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Sir,

Pterygium excision and conjunctival mini-autograft
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We read with interest the article by John with the excellent outcome reported in this series of eight cases.¹ Conjunctival mini-autograft with excision of the pterygium was presented as an effective procedure for the surgical management of pterygium. The cited advantages in this first preliminary report include faster healing response, avoidance to work over the area of medial rectus muscle, absence of complications and excellent success rates.

However, certain aspects regarding the methodology and the rationale for the advantages of this technique should be further addressed. The measurements of the sizes of the pterygia and the criteria for case recruitment and selection were not specified. Details on the extent of subconjunctival dissection of pterygial tissue and whether the overlying conjunctiva was preserved were not elaborated in the report.

Various conjunctival autografting techniques have been previously described.^{2–4} Large conjunctival grafts of up to 15 × 15 mm may be harvested, and the donor sites left to self-regenerate with no significant scarring or loss of conjunctival motility.^{2,5,6} Pterygia tend to recur around the edges of the grafts (outflanking), and the importance of a sufficiently large graft is accentuated.^{6,7} For extensive or recurrent cases, in order to eliminate any active residual tissue, working over the area of medial rectus muscle is unavoidable. Furthermore, if this mini-auto grafting technique is applied, the conjunctiva over the remnant area medial to excision margin will remain inflamed and rugged in appearance. This is not uncommon in our experience even after extensive sub-conjunctival dissection of pterygial tissue with sparing of the overlying conjunctiva (unpublished data).

We believe that further work is required before conjunctival mini-autograft can be considered efficacious. We look forward to the results of a controlled study with larger numbers of patients. The author is to be congratulated for reporting this technique. Only through continual efforts will we be able to more fully understand this difficult but common problem (especially in areas with significant ultraviolet light exposure) and in turn, to help our patients most effectively.

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