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# Vernal Conjunctivitis (VKC)

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A less common conjunctivitis, vernal conjunctivitis is believed to be caused by allergens that come in contact with the eye. It results in allergy-like symptoms that occur during the late spring, summer and early fall. It takes on a more severe physical appearance around the eyes and eyelids than other forms of conjunctivitis. New vernal conjunctivitis can develop at any age, but it develops most commonly in people twelve to thirty years old.

## Symptoms

Besides the typical eye allergy symptoms such as:

- Redness
- Burning
- Itching
- Watery eyes

The VKC patient will also develop one or more of the following:

- Light sensitivity
- Thick, pus-like discharge with a bad odor
- A scaly, bumpy growth on the underside of the eyelids
- Corneal ulcers

## Treatment

Like seasonal allergies, the cause of vernal conjunctivitis cannot be eliminated. Some sufferers will receive allergy shots over a period of many months to try to build up immunities to the pollens and molds. The allergy shots will make the allergic reactions less severe but will not completely cure the patient.

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Some of the most common treatments for allergic conjunctivitis are as follows:

- Oral antihistamines (taken by mouth)
- Antihistamine drops (dropped directly into the eyes)
- Vasoconstrictors (reduces swelling and redness)
- Steroid drops (reduces swelling and redness)
- Cold compresses on the eye to relieve redness and swelling

Staying away from the pollens by:

- Using air conditioning to cool your home in the allergy months
- Using air filters and keeping them clean
- Keeping your hands away from your eyes and washing your hands and face often to remove allergens

Antihistamine drops usually relieve symptoms within a few minutes of instillation whereas oral medication may take up to an hour to work. Take oral antihistamines ahead of time if you know you will be spending time outside during the season that your allergies are the worst. Oral antihistamines can cause unwanted side effects such as sleepiness, dryness in the mouth, nose and eyes and mood swings. Long-term steroid use in the eye can cause lesions on the cornea.

In the worst cases of vernal conjunctivitis, a cycloplegic drug in combination with an antibiotic will be prescribed. To reduce friction between the cornea and the eyelid, a soft contact lens may be used as a barrier. Steroid therapy may be used to treat the corneal ulcers.

**Note:** Do not wear contact lenses during a flare up of allergic conjunctivitis and follow your doctor's advice.