



Conjunctivitis (Initial Evaluation and Therapy)

(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)**
- Exacerbating factors **(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, current and 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)**
- 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:II)**
- Confirm diagnosis of adult and neonate chlamydial conjunctivitis with immunodiagnostic test and/or culture. **(A:III)**
- Biopsy the bulbar conjunctiva and take a sample from an uninvolved area adjacent to the limbus in an eye with active inflammation when ocular mucous membrane pemphigoid is suspected. **(A:III)**
- A full-thickness lid biopsy is indicated in cases of suspected sebaceous carcinoma. **(A:II)**

Care Management

- Avoid indiscriminate use of topical antibiotics or corticosteroids because antibiotics can induce toxicity and corticosteroids can prolong adenoviral infections and worsen herpes simplex virus infections **(A:III)**
- Treat mild allergic conjunctivitis with an over-the-counter antihistamine/vasoconstrictor agent or second-generation topical histamine H₁-receptor antagonists. **(A:III)** If the condition is frequently recurrent or persistent, use mast-cell stabilizers **(A:I)**
- For contact lens-related keratoconjunctivitis, discontinue contact lens wear for 2 or more weeks **(A:III)**
- If corticosteroids are indicated, prescribe the minimal amount based on patient response and tolerance **(A:III)**
- If corticosteroids are used, perform baseline measurement of intraocular pressure **(A:III)**
- 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)**
- If corticosteroids are used, perform periodic measurement of intraocular pressure and pupillary dilation to evaluate for cataract and glaucoma **(A:III)**

Patient Education

- Counsel patients with contagious varieties to minimize or prevent spread of diseases in the community **(A:III)**
- Inform patients who may require repeat short-term therapy with topical corticosteroid of potential complications of corticosteroid use **(A:III)**
- Advise patients with allergic conjunctivitis that frequent clothes washing and bathing/showering before bedtime may be helpful **(B:III)**

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)