INTRODUCTION

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Egypt is considered one of the areas in which pterygium is prevalent being present in the temperate zone (area lying in the latitude of 40 degrees on both sides of the equator (Cameron, 1965 and Eliot 1966).

Ordinarily the condition is symptomless, the cosmetic appearance may be the reason for seeking advice, but with progression the pterygium may extend across the cornea obscuring vision and inducing astigmatism or extraocular muscle motion limitation or diplopia (Demartini et. al., 1987).

Taylor (1980) found that, although no definite association with a single causal factor for the pathogenesis of pterygium, yet, there is circumstantial evidence for the importance of UV radiation as pterygium was more commonly seen in those who worked outside and the longer the hours of work in sunlight, the higher the incidence of pterygium. He suggested that for pterygium to develope a low humidity and the presence of microparticles are required as well as sufficient ultraviolet light.

The high recurrence rate inspite of good surgical excision and the presence of the innumerable number of

surgical and medical methods points out to the fact that the ideal management of this lesion is still out of reach of the treating ophthalmologist (Saif et. al., 1967).

The fundamental role of beta irradiation in prevention of recurrence of pterygium is universally accepted by many authors (Labib, 1963 ; Cameron, 1965; Elmassri, 1967, and Pinkerton, 1979).

In spite of this fact many authors reported that this type of irradiation could be responsible for many bad iatrogenic complications as ptosis, glaucoma, scleral thining, scleral ulcers, perforation, endophthalmitis, Iridocyclitis and Cataract (Labib, 1963; Talbot, 1979; Tarr and Constable, 1980 and Bahrassa et al, 1983).

Argon laser photocoagulation was tried for treatment of pterygia without surgery by Sourdelli (1974) & Takahashi (1978). The first claimed that it was effective in treating all pterygia, while the latter stated that it was effective in treating small pterygia.

Postoperative application of argon laser to prevent recurrence was found by some workers a successful substitute for beta irradiation and many of them stated that it is devoid of the bad after effects which beta irradiation causes (Caldwell,1985; Insler and Caldwell 1986; Rabie, 1986; Emarah et al, 1987 and Keates, 1988).