

Conjunctivitis



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KEYWORDS

- Conjunctivitis • Acute conjunctivitis • Chronic conjunctivitis • Viral conjunctivitis
- Bacterial conjunctivitis • Allergic conjunctivitis

KEY POINTS

- Conjunctivitis is the most common cause of red eye in primary care.
- The 3 most common types of conjunctivitis are viral, allergic, and bacterial, and they can present in either acute or chronic forms; the age of the patient, time of year and physical examination findings are paramount to distinguish the different types of conjunctivitis.
- Distinguishing between acute viral and bacterial conjunctivitis remains difficult. Patients with prolonged symptoms, poor response to initial management, or evidence of severe disease should be referred to ophthalmology for consultation.

INTRODUCTION

Conjunctivitis is a common complaint in primary care. It affects all ages and socioeconomic classes. Approximately 70% of patients with acute conjunctivitis present to their primary care provider or an urgent care center rather than to an ophthalmologist.¹ Research data have shown that 1% of all primary care office visits are related to conjunctivitis, which affects 6 million people annually in the United States.^{2,3} The economic impact is significant in terms of the cost of medical visits, cost of treatment, and lost work productivity. Bacterial conjunctivitis, which comprises about 50% of all cases of conjunctivitis, costs an estimated \$377 million to \$875 million annually in the United States.⁴

Acute conjunctivitis is usually a self-limiting condition that rarely causes permanent loss of vision. However, it is important to rule out other sight-threatening red eye diseases. Primary care providers need to be familiar with common differentials for the cause of a red eye (**Box 1**). Appropriate decision making for a timely referral to an ophthalmologist is paramount to ensure quality patient care (**Box 2**).

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Box 1**Common differential diagnosis of red eye**

1. Conjunctivitis
2. Episcleritis and scleritis
3. Corneal ulcer, abrasion, or foreign body
4. Iritis
5. Glaucoma
6. Subconjunctival hematoma
7. Chemical/flash burns
8. Dry eye
9. Blepharitis

A practical and systematic approach is needed to accurately diagnose conjunctivitis. This approach includes a medical history, a detailed ocular history, an ocular examination, a physical examination, and laboratory studies.⁵ An ocular history includes details about the type of discharge, presence of pain, itching, blurred vision, photophobia, corneal opacity, and eyelid characteristics. An ocular examination includes measured visual acuity, pupillary responses, extraocular motility, confrontation visual fields, an external eye examination, and a slit-lamp examination. An ocular examination in the primary care setting is limited because of lack of a slit lamp. However, useful clinical findings such as presence and type of discharge, conjunctival injection, or hypertrophy may be obtained with a simple penlight.⁶

DEFINITION

The conjunctiva is a transparent lubricating mucous membrane that covers the surface of the globe (bulbar) and the undersurface of the eyelid (palpebral) (**Fig. 1**). Conjunctivitis is inflammation or infection of the conjunctiva. It may be infectious or noninfectious.

Infectious conjunctivitis can have diverse causes, such as bacterial, viral, chlamydial, fungal, and parasitic. Causes of noninfectious conjunctivitis include allergens, toxicities, and irritants. Common bacterial pathogens include of *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and diphtheria. Common viral agents include adenovirus,

Box 2**When to refer to ophthalmology**

1. History of a foreign body or trauma
2. Ciliary flush
3. Asymmetric or nonreactive pupil
4. Copious, rapidly progressive discharge
5. Qualitative loss in visual acuity
6. Inability to open eye or keep it open
7. Corneal opacity
8. Marked pain or photophobia

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