

History

A 60-year-old white Caucasian male, with a history of acne, presented with slate grey pigmentation of his upper forehead, pre-auricular skin, peri-oral area, forearms and shins. The conjunctivae showed bilateral lower tarsal conjunctival multiple black dots. One of these dots was sampled (see Figure 1).

Questions

1. What type of epithelium lines the conjunctiva?
2. What is seen in the histology image?
3. Given the appearance in the figure, which questions should the patient be asked?
4. What is the diagnosis?



Figure 1

is chlorpromazine.
pigmentation, of which another example
drugs are associated with conjunctival
drug metabolites, not melanin). Many
cause pigmented concretions (iron and
skin (increased melanin production) and
to cause pigmentation of sun-exposed
concretions. This drug is well recognised
4. These are minocycline pigmented
3. Drug history!
in cysts.
2. This shows black/brown concretions
stratified squamous epithelium.
1. Non-keratinising goblet cell containing

Further reading

1. Brothers DM, Hidayat AA. Conjunctival pigmentation associated with tetracycline medication. *Ophthalmology* 1981;88(12):1212-5.
2. Messmer E, Font RL, Sheldon G, Murphy D. Pigmented conjunctival cysts following tetracycline/minocycline therapy. Histochemical and electron microscopic observations. *Ophthalmology* 1983;90(12):1462-8.

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ANSWERS