TABLE 3 TYPICAL CLINICAL SIGNS OF CONJUNCTIVITIS

Type of Conjunctivitis	Clinical Signs
Allergic	
Seasonal	• Bilateral. Conjunctival injection, chemosis, watery discharge, mild mucous discharge.
Vernal	• Bilateral. Giant papillary hypertrophy of superior tarsal conjunctiva, bulbar conjunctival injection, conjunctival scarring, watery and mucoid discharge, limbal Trantas dots, limbal "papillae", corneal epithelial erosions, corneal neovascularization and scarring, corneal vernal plaque/shield ulcer.
Atopic	• Bilateral. Eczematoid blepharitis; eyelid thickening, scarring; lash loss; papillary hypertrophy of superior and inferior tarsal conjunctiva; conjunctival scarring; watery or mucoid discharge; boggy edema; corneal neovascularization, ulcers and scarring; punctate epithelial keratitis. Can be associated with keratoconus and/or subcapsular cataract.
Giant papillary conjunctivitis (GPC)	• Laterality associated with contact lens wear pattern. Papillary hypertrophy of superior tarsal conjunctiva, mucoid discharge. Papillae with white fibrotic centers can be seen in patients with long-standing disease. In severe cases: lid swelling, ptosis.
Mechanical/Irritative/Toxic	
Superior limbic keratoconjunctivitis (SLK)	• Bilateral superior bulbar injection, laxity, edema, and keratinization. Superior corneal and conjunctival punctate epitheliopathy, corneal filaments.
Contact-lens-related keratoconjunctivitis	• Ranges from mild to diffuse conjunctival injection, focal or diffuse corneal neovascularization, peripheral or circumferential corneal neovascularization, focal or diffuse superficial punctate keratopathy. Papillary hypertrophy of tarsal conjunctivitis is variable. May result from limbal stem cell deficiency.
Floppy eyelid syndrome	• Upper eyelid edema; upper eyelid easily everted, sometimes by simple elevation or lifting of lid; diffuse papillary reaction of superior tarsal conjunctiva; punctate epithelial keratopathy; pannus. Bilateral often asymmetric.
Giant fornix syndrome	• Enlarged superior fornix with coagulum of mucopurulent material, ptosis.
Pediculosis palpebrarum *(Phthirus pubis)*	• Unilateral or bilateral follicular conjunctivitis. Adult lice at the base of the eyelashes, nits (eggs) adherent to the eyelash shafts, blood-tinged debris on the eyelashes and eyelids.
Medication-induced keratoconjunctivitis	• Laterality based on drug use. Conjunctival injection, inferior fornix and bulbar conjunctival follicles. • Distinctive signs: contact dermatitis of eyelids with erythema, scaling in some cases.
Conjunctival chalasis	• Redundant conjunctival.
Viral	
Adenoviral	• Abrupt onset. Unilateral or bilateral (often sequentially bilateral). Varies in severity. Bulbar conjunctival injection, watery discharge, follicular reaction of inferior tarsal conjunctiva, chemosis, eyelid swelling, and erythema. • Distinctive signs: preauricular lymphadenopathy, petechial and subconjunctival hemorrhage, corneal epithelial defect, multifocal epithelial punctate keratitis evolving to anterior stromal keratitis, membrane/pseudomembrane formation, eyelid ecchymosis.
Herpes simplex virus (HSV)	• Unilateral. Bulbar conjunctival injection, watery discharge, mild follicular reaction of conjunctiva. May have palpable preauricular node. • Distinctive signs: vesicular rash or ulceration of eyelids, pleomorphic or dendritic epithelial keratitis of cornea or conjunctiva.
Varicella (herpes) zoster virus (VZV)	• Unilateral or bilateral. Bulbar conjunctival injection, watery discharge, mild follicular reaction of conjunctiva. May have palpable preauricular node. Typically punctate keratitis in primary disease; punctate or dendritic keratitis in recurrent disease. • Distinctive signs: vesicular rash or ulceration of eyelids, pleomorphic or dendritic epithelial keratitis of cornea or conjunctiva.
Molluscum contagiosum	• Typically unilateral, but can be bilateral. Mild to severe follicular reaction, punctate epithelial keratitis. May have corneal pannus, especially if longstanding. • Distinctive signs: single or multiple shiny, dome-shaped umbilicated lesion(s) of the eyelid skin or margin.

TABLE 3 TYPICAL CLINICAL SIGNS OF CONJUNCTIVITIS (CONTINUED)

Type of Conjunctivitis	Clinical Signs
Bacterial	
Nongonococcal	• Unilateral or bilateral. Bulbar conjunctival injection, purulent or mucopurulent discharge.
Gonococcal	• Unilateral or bilateral. Marked eyelid edema, marked bulbar conjunctival injection, marked purulent discharge, preauricular lymphadenopathy. • Important sign to detect: corneal infiltrate or ulcer, which often begins superiorly.
Chlamydial	
Neonate/Infant	• Unilateral or bilateral. Eyelid edema, bulbar conjunctival injection, discharge may be purulent or mucopurulent, no follicles.
Adult	• Unilateral or bilateral. Bulbar conjunctival injection, follicular reaction of tarsal conjunctiva, mucoid discharge, corneal pannus, punctate epithelial keratitis, preauricular lymphadenopathy. • Distinctive sign: bulbar conjunctival follicles.
Immune-mediated	
Ocular mucous membrane pemphigoid (OMMP)	• Bilateral. Bulbar conjunctival injection, papillary conjunctivitis, conjunctival subepithelial fibrosis and keratinization, conjunctival scarring beginning in the fornices, punctal stenosis and keratinization, progressive conjunctival shrinkage, symblepharon, entropion, trichiasis, corneal ulcers, neovascularization, and scarring.
Graft-versus-host disease (GVHD)	• Bilateral. Conjunctival injection, chemosis, pseudomembranous conjunctivitis, keratoconjunctivitis sicca, superior limbic keratoconjunctivitis, cicatricial eyelid disease, episcleritis, corneal epithelial sloughing, limbal stem cell failure, calcareous corneal degeneration; rare intraocular involvement.
Stevens-Johnson syndrome	• Unilateral or bilateral. Bulbar conjunctival injection, conjunctival subepithelial fibrosis and keratinization, conjunctival scarring, punctal stenosis and keratinization, progressive conjunctival shrinkage, symblepharon, entropion, trichiasis, corneal ulcers, neovascularization, and scarring.
Neoplastic	
Sebaceous carcinoma	• Unilateral. Intense bulbar conjunctival infection, conjunctival scarring. May have a mucopurulent discharge. Corneal epithelial invasion may occur. • Eyelids may exhibit a hard nodular, nonmobile mass of the tarsal plate with yellowish discoloration; may appear as a subconjunctival, multilobulated yellow mass, may resemble a chalazion.
Ocular surface squamous neoplasia	• Conjunctival hyperemia, papillomatous or sessile nodules.
Melanoma	• Unilateral. Pigmented or nonpigmented lesion. Sentinel vessel. Changing size or pigment to a lesion.

NOTE: Typical clinical signs may not be present in all cases. Distinctive signs are most useful in making a clinical diagnosis but may occur uncommonly. In all entities, laterality may vary and may be asymmetrical.