Benign Conjunctival Lumps and Bumps
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Here’s a quick review of some common and not-so-common benign conjunctival lesions you may see on your slit lamp exam. Also included are potential symptoms, treatments, and patient education pearls.

Pingueculae:
- Bilateral, elastotic degeneration of the conjunctiva which forms a yellow or white-colored “mound” adjacent to the limbus, more often on the nasal side
- Usually asymptomatic, but may be cosmetically unappealing to the patient
- Treatment usually unnecessary, unless inflammation occurs

Retention (epithelial inclusion) cysts: (Figure 1)
- Thin walled conjunctival lesion containing either clear or turbid fluid
- Usually asymptomatic; patient may have cosmetic concerns
- No treatment necessary, however needle puncture or surgical excision are options if a foreign body sensation is present.

Sebaceous cysts:
- A blocked sebaceous gland containing sebaceous (oily) secretions
- Presents as a slowly progressive, smooth, opaque, yellow subcutaneous nodule
- Typically found on the eyelid, although may be found at the inner canthus
- Treatment is observation if small, however larger lesions may require surgical excision

Concretions:
- Yellow-white deposits of keratin, located most commonly in the inferior fornix
- May calcify and erode the epithelium, causing ocular irritation for patients
- If symptomatic, treatment involves topical anesthetic and removal with a needle

Conjunctival phlyctenules: (Figure 2)
- Small, discrete white nodules, commonly found near the inferior limbus
- Symptoms include tearing and irritation
- Monitor for inflammation and progression to keratoconjunctivitis
Primary acquired melanosis (PAM):
- Flat, unilateral patchy areas of golden-brown conjunctival pigmentation
- Differential diagnosis: racial melanosis, conjunctival nevus, and conjunctival melanoma
- Potential for progression to conjunctival melanoma is documented in the literature
- Biopsy is needed to rule out atypia, or potential for progression

Conjunctival granuloma: (Figure 3)
- Pink, smooth lobulated lesion emerging from the conjunctiva that may enlarge rapidly
- Typically occurs after an injury or in an area of inflammation (such as near sutures)
- May respond to topical steroids or require surgical excision

References:

Dr. Sicks received her Doctor of Optometry degree from the Illinois College of Optometry. She then completed the cornea and contact lens residency program at Northeastern State University Oklahoma College of Optometry. She is currently a clinical assistant professor teaching contact lenses at Midwestern University in Glendale, Ariz.

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