

Conjunctivitis

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Symptoms are grittiness, redness and discharge. Causes are infective, chemical, allergic or traumatic. In the newborn it can be serious; gonococcal and chlamydial infection must be excluded. Bacterial conjunctivitis is purulent, usually self-limiting and treated with topical broad-spectrum antibiotics. Chlamydial and adenovirus infections must be considered. Adenoviral infections are common and usually affect one eye much more in severity and onset, tending to be more watery than sticky, and are often associated with a palpable preauricular gland. Vernal conjunctivitis (Figure 49.25) is a form of allergic conjunctivitis that is characterised by itchy eyes, usually worse in the summer. Moritz Kaposi, 1837–1902, Professor of Dermatology, Vienna, Austria, described pigmented sarcoma of the skin in 1872. Allergic problems such as hay fever. Clinically, most signs are under the upper lid, which may have a cobblestone appearance instead of a smooth surface. Giant papillary conjunctivitis with large papillae under the upper lid may be seen in soft contact lens wearers. This is usually caused by an allergy to the sterilising solutions and lens protein and may be helped by either using a preservative-free solution or using daily-wear disposable lenses. Kaposi's sarcoma, often associated with human immunodeficiency virus (HIV) infection, can rarely present like a subconjunctival haemorrhage (Figure 49.26). Considerable conjunctival and corneal irritation can be caused by the lids turning in (entropion) (Figure 49.27) or turning out (ectropion) (Figures 49.28 and 49.29), and by ingrowing lashes. The lids should be repaired surgically to their normal position.

Figure 49.25 Vernal conjunctivitis (spring catarrh) showing cobblestone appearance under the upper lid.

Figure 49.26 Kaposi's sarcoma of conjunctiva.

Vision is not commonly affected in conjunctivitis but, with some viral infections, a keratitis may be present and result in visual impairment and pain. All of the other conditions below are painful and usually affect vision. Rose Bengal (or Bengal Rose) is dichlorotetraiodofluorescein. Hulusi Behçet, 1889–1948, Professor of Dermatology, Istanbul, Turkey, described this disease in 1937. Hans Conrad Julius Reiter, 1881–1968, President of the Health Service and Honorary Professor of Hygiene at the University of Berlin, Germany, described this disease in 1916. Herpes simplex infection presents as a dendritic (branching) ulcer, shown easily by staining with fluorescein or Rose Bengal. It is treated with aciclovir ointment five times per day. The use of steroid drops must be avoided as this can make the condition much worse (Figure 49.30). Corneal ulceration may occur as a result of ingrowing lashes or corneal foreign bodies, marginal ulceration and infected

abrasions. Infected ulcers can occur in patients wearing soft contact lenses or elderly immunocompromised individuals. Herpes zoster (shingles) may affect the ophthalmic division of cranial nerve V and can give rise to a keratitis and uveitis. It is important to avoid the use of steroid drops until a diagnosis has been made. Local anaesthetic drops should also not be given on a regular basis.

Figure 49.27 Entropion (courtesy of J Beare, FRCS). Figure 49.28 Ectropion, lower lid (courtesy of J Beare, FRCS). Figure 49.29 Ectropion, upper lid – chronic staphylococcal infection (courtesy of J Beare, FRCS).

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Revision #1

Created 2025-12-31 15:18:09 UTC by Omar Ayman

Updated 2025-12-31 15:18:09 UTC by Omar Ayman