

Management of Vernal Keratoconjunctivitis (VKC) in Children in the United Kingdom:

A Review of the Literature and Current Best Practice Across Six Large United Kingdom Centers¹



Recognising VKC

VKC is an allergic eye disease underpinned by an immunologically-mediated hypersensitivity reaction to environmental antigens.



Essential for assessment

Thorough history:

Family/patient history of atopy	
Seasonality	
Previous treatments	

Characteristic symptoms and signs, including:

Itching/chronic eye rubbing		Watering	
Photophobia*		Pain/burning	
Redness		Reduced vision*	
Tarsal/limbal papillae		Shield ulcer/ clouded cornea*	

*Suggestive of severe disease: urgent referral recommended



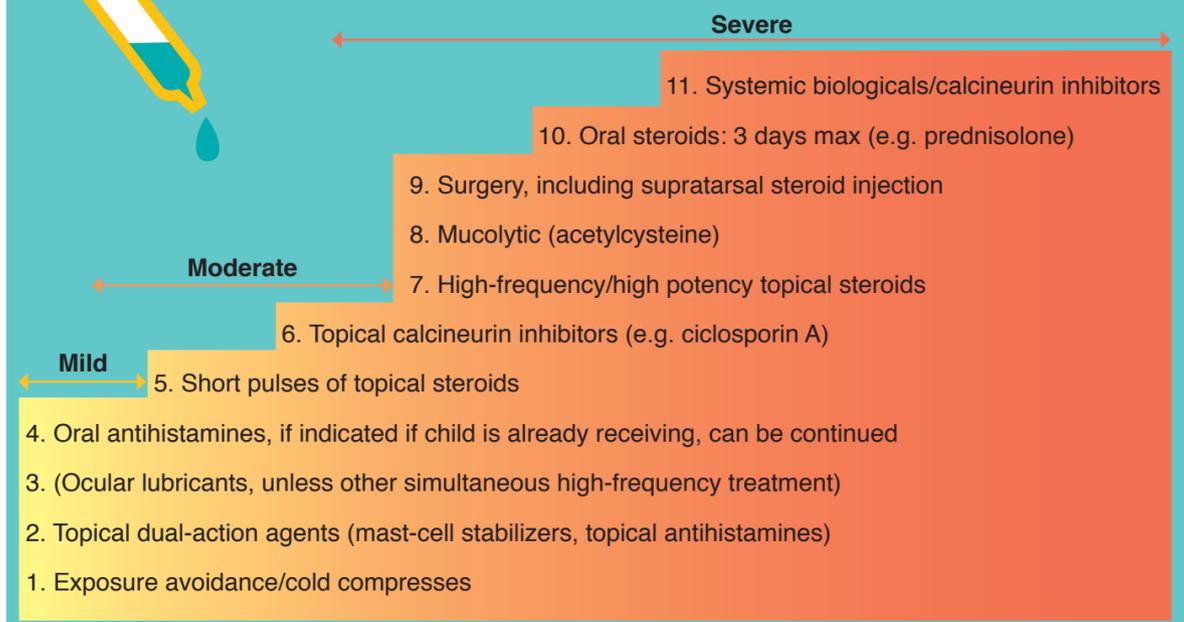
Severity and referrals

Mild	Moderate	Severe
Treatment-naïve, no sight-threatening signs	Previously treated, symptoms recurred, OR treatment-naïve with limbitis, large cobblestones, punctate keratopathy, mucous discharge	Lack of response to treatment AND/OR repeated flare-ups despite compliance AND/OR shield ulcer, significant corneal vascularisation and/or disabling symptoms
No referral	4-6 weeks	24hr
Managed within primary care; behavioural advice and first-step treatment	Non-urgent referral to paediatric ophthalmologist within 4–6 weeks; initiate treatment	Urgent referral to paediatric ophthalmologist and corneal specialist within 24 hours; initiate treatment



Treatment and long-term management

Treatment is escalated step by step according to severity and response to previous therapy:



Children with severe VKC should be treated by a multidisciplinary team where possible	Flare-ups are common, even with effective treatment: families need rapid access to the eye clinic	Quality of life should be assessed at the first appointment and then at least annually

Follow-up: 2–4 weeks after start of treatment, then:

every 6 weeks if on steroids	3 months after initiating CsA	every 6–12 months for stable patients
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Supportive care

Detailed recommendations are in the full article

Key elements of supportive care include:

Adherence Improving adherence involves:	Restoring confidence in treatment	Minimising the treatment burden	Ensuring understanding and ownership of the management plan
Information outreach and communication	Specialist nurses and AHPs are central to coordinating care	Proactive contact from clinics can be helpful	Outreach to schools is critical
Emotional support	Children may lose faith in their treatment and themselves	Rewarding acceptance of treatment is important	Emotional needs of the patient, parents and caregivers need to be addressed

Although VKC is relapsing/remitting by nature, flare-ups do not mean that treatment has failed: the ultimate outcome for the child is likely to be positive.



Read more about VKC best practice in the UK by scanning the QR code opposite to download the full paper:



VERKAZIA® 1 mg/mL eye drops, emulsion (ciclosporin)
ABBREVIATED PRESCRIBING INFORMATION. Please refer to the Summary of Product Characteristics (SmPC) for full details.

Composition: One mL of emulsion contains 1 mg ciclosporin and 0.05 mg cetalkonium chloride as an excipient. For full list of excipients please refer to SmPC.

Indication: Treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents.

Dosage and administration: Verkazia treatment must be initiated by an ophthalmologist or a healthcare professional qualified in ophthalmology. The recommended dose is one drop of Verkazia 4 times a day to be applied to each affected eye during the VKC season. If signs and symptoms persist after the end of the season, treatment can be maintained at the recommended dose or decreased to 1 drop twice daily once adequate control is achieved.

Contraindications: Hypersensitivity to any of the ingredients Ocular or peri-ocular malignancies or premalignant conditions. Active or suspected ocular or periocular infection.

Warnings and Precautions: Use with contact lenses not recommended. Verkazia should be used with caution in patients with an active orofacial herpes simplex infection, a history of ocular herpes, varicella-zoster or vaccinia virus infection and concomitant corticosteroid use. Efficacy and safety of Verkazia have not been studied beyond 12 months. Therefore, regular examination of the eye(s) is recommended, e.g. every 3 to 6 months, when Verkazia is used for more than 12 months.

Pregnancy and Breast-feeding: Not recommended in women of childbearing potential not using effective contraception or during pregnancy unless the potential benefit to the mother outweighs the potential risk to the foetus. At therapeutic doses of ciclosporin in eye drops, it is unlikely that sufficient amounts would be present in breast milk. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Verkazia therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Driving and using machines: Verkazia has moderate influence on the ability to drive and use machines.

Undesirable effects: Consult SmPC for full details. The most common adverse reactions seen in clinical trials with Verkazia were eye pain (11%) and eye pruritus (9%) which were usually transitory and occurred during instillation. Other common adverse reactions observed were upper respiratory tract infection, headache, ocular hyperaemia, eye irritation, ocular discomfort, foreign body sensation in eyes, lacrimation increased, vision blurred, erythema of eyelid, eyelid oedema, and cough.

Package Quantities and Cost: One pouch contains 5 single dose containers. Pack size 120 single dose containers £288.00.

Legal Category: Product subject to medicinal prescription.

Marketing Authorisation numbers: PLGB 16058/0028, EU/1/17/1219/004

Marketing Authorisation Holder: SANTEN Oy, Niittyhaankatu 20, 33720 Tampere, Finland.

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Job No: NP-VKC-UK-0079

Date of Prescribing Information: February 2022

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events should also be reported to Santen UK Limited email: medinfo@santen.co.uk or telephone: 0345 075 4863.

References

1. Ghauri A-J, et al. J Pediatr Ophthalmol Strabismus 2022 (online ahead of print); <https://doi.org/10.3928/01913913-20220328-01>

