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International Council of Ophthalmology/  
International Federation of Ophthalmological Societies

## ICO International Clinical Guidelines

### Conjunctivitis (Initial Evaluation)

**(Ratings:** A: Most important, B: Moderately important, C: Relevant but not critical  
**Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

#### Initial Exam History

- Ocular symptoms and signs (e.g., itching, discharge, irritation, pain, photophobia, blurred vision) **(A:III)**
- Duration of symptoms **(A:III)**
- Unilateral or bilateral presentation **(A:III)**
- Character of discharge **(A:III)**
- Recent exposure to an infected individual **(A:III)**
- Trauma (mechanical, chemical, ultraviolet) **(A:III)**
- Contact lens wear (e.g., lens type, hygiene and use regimen) **(A:III)**
- Symptoms and signs potentially related to systemic diseases (e.g., genitourinary discharge, dysuria, upper respiratory infection, skin and mucosal lesions) **(A:III)**
- Allergy, asthma, eczema **(A:III)**
- Use of topical and systemic medications **(A:III)**
- Use of personal care products **(A:III)**
- Ocular history (e.g., previous episodes of conjunctivitis **(A:III)** and previous ophthalmic surgery) **(B:III)**
- Systemic history (e.g., compromised immune status, prior systemic diseases) **(B:III)**
- Social history (e.g., smoking, occupation and hobbies, travel and sexual activity) **(C:III)**

#### Initial Physical Exam

- Visual acuity **(A:III)**

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- External examination
  - Regional lymphadenopathy (particularly preauricular) **(A:III)**
  - Skin **(A:III)**
  - Abnormalities of the eyelids and adnexae **(A:III)**
  - Conjunctiva **(A:III)**
- Slit-lamp biomicroscopy
  - Eyelid margins **(A:III)**
  - Eyelashes **(A:III)**
  - Lacrimal puncta and canaliculi **(B:III)**
  - Tarsal and forniceal conjunctiva **(A:II)**
  - Bulbar conjunctiva/limbus **(A:II)**
  - Cornea **(A:I)**
  - Anterior chamber/iris **(A:III)**
  - Dye-staining pattern (conjunctiva and cornea) **(A:III)**

## Diagnostic Tests

- Cultures, smears for cytology and special stains are indicated in cases of suspected infectious neonatal conjunctivitis. **(A: I)**
- Smears for cytology and special stains are recommended in cases of suspected gonococcal conjunctivitis. **(A:III)**
- Confirm diagnosis of adult and neonate chlamydial conjunctivitis with immunodiagnostic test and/or culture. **(A:I)**
- Biopsy the bulbar conjunctiva and take a sample from an uninvolved area adjacent to the limbus in an eye with active inflammation when ocular cicatricial pemphigoid is suspected. **(A:III)**
- A full-thickness lid biopsy is indicated in cases of suspected sebaceous carcinoma. **(A:II)**

## Care Management

- Use systemic antibiotic treatment for conjunctivitis due to *Neisseria gonorrhoeae* **(A:I)** or *Chlamydia trachomatis*. **(A:II)**
- Treat sexual partners to minimize recurrence and spread of disease when conjunctivitis is associated with sexually transmitted diseases and refer patients and their sexual partners to an appropriate medical specialist. **(A:III)**
- Refer patients with manifestation of a systemic disease to an appropriate medical specialist. **(A:III)**

## Follow-up Evaluation

- Follow-up visits should include:
  - Interval history **(A:III)**
  - Visual acuity **(A:III)**
  - Slit-lamp biomicroscopy **(A:III)**

## **Patient Education**

- Counsel patients with contagious varieties to minimize or prevent spread of diseases in the community. **(A:III)**

\* Adapted from the [American Academy of Ophthalmology Summary Benchmarks, November 2006 \(www.aaopt.org\)](#)

(For more ICO International Clinical Guidelines, see [www.icoph.org/guide](http://www.icoph.org/guide))

## **Preface to the Guidelines:**

International Clinical Guidelines are prepared and distributed by the International Council of Ophthalmology on behalf of the International Federation of Ophthalmological Societies.

These Guidelines are to serve a supportive and educational role for ophthalmologists worldwide. These guidelines are intended to improve the quality of eye care for patients. They have been adapted in many cases from similar documents (Benchmarks of Care) created by the American Academy of Ophthalmology based on their Preferred Practice Patterns.

While it is tempting to equate these to Standards, it is impossible and inappropriate to do so. The multiple circumstances of geography, equipment availability, patient variation and practice settings preclude a single standard.

Guidelines on the other hand are a clear statement of expectations. These include comments of the preferred level of performance assuming conditions that allow the use of optimum equipment, pharmaceuticals and/or surgical circumstances.

Thus, a basic expectation is created and if the situation is optimum, the optimum facets of diagnosis, treatment and follow up may be employed. Excellent, appropriate and successful care can also be provided where optimum conditions do not exist.

Simply following the Guidelines does not guarantee a successful outcome. It is understood that, given the uniqueness of a patient and his or her particular circumstance, physician judgment must be employed. This can result in a modification in application of a guideline in individual situations.

Medical experience has been relied upon in the preparation of these guidelines, and they are whenever possible, evidence-based. This means these Guidelines are based on the latest available scientific information. The ICO is committed to provide updates of these guidelines on a regular basis (approximately every two to three years).

(Also see the Introduction to the ICO International Clinical Guidelines at [www.icoph.org/guide/guideintro.html](http://www.icoph.org/guide/guideintro.html) and the list of other Guidelines at [www.icoph.org/guide/guidelist.html](http://www.icoph.org/guide/guidelist.html).)