Effect of smoking on ocular surface and tear film: A clinico-pathological study

Abstract

Aim: Smoking is an important risk factor for many chronic diseases, however its association with dry eyes is still unclear. The study was undertaken to evaluate the effect of smoking on ocular surface clinically and its correlation pathologically with the help of impression cytology.

Methods: The study was conducted on 100 patients aged 18 to 50 years. The study group on the basis of number of cigarettes consumed, was further subdivided in mild (<10 cigarettes per day) moderate (10-20 cigarettes per day) and heavy smokers (>20 cigarettes per day). OSDI score, TBUT (tear film break up time), Basal tear secretion (Schirmer test 2), and conjunctival impression cytology were performed.

Results: The study comprises 100 patients, 50 smokers and 50 age matched non smokers. The mean age of the smoker 35.5 years ± 7.6 years and the mean age of non smokers in control group was 33.60 ± 5.54 years. Mean tear film break up time in non smoker was 14.71 ± 4.34 sec as compared to 11.25 ± 2.92 seconds in smokers (p = 0.0001). Mean score of Schirmer’s test was 12.58 ± 2.79 seconds in non smokers as compared to 10.40 ± 2.64 seconds in smokers with significant statistical difference (p = 0.001). On impression cytology, 20% of the subjects in smoker group shows grade 2 metaplasia and 8% showed grade 3 metaplasia in comparison to 2% and 0% in non smoker group respectively (p = 0.0001) (Figure 1).

Conclusion: Smoking is a significant risk factor in the development of dry eyes and ocular surface disorder characterized by squamous metaplasia and loss of goblet cells. Furthermore the severity of dry eyes has positive correlation with amount of smoking.

Keywords: ocular surface disorder, dry eyes, impression cytology

Introduction

Tobacco smoking is a serious public health problem which contains various heavy metals and toxic mineral elements that has been associated with cardiovascular and respiratory disorders. Tobacco smoke contain more than 4000 compounds and a puff of smoke contain 300 million to 3.5 billion particles existing either in gas or particulate form which on exposure are eventually toxic to ocular surface and affect eye through ischemic and oxidative mechanism.  

Tobacco smoking is not only associated with cataract, ARM, AION and toxic optic neuropathy but also with dry eye syndrome. Ocular surface is highly sensitive to air borne chemical fumes and irritative gas and its persistent exposure may lead to ocular surface damage and dry eye syndrome. Environment, lifestyle, age, sex, drug history, and systemic diseases are the major risk factor associated with dry eyes, among which the lifestyle factors may play an important role. Smoking is already known as an important risk factor for many chronic diseases and however is still an unclear risk factor of dry eye. A number of studies have evaluated the association between smoking and dry eye, however the results are disputed. The study was undertaken to evaluate the effect of smoking on ocular surface clinically and its correlation pathologically with the help of impression cytology.

Subjects and methods

The study was conducted on 100 patients aged 18 to 50 years, in the upgraded departments of ophthalmology, SMS medical college, jaipur, India with the prior approval from Ethics committee of SMS Medical College. Informed consent was obtained from each subject, and the study was performed in accordance with the declaration of Helsinki.

Subjects were divided in two groups, smokers (study group) and non smokers (control group). The study group on the basis of number of cigarettes consumed, was further subdivided in mild (<10 cigarettes per day) moderate (10-20 cigarettes per day) and heavy smokers (>20 cigarettes per day). Patients with history of occupational exposure, contact lens use within 6 months of study, drug abuse, allergy, and systemic disease were excluded from the study.

Subjective and objective evaluation of patients was done for dry eyes which included OSDI score, TBUT (tear film break up time), Basal tear secretion (Schirmer test 2), and conjunctival impression cytology. Patients were given questionnaire and symptom scoring was done according to OSDI score. Average score was calculated. Which ranges from 0 to 100, with higher scores indicating more problems or symptoms?

Conjunctival impression cytology was performed in each eye of the patients and the control subjects. The samples were collected from the temporal interpalpebral bulbar conjunctiva. After instillation of a single drop of proparacaine 0.5%, the celluleose acetate filter paper was applied over the temporal interpalpebral bulbar conjunctiva at distance of 3 mm from the limbus. Following 95% of alcohol fixation for at least 10 min, the specimen was stained with periodic acid–Schiff and hematoxylin. The cytologic changes are graded according to the Nelson’s grading system.

Grade 0

Small and round epithelial cells with eosinophilic staining cytoplasm. Nucleocytoplasmic ratio 1:2, abundant, plump, oval goblet cells with intensely PAS-positive cytoplasm.
Grade 1

Slightly larger and more polygonal epithelial cells with eosinophilic staining cytoplasm. Nucleo-cytoplasmic ratio 1:3. There is decrease in goblet cell number

Grade 2

Larger and polygonal, occasionally multinucleated epithelial cells with variably staining cytoplasm. Nucleo-cytoplasmic ratio 1:4-1:5. Smaller and less intensely PAS-positive goblet cells with poorly defined cellular borders and marked decrease in number

Grade 3

Large and polygonal epithelial cells with basophilic staining cytoplasm. Nucleo-cytoplasmic ratio greater than 1:6 and absence of goblet cells.

The findings of grades 2 and 3 on the inter palpebral conjunctiva suggest a diagnosis of dry eye. Parameters between the groups were analyzed by the Student t-test and analysis of variance with SPSS software. The Mann-Whitney U test and Kruskal-Wallis test were used for the analysis of nonparametric values such as grade of conjunctival squamous metaplasia. A P value of less than 0.05 was considered statistically significant.

Results

The study comprises 100 patients, 50 smokers and 50 age matched non smokers. The mean age of the smoker 35.5 years ± 7.64 years and the mean age of non smokers in control group was 33.60 ± 5.54 years with insignificant statistical difference. In our study, 42% of the subjects in the smoker group had history of smoking of 5 to 10 years and 24% had history of 10-15 years. Amongst 50 smokers, 52% (n=26/50) were light smokers, 30% (n=15/50) were moderate smokers and 18% (n=9/50) were heavy smokers.

Redness (34%) was the most common symptom of smoker followed by ocular tiredness (26%), burning sensation (24%), itching (24%) and foreign body sensation (14%), however most of the smokers were asymptomatic at the time of presentation (36%). OSDI score was 32.85 ± 20.79 in smokers as compared to 20 ± 8.4 in non smokers with significant statistical difference (p<0.001) (Table 1). Furthermore, Symptom score was highest among heavy smokers (44 ± 6.8) and lower (25 ± 7.2) among mild smokers, however the difference was not statistically significant (p=0.65).

Mean tear film break up time in non smoker was 14.71 ± 4.34 seconds as compared to 11.25 ± 2.99 seconds in smokers with statistically significant difference (p=0.0001) (Table 1). TBUT was lower in patients with heavy smokers (9.54 seconds) as compared to 11.73 seconds in mild smokers, however the difference among the three group was not significant (p=0.03) (Table 2).

Mean score of Schirmer’s test was 12.58 ± 2.79 seconds in non smokers as compared to 10.40 ± 2.64 seconds in smokers with significant statistical difference (p=0.001). In subgroup analysis, mean schirmer’s test was 8.77 mm in heavy smokers as compared to 11.5mm in mild smokers (p=0.002).

On impression cytology, 20% of the subjects in smoker group shows grade 2 metaplasia and 8% showed grade 3 metaplasia in comparison to 2% and 0% in non smoker group respectively (p=0.0001) (Figure 1). In sub group analysis, 22.2% (n=2/9) of subjects showed grade 3 metaplasia as compared to 6.7% (n=1/15) and 3.8% (n=1/26) in moderate and mild smokers respectively (p<0.002) (Table 3).

Table 1 Clinical and pathological profile of smokers vs non smokers

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Smokers</th>
<th>Non smokers</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>36.40±7.64</td>
<td>33.60±5.54</td>
<td>0.06</td>
</tr>
<tr>
<td>Tear Film Break Up time(TBUT) (Seconds)</td>
<td>14.69±4.34</td>
<td>11.07±2.29</td>
<td>0.001</td>
</tr>
<tr>
<td>Basal tear secretion(mm)</td>
<td>12.58±2.79</td>
<td>10.40±2.64</td>
<td>0.001</td>
</tr>
<tr>
<td>OSDI score</td>
<td>32.85±20.79 units</td>
<td>20±8.4</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Conjunctival squamous metaplasia</td>
<td>2.35±1.02</td>
<td>1.02±0.54</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Mean tear film break up time in non smoker was 14.71 ± 4.34 seconds as compared

Table 2 Clinical and pathological finding in mild, moderate and heavy smokers

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Mild (&lt;10 cigarettes day)</th>
<th>Moderate (11-20 cigarettes/day)</th>
<th>Severe (&gt;20 cigarettes per day)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom scored (OSDI)</td>
<td>25±7.2</td>
<td>36±5.6</td>
<td>44±6.8</td>
<td>0.67</td>
</tr>
<tr>
<td>Mean Basal tear secretion (mm)</td>
<td>11.5</td>
<td>9.4</td>
<td>8.77</td>
<td>0.002</td>
</tr>
<tr>
<td>Mean TIBUT (sec)</td>
<td>11.72</td>
<td>10.28</td>
<td>9.54</td>
<td>0.03</td>
</tr>
<tr>
<td>Squamous metaplasia (Grading Mean)</td>
<td>0.73</td>
<td>1.4</td>
<td>1.55</td>
<td>0.002</td>
</tr>
</tbody>
</table>

Table 3 Impression cytology grading in smokers vs non smokers

<table>
<thead>
<tr>
<th>Grading</th>
<th>Smokers n (%)</th>
<th>Non Smokers (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 0</td>
<td>12(24%)</td>
<td>38(76%)</td>
<td></td>
</tr>
<tr>
<td>Grade 1</td>
<td>11(22%)</td>
<td>24(48%)</td>
<td></td>
</tr>
<tr>
<td>Grade 2</td>
<td>01(2%)</td>
<td>10(20%)</td>
<td></td>
</tr>
<tr>
<td>Grade 3</td>
<td>00(0%)</td>
<td>04(08%)</td>
<td></td>
</tr>
<tr>
<td>P value</td>
<td>0.0001</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1A Impression cytology of non smoker Subject with abundant goblet cells and intense positive cytoplasm, small round epithelial cells with nucleo-cytoplasmic ratio of 1:2

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Discussion

The ocular surface is covered by a tear film for lubrication which plays a major role of nutritional route for corneal epithelium. Cigarette smoke is a well-known, significant source of toxic minerals and heavy metals, including more than 4000 toxic chemical substances. Epidemiological studies have shown that cigarette smoking may be a high-risk factor for several ophthalmological disorders, including cataract, age-related macular degeneration, and dry eye disease.

In our study, there was increased prevalence of smoking in subjects of rural background and maximum number of smokers lie in age group of 30 to 40 years (Mean age of 36.4±7.6 years).

Several studies have reported a significant correlation between eye irritation and reduced TBUT and/or epithelial damage in smokers as compared those of non-smokers. Avunduk et al. determined a deterioration of projections and loss of microvilli, which are important for stabilizing the tear film in conjunctiva exposed to tobacco smoke. In our study, TBUT was lower among smokers as compared to non-smokers with significant higher grade of ocular surface damage as compared to non-smokers. Grading of Squamous metaplasia was significantly higher in smokers as compared to non-smokers. Furthermore, metaplasia was associated with amount of smoking. Heavy smoking was associated with significant higher grade of ocular surface damage as compared to mild and moderate smokers. Our study further strengthens the establishment of positive correlation with the amount of smoking. This is attributed to the inflammation associated with irritative and toxic agents associated with cigarette smoking. Thus, from the above finding it can be inferred that smoking has a deleterious effect on ocular surface leading to tear film abnormality and conjunctival squamous metaplasia.

Conclusion

In our study we conclude that smoking is a significant risk factor in the development of dry eyes and ocular surface disorder characterized by squamous metaplasia and loss of goblet cells. Furthermore, the severity of dry eyes has positive correlation with amount of smoking.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

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