

FREE EYE CARE ARTICLE FROM WWW.DRRSTERLING.COM

Allergic Eye Disease

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Allergic Eye Disease

Allergic disease is the 5th leading chronic disease in the United States.

It is the 3rd most common chronic disease among children under 18. A nationwide survey found that more than half (54.6%) of all Americans tested positive to one or more allergens, of these, 83% suffer ocular (eye) symptoms.

In general, an allergy is a complex disorder. Simply put, an allergic response is any unwarranted overreaction of the body's immune system to foreign substances (allergens), which the body perceives as a potential threat. These allergens vary depending on each individual's unique immune system. The allergic reaction process is set in motion by IgE antibodies that are fixed to the surface of mast cells.

Protect Your Eyes
Schedule a routine checkup today and always visit your eye doctor if your vision changes or you experience any worrisome symptoms.

When the IgE encounters the allergen the cell membrane of the mast cell ruptures causing degranulation of the mast cells. The mast cell dumps chemical markers, known as histamine, into nearby tissues stimulating a variety of changes.

To use a football analogy, the "quarterback" in the allergic reaction is the mast cell. The type of histamine receptors in the eye and adnexa (surrounding tissue) that stimulates dilated arterioles and veins (red eye) is called H3. The H1 receptor mediates itching and some vasodilation (redness).

Allergic eye disease is typically divided into five primary subcategories:

- 1. General seasonal allergies**
- 2. Perennial allergic conjunctivitis- year round symptoms because the causative allergens are always present.**
- 3. Atopic keratoconjunctivitis- patient usually has a history of eczema that has persisted since childhood.**
- 4. Vernal keratoconjunctivitis- primarily a disease of childhood that is seen predominately in boys and young men ranging from 3-20 years of age.**
- 5. Giant papillary conjunctivitis- not a true allergy however it is classified as an allergy because it is caused by the mechanical irritation and is aggravated by an allergy. It is usually associated with contact lenses, ocular prosthesis, exposed sutures and other "foreign bodies".**

Treatment is usually “aimed” at stabilizing the mast cells and preventing the release of histamine. Ocular allergy treatment often requires a multi-prong approach:

1. **Avoid allergens**
2. **Treat topically**
3. **Avoid over the counter (OTC) vasoconstrictors**
4. **Target topical treatment manual to use framed Styles—such as the Icon 1 style—which will move with the text.**

Ocular allergy is a highly prevalent eye disease, one that patients often self-diagnose and self medicate. While the disease process itself is rather complex, the treatment is rather straightforward and highly successful, particularly for seasonal and perennial allergic conjunctivitis.

About the Author:

Dr. Richard Sterling received his Doctor of Optometry degree from the Pennsylvania College of Optometry in 1980. Prior to joining the staff of Nevyas Eye Associates he had years of experience in optometric care. He began in private practice in New Holland, PA where he administrated the practice as well as providing patient care. After eight years in this partnership experience he continued in private practice in an urban setting in Philadelphia, PA. After leaving this practice he acquired four locations and maintained optometric coverage for all four practices within a commercial setting.

In May of 1995 Dr. Sterling joined the ophthalmologic practice of Nevyas Eye Associates. His many responsibilities include Director of Interprofessional Relations, Refractive Surgery Coordinator, Director of Academic Affairs, frequent lecturer, writer and editor for Nevyas Eye Associates publications, board member for Delaware Valley Refractive Surgery Partnership and North Eastern Eye Care Network, marketing and advertising director for refractive surgery services and clinical monitor for investigational device exemption for the FDA leading towards pre-market approval of the Nevyas model excimer laser.

His additional optometric responsibilities include President of the Philadelphia County Optometric Society (PCOS), advisory board member of the Regional Eye Care Benefits Committee of the Pennsylvania Optometric Association (POA), serves on the POA committee for PCO called Student Membership Task Force and is executive board member of the Camden Eye Center. Dr. Sterling designed and coordinates the web sites for the practice as well as for the society. Dr. Sterling manages the claims and insurance needs for North Eastern Eye Care Network, P.C.. Dr. Sterling is CEO of Sterling Management Consultants, a practice management optometric brokerage firm. You can learn more about his practice by visiting www.drrsterling.com