CONCLUSION
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In the light of present work conducted in the department of Ophthalmology, M.L.B. Medical College & Hospital, Jhansi and in the view of studies in the past from the literature the following can be concluded.

1. This is a disease of children and young adult individual, commonly occurring in first and second decade of life with an average age, 13.8 ± 6.8 (M ± SD) year.

2. Females are affected more than males, ratio F : M = 5 : 4. Sex differentiation is more marked in second decade, ratio, F : M = 7 : 3.

3. Common symptoms are feeling of discomfort, irritation and lacrimation. Pain and photophobia are uncommon symptoms and these are present when cornea has been involved. Most important sign is a nodular lesion surrounded by hyperaemic area.

4. Conjunctiva, particularly bulbar conjunctiva is commonly involved. Limbus is the commonest site for development of phlycten. Cornea is involved due to extension of limbal lesions.

5. It affects mainly the individuals of low socio-economic status, rarely occurring in middle and negligible in upper socio-economic class.

6. There is no definite seasonal occurrence of disease, but high incidence is found in inter seasonal period - between
7. The occurrence of disease increases with the rise of temperature e.g., higher incidence recorded from March to July.

8. Phlyctenular patients showed positive reaction to tuberculin (Kantouk test) (66.67%). It indicates hyper sensitivity to tubercular protein which is suggestive of past or present infection with mycobacterium tubercular bacilli. It may be one of the factor to initiate phlyctenulosis.

9. There were 3.6% cases found tubercular clinically. Radiologically (66.67%) cases were positive of which (37.4%) showed evidence of inactive primary complex and (39.63%) showed evidence of active primary complex. Radiologically active primary complex cases (39.63%) were infirm of hilar lymphadenitis (22.32%) and parafocal inflammation with mottling (7.41%). Co-incidence of tuberculosis was found (29.63%) radiologically and (3.6%) clinically.

10. Stool positivity in phlyctenular cases and control groups gives insignificant value (t = 1.64, p > 0.5). It shows no significant association of phlyctenulosis with intestinal helminthiasis (worm infestation).