

# History

- A seven-year-old atopic boy has been treated for phlyctenulosis with mild topical steroids. However, he developed dramatic changes at the right limbus in two weeks. He also had past history of vernal keratoconjunctivitis (VKC) with poor compliance to treatment.
- On examination there was a raised fleshy yellow-pink limbal lesion from 6 to 2 o'clock on the right temporal bulbar conjunctiva (Figure 1). The lesion encroached the cornea and had prominent conjunctival and episcleral vessels.
- Gonioscopy confirmed corneal indentation and pigmentation. Anterior chamber angle was open.
- Blood tests revealed eosinophilia but normal white cell count.
- Given the range of differential diagnosis including neoplasia, an 8mm excisional biopsy was performed and the specimen sent for histopathological assessment.

# Questions

1. Considering the history and clinical features (Figure 1) what differential diagnoses would be considered?
2. How can the histology of the excised lesion (Figure 2) be described?
3. Figure 3 shows immunohistochemistry for CD68 and CD1a. How could these be interpreted?
4. Would any other markers be useful for diagnostic confirmation / exclusion?
5. What is the most likely diagnosis?



Figure 1

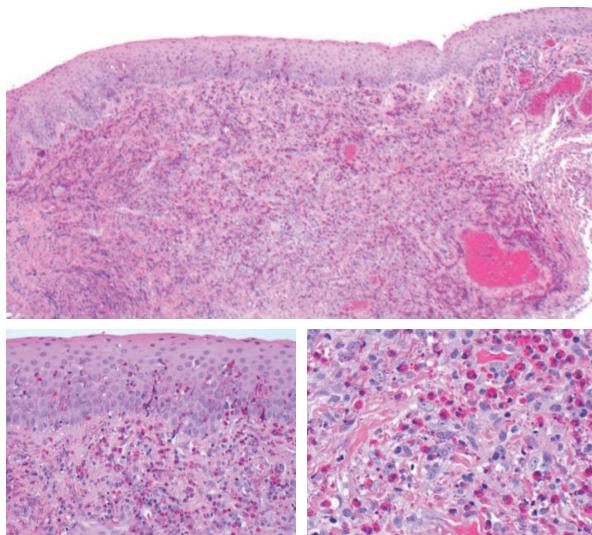


Figure 2

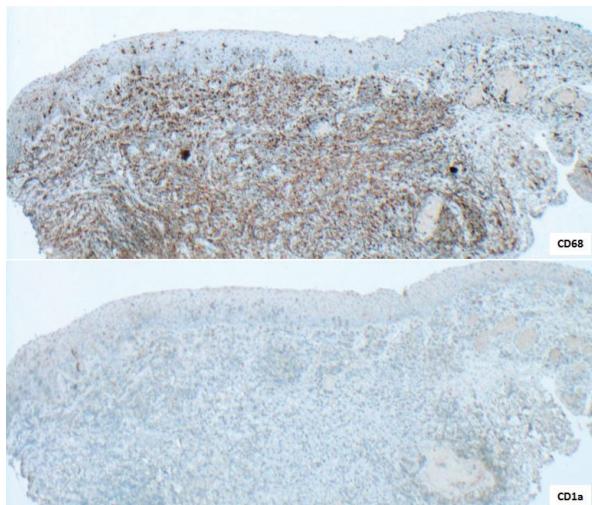


Figure 3

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## Answers