

# CONJUNCTIVITIS

# CONJUNCTIVITIS

- Definition: inflammation of the conjunctiva due to infection or non infectious causes.
- It is usually bilateral

# TYPES

- Bacterial
- Viral
- Chlamydial
- Allergic
- chemical/ traumatic

# BACTERIAL CONJUNCTIVITIS

- Causes-Gram positive micro organisms e,g staph epidermidis, staph aureus, strep pneumoniae.
- Gram negative micro organisms e.g haemophilus influenzae and pseudomonas.

# CLINICAL FEATURES

- Soreness or grittiness in eye.
- Red eyes.
- Eye discharge with sticky eyelids especially early morning.
- Eyelid may be swollen
- Normal visual acuity.
- Corneal usually not affected.
- Pupil is normal with good reaction

# INVESTIGATIONS

- Eye swab for MCS.
- Cytological findings shows numerous neutrophils.

# COMPLICATIONS

- Kerato conjunctivitis
- Keratitis/Corneal ulcer which may heal with corneal scar
- Corneal perforation and anterior staphyloma
- Endophthalmitis
- Phthisis bulbi.

# MANAGEMENT

- Cleaning (swabbing) the eye.
- Topical antibiotics application e.g T.E.O and chloramphenical eye drop or ointment, gentamycin eye drop and ciprofloxacin eye drop.
- Systemic treatment is indicated in gonococcal, meningococcal and haemophilus influenzae.



# VIRAL CONJUNCTIVITIS

- Causes, Adenovirus serotype 4,7,9 Herpes simplex virus, Enterovirus 70, measles virus.

# CLINICAL PRESENTATION

- Bilateral red eyes.
- Tearing.
- Irritation in eyes.
- Photophobia
- Blurred vision at times.
- Swollen eyelids
- Normal or reduced visual acuity.

# CLINICAL PRESENTATION CONT..

- Cornea may show superficial punctate keratitis.
- There may be fever, acute R.T.I
- Subconjunctival haemorrhage
- Extra –ocular manifestations may be pre-auricular adenopathy,.

# INVESTIGATION

- Cytology shows findings of numerous lymphocytes and large monocytes.

# MANAGEMENT

- There is no specific treatment .
- Condition is self limiting.
- Topical antibiotic is applied to prevent secondary infection.
- Advise patient to wash hands and avoid sharing fomite