CONJUNCTIVITIS

Conjunctivitis is a potentially blinding condition with associated systemic manifestations

RECOGNITION AND ASSESSMENT

- Conjunctival redness
- Swelling of conjunctiva and eyelids
- Purulent discharge

Differential diagnosis

- Sticky eye with blocked tear duct in which there is no inflammation of conjunctiva
- Conjunctival glaucoma in which there is corneal opacity

AETIOLOGY

- Bacterial
  - *Chlamydia trachomatis*
  - *Staphylococcus aureus*
  - streptococci
  - *Haemophilus influenzae*
  - *Neisseria gonorrhoeae*
- Chemical
  - silver nitrate
- Viral
  - herpes simplex virus (HSV)

MANAGEMENT

Sticky eye/blocked tear duct

- 4-6 hrly eye toilet using sterile saline

Suspected conjunctivitis (see signs above)

- Swab for:
  - Gram stain and bacterial culture and sensitivities
  - if other suspicions of HSV (e.g. vesicles etc.), viral swab
  - Chlamydia swab (specific for Chlamydia PCR)
- Treat with:
  - frequent eye toilet as necessary
  - chloramphenicol 0.5% eye drops
  - Presentation within first 24 hr suggests gonococcal infection
  - inform senior paediatrician

SUBSEQUENT MANAGEMENT

In severe non-resolving cases

- Take throat and eye swabs for viral culture (viral transport medium)
- If herpes suspected, look for other signs of herpetic infection
- Treat suspected herpes with IV aciclovir for 14 days
- Refer to ophthalmology

*Neisseria gonorrhoeae suspected*

- Request Gram stain and culture
- Assess neonate for systemic infection
**Neisseria gonorrhoeae confirmed**
- Give single dose ceftriaxone 125 mg IV if IV access present, otherwise IM (40 mg/kg for low-birth-weight babies)
- If signs of systemic infection (e.g. sepsis, meningitis), give course of IV ceftriaxone
- Refer to ophthalmology

**Chlamydia result positive**
- Treat with azithromycin 20 mg/kg single dose or erythromycin 12.5 mg/kg/dose orally 6 hrly for 2 weeks. This will treat the conjunctivitis and prevent most cases of chlamydial pneumonia

**Gonococcal or chlamydial infection detected**
- Refer mother and partner to genito-urinary medicine for immediate treatment

### Gonococcal versus chlamydial conjunctivitis

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<thead>
<tr>
<th></th>
<th>Gonococcal</th>
<th>Chlamydial</th>
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<tbody>
<tr>
<td>2-5 days incubation</td>
<td>5-14 days incubation</td>
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<tr>
<td>Transmission vaginal or from contaminated fingers after birth</td>
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<tr>
<td>Mild inflammation with sero-sanguineous discharge</td>
<td>Varies from mild inflammation to severe swelling of eyelids with copious purulent discharge</td>
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<td>Progression to thick, purulent discharge with tense oedema of eyelids</td>
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<td>Complications include corneal ulceration and perforation</td>
<td>Corneas rarely affected</td>
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<td>Meningitis and sepsis</td>
<td>1 in 5 untreated will develop chlamydial pneumonia</td>
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