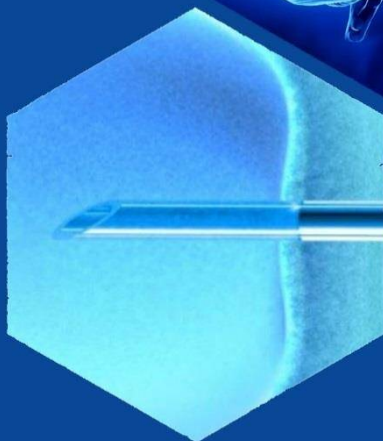
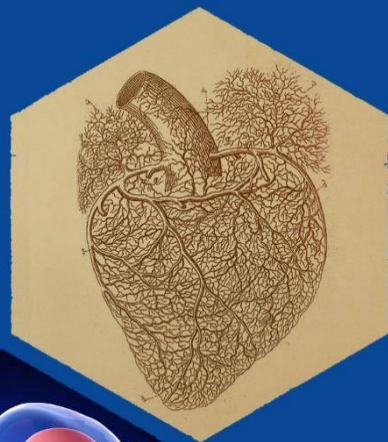


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CLINICAL AND OPHTHALMOLOGICAL FEATURES OF THE COURSE OF ALLERGIC CONJUNCTIVITIS IN MILITARY PERSONNEL



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Abstract. Objective. To investigate the clinical features of the course of allergic conjunctivitis (AC) in military personnel by assessing the frequency of subjective symptoms, biomicroscopic signs, and the distribution of clinical forms of the disease. **Materials and Methods.** A total of 88 military personnel with a clinically confirmed diagnosis of allergic conjunctivitis were examined. The total number of eyes included in the analysis was 172. All patients underwent comprehensive ophthalmological assessment, including evaluation of subjective complaints, slit-lamp biomicroscopy, measurement of visual acuity, Schirmer test, assessment of tear-film stability (BUT), and classification of the clinical form of AC. **Results.** The most common complaints were itching (100%), tearing (86,4%), and foreign-body sensation (65,9%). The predominant clinical form was seasonal allergic conjunctivitis (54,7%), followed by persistent (29,1%) and vernal keratoconjunctivitis (8,1%). The most frequent biomicroscopic findings included conjunctival hyperemia (91,9%), follicles (65,1%), and papillae (50,6%). Chemosis, tear-film instability, and corneal changes were also documented in a significant proportion of patients. Service-related conditions—such as dust exposure, confined spaces, and irregular access to medical care—contribute to

the aggravation and chronicity of the disease course. **Conclusion.** Allergic conjunctivitis in military personnel is characterized by pronounced clinical manifestations and often a prolonged course, requiring a tailored diagnostic and therapeutic approach within the military healthcare system.

Keywords: allergic conjunctivitis; military personnel; biomicroscopy; clinical forms; ophthalmology.

КЛИНИЧЕСКИЕ И ОФТАЛЬМОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ТЕЧЕНИЯ АЛЛЕРГИЧЕСКОГО КОНЬЮНКТИВИТА У ВОЕННОСЛУЖАЩИХ

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Аннотация. Цель. Изучить клинические особенности течения аллергического конъюнктивита (АК) у военнослужащих путем оценки частоты субъективных симптомов, биомикроскопических признаков и распределения клинических форм заболевания. Материалы и методы. Обследовано 88 военнослужащих с клинически подтвержденным диагнозом аллергического конъюнктивита. Общее количество глаз, включенных в анализ, составило 172. Все пациенты прошли комплексное офтальмологическое обследование, включая оценку субъективных жалоб, биомикроскопию с помощью щелевой лампы, измерение остроты зрения, тест Ширмера, оценку стабильности слезной пленки (BUT) и классификацию клинической формы АК. Результаты. Наиболее частыми жалобами были зуд (100 %), слезотечение (86,4 %) и ощущение инородного тела (65,9 %). Преобладающей клинической формой был сезонный аллергический конъюнктивит (54,7%), за которым следовали персистирующий (29,1%) и весенний кератоконъюнктивит (8,1%). Наиболее частыми биомикроскопическими находками были гиперемия конъюнктивы (91,9%), фолликулы (65,1%) и папиллы (50,6%). Хемо

Ключевые слова: аллергический конъюнктивит; военнослужащие; биомикроскопия; клинические формы; офтальмология.

Harbiy xizmatchilarda allergik kon'yunktivit kechishining klinik va oftalmologik xususiyatlari

Abdullaev Sh.R.¹, Namozov A.K.²

¹ Tibbiyot fanlari doktori, dotsent, Oftalmologiya kafedrası, Tibbiyot xodimlarining kasbiy malakasini rivojlantirish markazi

² Mustaqil tadqiqotchi, O'zbekiston Respublikasi Qurolli Kuchlari Harbiy Tibbiyot akademiyasi

Annotatsiya. Maqsad. Harbiy xizmatchilar orasida allergik kon'yunktivit (AK) kechishining klinik xususiyatlarini sub'yektiv simptomlar, biomikroskopik belgilar va kasallikning klinik shakllari tarqalishini baholash orqali o'rganish. Materiallar va usullar. Jami 88 nafar harbiy xizmatchi, ularga klinik tasdiqlangan allergik kon'yunktivit tashxisi qo'yilgan, tekshirildi. Tahlilga jami 172 ta ko'z kiritildi. Barcha bemorlarda shikoyatlarni baholash, slit-lamp biomikroskopiya, ko'rish qobiliyatini o'lchash, Schirmer testi, yosh pardasi barqarorligini baholash (BUT) va allergik kon'yunktivitning klinik formasini klassifikatsiya qilish kabi keng qamrovli oftalmologik tekshiruvlar o'tkazildi. Natijalar. Eng ko'p uchragan shikoyatlar qichish (100%), yosh oqishi (86,4%) va begona jism hissi (65,9%) bo'ldi. Hukmron klinik shakl mavsumiy allergik kon'yunktivit (54,7%) bo'lib, undan keyin doimiy (29,1%) va bahorgi keratokon'yunktivit (8,1%) keladi. Eng ko'p uchraydigan biomikroskopik topilmalar kon'yunktival giperemiya (91,9%), follikulalar (65,1%) va papillalar (50,6%) bo'ldi. Chemos

Kalit so'zlar: allergik kon'yunktivit; harbiy xizmatchilar; biomikroskopiya; klinik shakllar; oftalmologiya.

Introduction. Allergic eye diseases, particularly allergic conjunctivitis (AC), are a common form of ophthalmic pathology that significantly impacts patients' quality of life. In recent decades, there has been a steady increase in the prevalence of allergic

diseases overall, including those affecting the visual system [2,8,12]. According to various studies [4,7,10], between 15–30% of the population in developed countries suffer from different forms of allergic conjunctivitis, with higher incidence rates observed in children and young adults compared to the general population.

Allergic conjunctivitis is a chronic inflammatory condition mediated by immunoglobulin E (IgE) and can present in several clinical forms: seasonal, perennial, vernal, atopic, and giant papillary conjunctivitis. Without adequate treatment, AC may lead to visual discomfort, reduced visual function, and decreased work capacity, and in severe cases, to structural changes in the conjunctiva and cornea [1,2,11]. The problem is exacerbated by the fact that patients with AC often do not receive timely diagnosis or undergo symptomatic treatment without determining the exact form of the disease.

This pathology is of particular concern in military personnel, where visual function is directly linked to operational duties and combat readiness. Conditions specific to military service—such as field exercises, exposure to dust and polluted air, and prolonged use of protective gear—can lead to increased allergen exposure and may contribute to a more complicated or atypical course of allergic conjunctivitis. Additionally, factors like occupational demands, frequent relocations, and limited access to specialized ophthalmic care pose significant challenges to the diagnosis and treatment of this condition [2,3,6,9].

Despite its clinical importance, data on the structure and course of allergic conjunctivitis in military populations remain limited. The literature is dominated by studies focusing on civilian populations, whereas ophthalmoallergic characteristics among military personnel are poorly understood and often fragmented. The lack of systematic approaches to diagnosis and evaluation of visual function in cases of allergic inflammation in this group complicates the development of clinical guidelines.

The aim of this study was to examine the clinical and ophthalmological characteristics of various forms of allergic conjunctivitis (AC) in military personnel, with a focus on the frequency of subjective symptoms, objective biomicroscopic signs, and the distribution of clinical disease forms.

Materials and Methods. The study included 88 military personnel (a total of 172 eyes) with a clinically confirmed diagnosis of AC, who were undergoing outpatient monitoring and treatment at specialized ophthalmology units during the seasonal exacerbation period of the disease. The age of the participants ranged from 19 to 42 years. All patients provided written informed consent prior to participation. The study complied with the ethical principles of the Declaration of Helsinki and was approved by the local ethics committee.

Inclusion criteria were: the presence of typical complaints (itching, tearing, hyperemia, foreign body sensation) confirmed by ophthalmological examination, and the absence of signs of infectious eye disease. Exclusion criteria included: chronic non-allergic inflammatory eye diseases, severe concomitant ophthalmic pathologies, and recent topical corticosteroid therapy within the last four weeks.

Ophthalmologic assessment involved the evaluation of subjective complaints using a standardized questionnaire. Special emphasis was placed on biomicroscopic examination of the anterior segment of the eye, particularly the conjunctiva and cornea, documenting the severity of hyperemia, presence of follicles, papillae, chemosis, erosions, and other typical signs of allergic eye involvement.

For the classification of clinical forms of allergic conjunctivitis, the international system approved by the European Academy of Allergy and Clinical Immunology (EAACI) and the World Allergy Organization (WAO) was used. This included: seasonal allergic conjunctivitis (SAC), perennial allergic conjunctivitis (PAC), vernal keratoconjunctivitis (VKC), atopic keratoconjunctivitis (AKC), and giant papillary conjunctivitis (GPC). The diagnosis of a specific form was established based on a combination of clinical presentation, medical history, symptom seasonality, and objective ophthalmological findings.

Statistical analysis was carried out using standard methods of descriptive and inferential statistics. Data are presented as absolute numbers, percentages, and means $\pm$ standard deviation. To assess group differences, Chi-square (χ^2) tests and Student's t-test were applied. A p-value < 0.05 was considered statistically significant. All calculations were performed using Microsoft Excel 2016 and Statistica 10.0 software.

Results. The subjective complaints reported by military personnel with allergic conjunctivitis were, in the vast majority of cases, pronounced and clinically significant. Ocular itching was observed in 100% of patients, consistent with a key diagnostic criterion of allergic conjunctivitis. Excessive tearing was reported by 76 individuals (86.4%), particularly during the initial days of exacerbation. A frequent symptom described by patients was the sensation of a foreign body or "grittiness" in the eyes, which was documented in 58 patients (65.9%), predominantly in cases of perennial allergic conjunctivitis (Figure 1). Photophobia was present in 39 patients (44.3%), more commonly in those with vernal or atopic forms of allergic conjunctivitis. A less specific but subjectively bothersome symptom was burning in the eyes, reported by 26 service members (29.5%). Approximately one in five patients (18 individuals, 20.5%) complained of transient blurred vision, especially in the morning or during prolonged visual tasks. This symptom may be associated with tear film instability and significant ocular surface inflammation.

The classification of clinical forms of allergic conjunctivitis used in this study followed the standards accepted in modern ocular allergy practice, based on international guidelines from the European Academy of Allergy and Clinical Immunology (EAACI), the World Allergy Organization (WAO), and ophthalmological recommendations (Leonardi et al., 2015; Bielory et al., 2012).

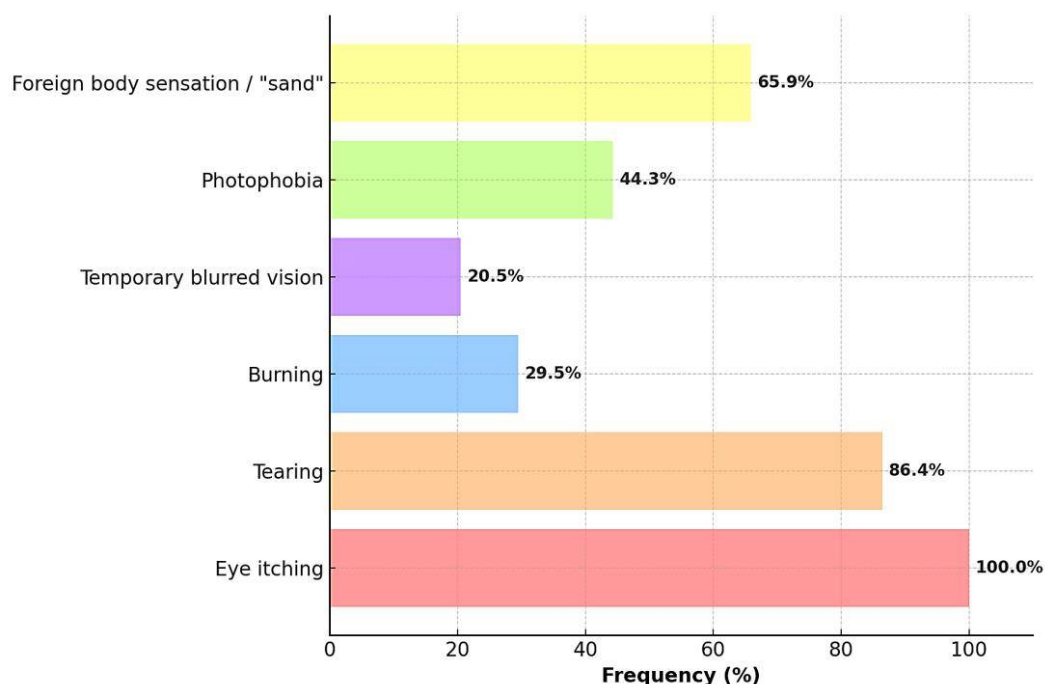


Figure 1. Prevalence of major symptoms of allergic conjunctivitis among military personnel (n=88).

During biomicroscopic examination, the most frequently observed objective sign of allergic conjunctivitis (AC) among military personnel was conjunctival hyperemia, identified in 158 eyes (91.9%) of the total sample. Follicular formations in the inferior fornix of the conjunctiva were detected in 112 eyes (65.1%), predominantly in patients with seasonal and perennial forms of the disease. Papillae on the upper tarsal conjunctiva—most often small, but large in some cases—were found in 87 eyes (50.6%). This sign is typically associated with more severe forms, such as vernal keratoconjunctivitis (VKC) and giant papillary conjunctivitis (GPC) (Figure 2).

Approximately one-third of eyes (36.0%) exhibited conjunctival edema (chemosis), indicating marked inflammation and increased vascular permeability. Tear film instability, observed in 59 eyes (34.3%), was visualized as cloudiness and rapid breakup during slit-lamp examination. In 51 cases (29.7%), there was thickening and swelling of conjunctival tissue, more commonly associated with chronic or prolonged inflammation. Less common but clinically significant findings included punctate epithelial keratopathy in 16.9% of eyes, primarily in patients with vernal or atopic forms of the disease, and mucoid or filamentous discharge in 15.7%, reflecting chronic

inflammation and disruption of the mucin layer. Corneal erosions, which pose a potential risk to visual function, were identified in 6.4% of eyes. In five eyes (2.9%), scarring or pigmentary changes were detected, primarily in patients with a history of severe disease or prolonged absence of treatment.

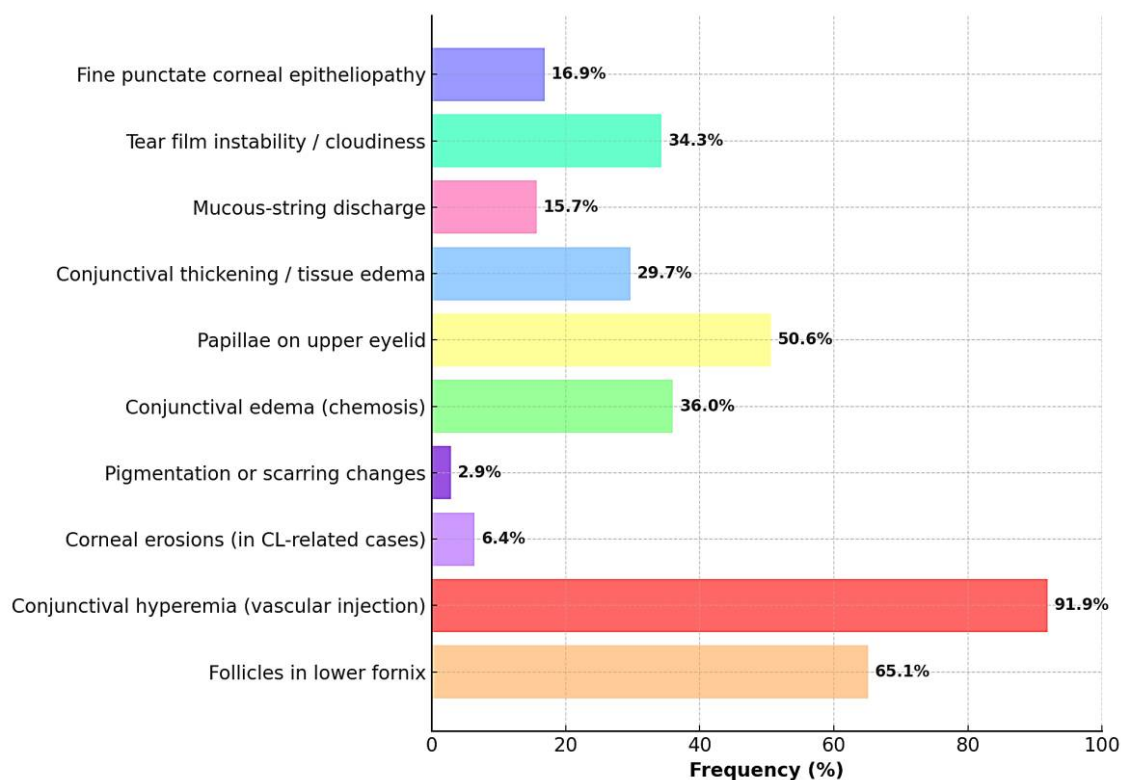


Figure 2. Prevalence of objective biomicroscopic signs of allergic conjunctivitis in military personnel (172 eyes).

Analysis of the clinical forms of allergic conjunctivitis in 88 military personnel (172 eyes) revealed that the most prevalent form was seasonal allergic conjunctivitis (SAC), diagnosed in 94 eyes (54.7%) (Figure 3).

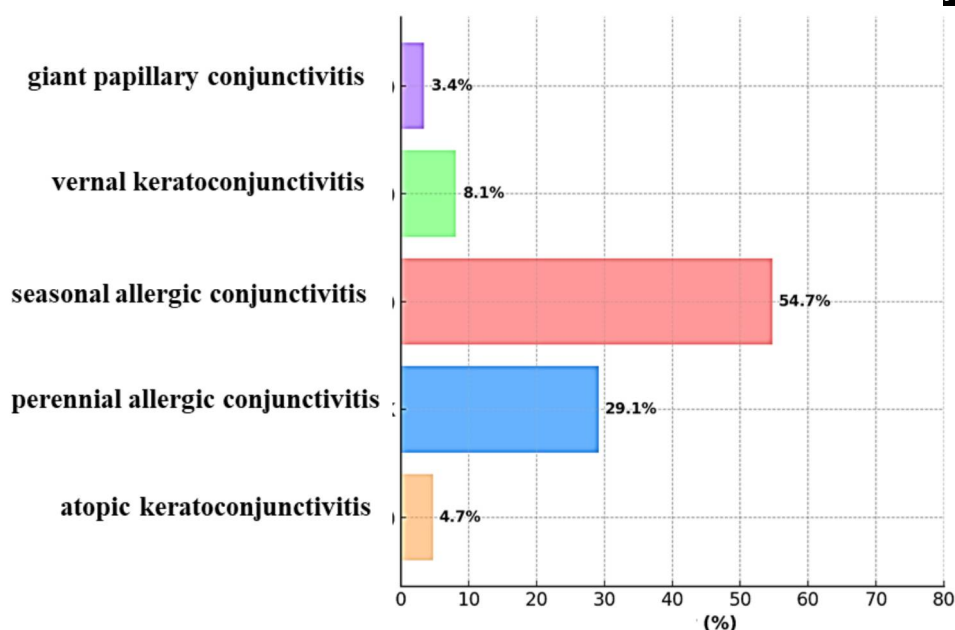


Figure 3. Distribution of clinical forms of allergic conjunctivitis in the eyes of military personnel.

The second most common form was perennial (persistent) allergic conjunctivitis, diagnosed in 50 eyes (29.1%). This form was characterized by less pronounced but persistent symptoms and was typically observed in service members exposed to indoor allergens in barracks or during extended duties in enclosed environments. Vernal keratoconjunctivitis (VKC) was identified in 14 eyes (8.1%). This form exhibited a severe clinical course, with the presence of large papillae on the upper eyelid and a tendency for recurrence, especially among young male patients. Less common but clinically significant forms included atopic keratoconjunctivitis (AKC)-diagnosed in 8 eyes (4.7%)-and giant papillary conjunctivitis (GPC)-found in 6 eyes (3.4%).

Discussion. The results of this study confirm the high prevalence and clinical significance of allergic conjunctivitis (AC) among military personnel. The findings highlight several factors that exacerbate the course of AC in this specific population. First, environmental conditions associated with military service-prolonged stay in poorly ventilated barracks, exposure to indoor allergens such as dust, mold, and animal dander, and deployment to dusty or polluted regions-contribute to the development of persistent forms and increased frequency of exacerbations. Second, irregular access to specialized ophthalmologic care and limited treatment options during active service promote chronic inflammation and insufficient symptom control.

The clinical profile of AC in this military cohort mirrors global trends, with a predominance of seasonal and perennial forms, and a smaller proportion of more severe types such as VKC and AKC. However, compared to civilian populations, this study revealed a higher proportion of persistent and severe forms, likely due to unique service-related exposures and constraints. Additionally, the combination of intense subjective symptoms and pronounced biomicroscopic signs in some patients points to a prolonged or poorly controlled course of allergic inflammation.

Comparison with published data reveals both similarities and distinctions. For instance, Leonardi et al. (2015) [5] report that seasonal AC accounts for up to 50–60% of all cases-consistent with our findings (54.7%). However, the study by Coop C.C.A. et al. (2024) [3], which analyzed allergen immunotherapy in U.S. military medicine, emphasizes that up to 23% of service members suffer from allergic rhinoconjunctivitis, with a substantial impact on duty performance.

Conclusion. This study demonstrates that allergic conjunctivitis among military personnel is characterized by a high prevalence, with a dominance of seasonal and perennial forms, and significant subjective and objective symptoms. The disease course is often aggravated by military service-specific factors, such as allergen exposure and limited access to care. These findings underscore the need for early diagnosis, specialized ophthalmologic monitoring, and the development of tailored treatment strategies within military medicine.

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