Ophthalmic Images

Unilateral Conjunctivitis With Multifocal Granulomatous Lesions in a Child Aged 10 Years

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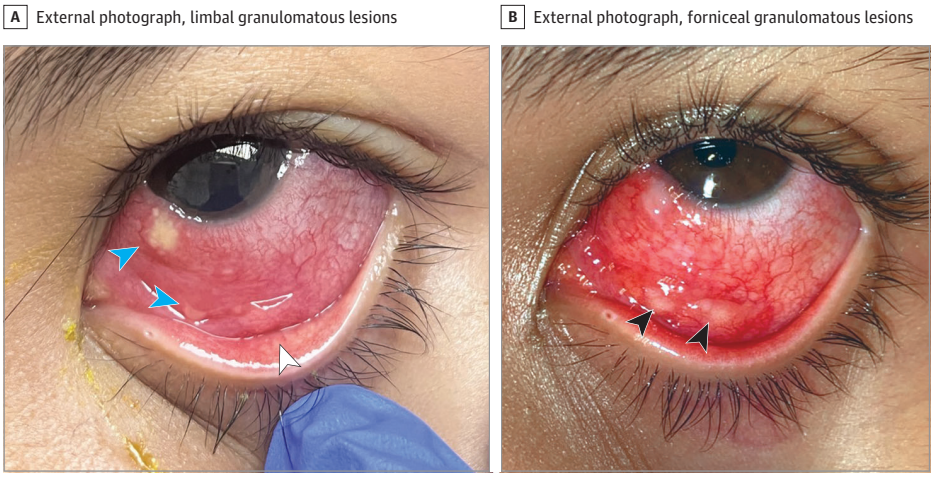

Figure. A, Initially, granulomatous lesions observed near the limbus and inferior fornix (blue arrowheads) with surrounding hyperemia and follicles (white arrowhead), consistent with granulomatous conjunctivitis. B, Increasing prominence of forniceal lesions (black arrowheads) after 2 days of topical fortified antibiotics prior to confirmation of *Bartonella*.

A 10-year-old previously healthy female child presented with 1 month of left eye redness and irritation. She had been using ofloxacin eye drops for 2 weeks with continued worsening. On examination, the right eye was normal. The left eye had a granulomatous conjunctivitis with follicles (**Figure**). Dilated examination of both eyes was normal. She had left preauricular lymphadenopathy. She reported recent contact with cats. Serology was positive for *Bartonella henselae* immunoglobulin G (titer of 1:256), which confirmed the diagnosis of Parinaud oculoglandular syndrome (POGS). She was treated with doxycycline, 100 mg, by mouth twice a day and rifampin, 300 mg, by mouth twice a day for 14 days, with resolution of the granulomatous lesions after 7 days. POGS is a unilateral granulomatous conjunctivitis with ipsilateral lymphadenopathy typically caused by *Bartonella henselae;* rare causes include *Francisella tularensis* and *Mycobacterium tuberculosis*, among others.[1-3] This case was striking due to the prominent multifocal conjunctival granulomas and the rapid resolution after initiation of appropriate therapy.

ARTICLE INFORMATION

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REFERENCES

1. Grando D, Sullivan LJ, Flexman JP, Watson MW, Andrew JH. *Bartonella henselae* associated with Parinaud oculoglandular syndrome. *Clin Infect Dis*. 1999;28(5):1156-1158. doi:10.1086/514756

2. Dixon MK, Dayton CL, Anstead GM. Parinaud oculoglandular syndrome: a case in an adult with flea-borne typhus and a review. *Trop Med Infect Dis*. 2020;5(3):126. doi:10.3390/tropicalmed5030126

3. Domínguez I, Cartes C, Sabat P, Ortiz O, Matus G, Traipe L. Isolated conjunctival granuloma as a first manifestation of Parinaud oculoglandular syndrome: a case report. *Am J Ophthalmol Case Rep*. 2019;14:58-60. doi:10.1016/j.ajoc.2019.02.007