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 fornical 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)