Pediatric Red Eye

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Red Eye - Conjunctivitis

- Allergic
- Bacterial
- Viral
Allergic Conjunctivitis

- Itching and tearing
- History of atopy
  - Eczema
  - Asthma
  - Allergic conjunctivitis
- Treatment
Allergic Conjunctivitis

- Vernal Keratoconjunctivitis
  - Young males
  - Seasonal
    - “Vernal”
  - Giant Papillae
  - Horner-Trantas Dots
Vernal Keratoconjunctivitis

- Palpebral Vernal - GPC
Vernal Keratoconjunctivitis

- Limbal Vernal - Horner Trantas Dots
Vernal Keratoconjunctivitis

- Shield Ulcer
Vernal Keratoconjunctivitis

- Treatment
  - Systemic Allergy Evaluation
  - Topical histamine blockers
  - Artificial Tears
  - Steroids
Bacterial Conjunctivitis

- Purulent discharge
- History of Exposure
- Organisms
Bacterial Conjunctivitis

- Treatment
Viral Conjunctivitis

- Watery or purulent discharge
- Eyelid edema
- Highly contagious
- Pharyngeal conjunctival fever
- Adenovirus
Viral Conjunctivitis - EKC
Viral Conjunctivitis - EKC
Blepharoconjunctivitis

- Meibomian gland dysfunction
- Chalazion
- Blepharitis
- Phlyctenulosis
Blepharoconjunctivitis

- Eyelid margin disease
Blepharoconjunctivitis

- Scurf
Blepharoconjunctivitis

- Chalazion
Phlyctenule
Molluscum Contagiosum

- Eyelid lesion with umbilicated center
Molluscum contagiosum

Treatment - surgical!
HSV Conjunctivitis

- Conjunctivitis
HSV Keratitis

- Dendrite
HSV Keratitis-Sequelaes

- Treatment - systemic acyclovir
- Never use steroids!
Pediatric Eye Trauma

- Ruptured Globe
- Corneal Abrasion
Corneal abrasion

- Stain with flurescein
- Treat with antibiotics
- +/- patch
Neonatal conjunctivitis

- Conjunctivitis in first month of life
- Potentially sight and life-threatening
- Ophthalmologic Emergency
Neonatal Conjunctivitis

- HSV
- Chlamydia
- Gonorrhea
- D/Dx nasolacrimal obstruction
Neonatal Conjunctivitis

- Culture eye
- Maternal history
- Refer mother to GYN for workup
- HSV may be type I or type II
Nasolacrimal Obstruction

- 15% of population
- Obstruction in nose “valve of Hasner”
- 90% resolve by a year
Nasolacrimal Obstruction

Treatment

- Massage
- Antibiotic (erythromycin ointment)
- Neonatal probing
- Watchful waiting until 12 months then P&I
- Silicone stent
- Balloon dilatation
Non-accidental trauma

- Retinal hemorrhages
- Schisis Cavity
- Retinal Folds
Stevens Johnson Syndrome

- Systemic, life threatening immunologic reaction
- Red eye & oral lesions
  - Viral illness, esp HSV
  - Drugs
    - Sulfa
    - Seizure
Steroids

- Should be used with extreme caution in the pediatric red eye.
- Risks
  - Promoting Infection
  - Missing HSV
  - Corneal Scarring
  - Blindness
Antibiotics

- Floroquinolones
  - Very good Gram + and Gram - but do not cover MRSA
  - Polytrim
    - Covers MRSA
- Erythromycin
  - Does not cover H flu
- Sulfa
- Azosite
Practical Tips

- You must be able to see!
- Stain Every Red Eye
- Look for papillae or follicles
- Steroids should be used with caution!
- Refer if lasts longer than 7 days