



Various Manifestations of OSSN In Hiv, A Case Series

KEYWORDS

OSSN, HIV , CIS

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ABSTRACT Aim/background: to study various manifestations of OSSN in hiv patients

- **Material&Methods:** 3 consecutive cases were taken. case1: presented with leukoplakous lesion temporally in RE with surrounding conjunctival congestion , case 2; presented with papilliform lesion temporally in LE, case3.presented with gelatinous lesion temporally in LE, . In all 3 cases , surgical excision done & sent for histopathology. CD4 count done.
- **Results:** in all 3cases CD4 count was below 1000, H/E of case 1 shows cellular atypia with individual tumor cells extending in stroma suggesting squamous cell carcinoma, H/E of case 2&3 shows dysplasia with small spindle shaped squamous cells with no invasion of basal membrane suggesting of squamous CIN
- **Conclusion:** OSSN is more common in hiv patients & can be manifested in various forms

3 consecutive HIV cases were taken with in period of march 1-31 ,2014 in our institute ASRAM MEDICAL COLLEGE ,ELURU ANDHRA PRADESH: case 1: presented with leukoplakous lesion temporally in RE with surrounding conjunctival congestion. Case2: presented with papilliform lesion temporally in LE. Case3: presented with gelatinous lesion temporally in LE. Age group in all 3 cases is below 45 yrs.In all cases , rose bengal staining done to note extent of margin of the lesion. Anterior segment pictures were taken. CD4 count done.In all cases , wide surgical excision with no touch technique was done under local peribulbar anesthesia by single surgeon and sent for histopathology. Delineation of surgical margin with bipolar cautery, excision with no or minimal touch technique, cryotherapy of edges . Multiple applications with a bipolar cautery are placed about 3mm from visible lesion margins

Before surgery



after 1month of surgery



Post operative antibiotics, steroids, analgesics were given. Mitomycin eye drops topically were given to prevent recurrences.

Results:In all cases , CD4 count was below 1000,

H/E of case 1 showed cellular atypia with individual tumour cells extending in to stroma suggesting squa-

mous cell carcinoma

H/E of case 2& 3, showed dysplasia with small spindle shaped squamous cells with no invasion of basement membrane suggesting of squamous conjunctival intraepithelial neoplasia (CIN)

Discussion:OSSN can involve conjunctiva, or & cornea, manifesting varying from dysplasia, CIS or squamous cell carcinoma

Risk factors include old age, smoking , HIV infection, HPV sub types 16 & 18, uv light exposure

Clinical appearance of OSSN is characterized by epithelial thickening & the lesion may extend on to peripheral cornea

There may be a prominent cockscrew vascular pattern, or surface may appear gelatinous or leukoplakic , indicative of surface keratinization

Histologically , epithelium exhibits hyperplasia, loss of goblet cells, loss of normal cell polarity, nuclear hyperchromasia, pleomorphism, mitotic figures.

Lesion contained by basement , term CIN may be used ,in cases most severe atypia full thickness involvement , often with keratin pearls term squamous CIS may be used. Neoplastic cells invade in to stroma , then diagnosis is invasive squamous cell carcinoma.

Treatment includes excisional biopsy with 3-4mm margins & cryotherapy to edges of excision with topical chemotherapy with mitomycin-c or 5FU can prevent recurrences.

Conclusion: Ocular surface squamous neoplasia has a spectrum of clinical manifestations and often present in HIV patients.

OSSN is common in age group above 60 yrs , but in HIV people , it can occurs below 45 yrs

Early clinical diagnosis and appropriate surgical treatment in the form of wide excision, results in favourable outcome

surgical excision combined with chemotherapy can prevent OSSN recurrences

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