was scored using the proposal described by Bonini et al.<sup>11</sup> Subsequently to facilitate statistical analysis, by our sample size, regrouped in mild patients who once Bonini et al. scale was applied, they were in grade 0 (quiescent) and grade 1 (mild intermittent); moderate to those who were in the 2nd grade (intermittent moderate) and grade 2b (moderate persistent) and severe individuals in grades 3 (severe) and 4 (very severe).

In the second phase the quality of life was assessed. After evaluation of medical records the questionnaire KIDSCREEN 27<sup>12,13</sup> to the chosen patients was applied; upon request and approval of its use by the group "The KIDSCREEN Group Europe". This is a questionnaire consisting of five domains, already validated in our population<sup>14</sup>; the questionnaire was applied and qualified as indicated in the instructions provided by the authors. The questions that were not answered

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