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TITLE: DIRECT IMMUNOELECTRON MICROSCOPY ON THE CONJUNCTIVA: A NEW DIAGNOSTIC TOOL FOR THE DIAGNOSIS OF AUTOIMMUNE CICATRIZING CONJUNCTIVITIS.

ROBIN H.¹, PROST C.² and HOANG-XUAN T.¹.

¹ Department of Ophthalmology, Hospital Bichat, Paris (France).

² Department of Dermatology, Hospital Saint-Louis, Paris (France).

Purpose: Direct immunofluorescence (DIF) study on the conjunctiva is currently the classical diagnostic tool used for the diagnosis of autoimmune cicatrizing conjunctivitis, which is characterized by the deposition of immunoglobulins and/or complement along the conjunctival basement membrane zone (BMZ). To diagnose the type of autoimmune conjunctivitis, we performed direct immunoelectron microscopy (DIEM) on the conjunctiva.

Methods: Three patients presenting with cicatrizing conjunctivitis associated with auto-immune bullous dermatosis and/or mucous membrane blistering lesions underwent conjunctival and cutaneous or mucous membrane biopsies for DIF and DIEM.

Results: DIF was positive in 2 cases and DIEM was positive in the three cases. According to the dermatological DIEM criteria for autoimmune bullous diseases, three different patterns of immune deposition along the BMZ were seen using DIEM. One pattern was highly consistent with cicatricial pemphigoid, the second with bullous pemphigoid and the last one with epidermolysis bullosa acquisita respectively.

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CONJUNCTIVAL PAPILLOMA CAUSED BY HUMAN PAPILLOMA VIRUS TYPE 6/11 : A POSSIBLE ROLE OF SELF-INOCULATION.

M. Labetoulle¹, S Bazin², F Ducouso², F Leger³, G Bourignon², JM Labrouze², JC Ballion².

(1) Department of Ophthalmology, University Hospital, Kremlin-Bicêtre, France,

(2) Department of Ophthalmology, Army instruction Hospital, Villeneuve d'Oron, France,

(3) Pathology Department, University Hospital, Bordeaux, France.

Background: Conjunctival papilloma is a finger-like proliferation of conjunctival tissue. The evolution is benign in the vast majority of cases, but malignant evolution can rarely occur. The disease is classically attributed to Human Papilloma Virus (HPV). This virus may also infect other epithelia, especially genital surfaces. Submitting tissues for the detection of HPV may have clinical implications. **Material and methods:** A 23-year old patient was evaluated in 1994 for a conjunctival lesion in the left internal canthus. Clinical examination was normal, except an exophytic and slowly progressive proliferation, consistent with the diagnosis of conjunctival papilloma. The patient was known to have been treated for a genital condyloma 2 years before, but without research of viral genes. His girlfriend was also suffering from a cervical inflammation, without signs of metaplasia. The patient underwent a surgical excision with cryotherapy to the base and surrounding epithelium. The specimen was evaluated by histological examination and *in situ* hybridisation. **Results:** Histologically, the epithelium was acanthotic with a malpighian hyperplasia. Koilocytotic cells were found. *In situ* hybridizations were positive with biotinylated DNA probes issued from HPV 6/11, but not with probes issued from HPV 16/18 nor HPV 31/33/51.

Conclusions: Our patient was presenting a typical squamous papilloma with histological evidence of HPV 6/11 as an etiologic cause. These HPV types are known to be associated with oral, anal and principally genital lesions. Our patient had also a past history of treated genital condyloma. It is likely that the conjunctival lesions were due to a self-inoculation of HPV, as in other previously published data. It is of interest to note that HPV 6/11 are not considered as having a high tendency of malignant proliferation. Typing HPV in conjunctival lesions may then help the physician in the follow-up of the patient after the surgery time.

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TITLE: DIRECT IMMUNOELECTRON MICROSCOPY ON UNINVOLVED CONJUNCTIVA FOR THE DIAGNOSIS OF AUTOIMMUNE BULLOUS DERMATOSIS.

HOANG-XUAN T.¹, ROBIN H.¹ and PROST C.².

¹ Department of Ophthalmology, Hospital Bichat, Paris (France).

² Department of Dermatology, Hospital Saint-Louis, Paris (France).

Purpose: Conjunctival involvement is not always present in autoimmune bullous dermatosis (ABD). We report on two patients with skin blisters, who underwent conjunctival biopsies although no conjunctival inflammation nor fibrosis was detectable.

Methods: The following studies were performed: direct immunofluorescence (DIF) on the skin and the conjunctiva, direct immunoelectron microscopy (DIEM) on the skin and the conjunctiva, indirect IF and western immunoblotting on epidermal and dermal extracts.

Results: Immunomorphologic examination of the normal conjunctiva revealed immune deposits on the basement membrane zone (BMZ). Using DIEM these deposits had the same localization within the BMZ of both the skin and the conjunctiva. According to the dermatological classification of ABD, the pattern of immune deposition was consistent with the diagnosis of bullous pemphigoid in one patient and cicatricial pemphigoid in the other.

Conclusions: Immune deposits can be seen on normal conjunctiva if associated with ABD. DIEM on the conjunctiva, even uninvolved, can be helpful for the diagnosis of ABD.