Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

Hyperacute
Acute/Hyperacute Conjunctivitis

**Bugs:**
1) S. pneumo: Specific bug #1
2) S. aureus: Less severe
3) H. flu: Ditto ditto
Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

Hyperacute

**Bugs:**
1. *S. pneumo*: #1
2. *S. aureus*: Less severe
3. *H. flu*
Acute/Hyperacute Conjunctivitis

Bugs:
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with
   --

Conjunctivitis

Acute

Hyperacute
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

**Acute**

**Hyperacute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

- **Acute**
- **Hyperacute**

**Bugs:**
1. *S. pneumo*: #1
2. *S. aureus*: Less severe
3. *H. flu*
   - Kids with **otitis media**
   - Adults with **two words** dz
Acute/Hyperacute Conjunctivitis

Bugs:
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --Adults with *chronic lung* dz
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

**Acute**

**Hyperacute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**

---

yes/no/maybe so
Acute/Hyperacute Conjunctivitis

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
--**No**, unless:
   1) 
   2) 
   3)
Acute/Hyperacute Conjunctivitis

Bugs:
1) **S. pneumo**: #1
2) **S. aureus**: Less severe
3) **H. flu**
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
--**No**, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**
Bugs:
1) **S. pneumo**: #1
2) **S. aureus**: Less severe
3) **H. flu**
   --Kids with **otitis media**
   --Adults with **chronic lung** dz

*Cultures/stains needed?*
-- **No**, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**

*Treatment:*
-- **drop** (has good **H. flu** coverage)
--
Acute/Hyperacute Conjunctivitis

**Bugs:**
1. *S. pneumo*: #1
2. *S. aureus*: Less severe
3. *H. flu*
   - Kids with [otitis media](https://en.wikipedia.org/wiki/Otitis_media)
   - Adults with [chronic lung dz](https://en.wikipedia.org/wiki/Chronic_lung_disease)

**Cultures/stains needed?**
-- **No**, unless:
   1. **debilitated**
   2. **immunocompromised**
   3. **unresponsive to treatment**

**Treatment:**
-- **Polytrim** (has good *H. flu* coverage)
Acute/Hyperacute Conjunctivitis

Bugs:
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --Adults with *chronic lung dz*

Cultures/stains needed?
--No, unless:
  1) *debilitated*
  2) *immunocompromised*
  3) *unresponsive to treatment*

Treatment:
--*Polytrim* (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
  (to prevent *dz/dz*)
Acute/Hyperacute Conjunctivitis

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
--**No**, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**

**Treatment:**
--**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent **otitis/pharyngitis**)
Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

Hyperacute

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
--**No**, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**

**Treatment:**
--**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent **otitis/pharyngitis**)
Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

Hyperacute

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --Adults with *chronic lung dz*

**Cultures/stains needed?**
--**No**, unless:
   1) *debilitated*
   2) *immunocompromised*
   3) *unresponsive to treatment*

**Treatment:**
--**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent *otitis/pharyngitis*)

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)
Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

Hyperacute

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung** dz

**Cultures/stains needed?**
--**No**, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**

**Treatment**:
--**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent **otitis/pharyngitis**)

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--**yes/no/maybe so**
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

**Acute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
--No, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**

**Treatment:**
--**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
(to prevent **otitis/pharyngitis**)

**Hyperacute**

**Bugs:**
1) *N. gonorrhoea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--Yes
Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

Hyperacute

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
-- **No**, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**

**Treatment:**
-- **Polytrim** (has good *H. flu* coverage)
-- Consider PO abx if *H. flu* in kids
   (to prevent **otitis/pharyngitis**)

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
-- **Yes**

**Treatment:**
-- **If no corneal involvement:**
   Inpt or Outpt? Med + route?
   --
Acute/Hyperacute Conjunctivitis

Conjunctivitis

**Acute**

**Hyperacute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --Adults with *chronic lung* dz

**Cultures/stains needed?**
--**No**, unless:
   1) debilitated
   2) immunocompromised
   3) unresponsive to treatment

**Treatment:**
--**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent *otitis/pharyngitis*)

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--**Yes**

**Treatment:**
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
   --
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

**Acute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --Adults with *chronic lung dz*

**Cultures/stains needed?**
--**No**, unless:
   1) *debilitated*
   2) *immunocompromised*
   3) *unresponsive to treatment*

**Treatment:**
--Polytrim (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent *otitis/pharyngitis*)

**Hyperacute**

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--**Yes**

**Treatment:**
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   Inpt or Outpt? Med + route?
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

**Acute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
--**No**, unless:
   1) **debilitated**
   2) **immunocompromised**
   3) **unresponsive to treatment**

**Treatment:**
--**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent **otitis/pharyngitis**)

**Hyperacute**

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--**Yes**

**Treatment:**
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   Inpatient, 1g Rocephin IV q12° x 3d
Acute/Hyperacute Conjunctivitis

Bugs:
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

Cultures/stains needed? --Yes

Treatment:
--If no corneal involvement:
  Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
  Inpatient, 1g Rocephin IV q12h x 3d

*But gonococcus is a venereal disease. How does it get in the eye?*

*Serious? Use your imagination.*

OK then, if we’re talking VD here, should we be concerned about other ‘love bugs’?

Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.

What implication does this have for managing GC conjunctivitis?

In addition to Rocephin for the GC, they should receive a dose of PO zithromycin.

Treatment:
--Polytrim (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
  (to prevent *otitis/pharyngitis*)
Acute/Hyperacute Conjunctivitis

But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.

Bugs:
1) *N. gonorrhoea*
2) *N. meningitidis* (much less common)

Cultures/stains needed?
--Yes

Treatment:
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   Inpatient, 1g Rocephin IV q12h x 3d

Treatment:
--Polytrim (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
 (to prevent otitis/pharyngitis)
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

- **Acute**
- **Hyperacute**

But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.

OK then, if we’re talking STDs here, should we be concerned about other ‘love bugs’?

---

**Bugs:**
1) *N. gonorrhoea*
2) *N. meningitidis* (much less common)

**Cultures/stains needed?**
--Yes

**Treatment:**
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   Inpatient, 1g Rocephin IV q12h x 3d

---

**Treatment:**
--Polytrim (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
   (to prevent otitis/pharyngitis)
Acute/Hyperacute Conjunctivitis

But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.

OK then, if we’re talking STDs here, should we be concerned about other ‘love bugs’? Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent infection.

Treatment:
--Polytrim (has good H. flu coverage)
--Consider PO abx if H. flu in kids
(to prevent otitis/pharyngitis)

Bugs:
1) N. gonorrhea
2) N. meningitidis (much less common)

Cultures/stains needed?
--Yes

Treatment:
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   Inpatient, 1g Rocephin IV q12h x 3d
Acute/Hyperacute Conjunctivitis

Bugs:
1) *N. gonorrhoea*
2) *N. meningitidis* (much less common)

Cultures/stains needed?
--Yes

Treatment:
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   Inpatient, 1g Rocephin IV q12o x 3d

*But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.*

*OK then, if we’re talking STDs here, should we be concerned about other ‘love bugs’? Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.

*Treatment:*
--Polytrim (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
(to prevent *otitis/pharyngitis*)
Acute/Hyperacute Conjunctivitis

**Acute**

*But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.*

*OK then, if we’re talking STDs here, should we be concerned about other ‘love bugs’? Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.*

*What implication does this have for managing GC conjunctivitis?*

**Hyperacute**

*But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.*

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--Yes

**Treatment:**
--If no corneal involvement:  
Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:  
Inpatient, 1g Rocephin IV q12º x 3d

**Polytrim** (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
(to prevent *otitis/pharyngitis*)
Acute/Hyperacute Conjunctivitis

But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.

OK then, if we’re talking STDs here, should we be concerned about other ‘love bugs’? Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.

What implication does this have for managing GC conjunctivitis? In addition to Rocephin for the GC, they should receive an empirical dose of PO zithromycin.

**But gonococcus is a venereal disease. How does it get in the eye? Seriously? Use your imagination.**

**OK then, if we’re talking STDs here, should we be concerned about other ‘love bugs’? Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.**

**What implication does this have for managing GC conjunctivitis? In addition to Rocephin for the GC, they should receive an empirical dose of PO zithromycin.**

**Treatment:**
- **Polytrim** (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids (to prevent *otitis/pharyngitis*)

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--Yes

**Treatment:**
--If no corneal involvement:
   - Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   - Inpatient, 1g Rocephin IV q12° x 3d
(plus azithromycin PO ‘just in case’)
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

**Acute**

**Hyperacute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --Adults with *chronic lung dz*

**Cultures/stains needed?**
--No, unless:
1) debilitated
2) immunocompromised
3) unresponsive to treatment

**Treatment:**
--Polytrim (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids (to prevent *otitis/pharyngitis*)

**In addition to antibiotics, what therapeutic maneuver should be performed?**

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--Yes

**Treatment:**
--If no corneal involvement:
   Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
   Inpatient, 1g Rocephin IV q12o x 3d
Acute/Hyperacute Conjunctivitis

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

**Cultures/stains needed?**
--No, unless:
   1) debilitated
   2) immunocompromised
   3) unresponsive to treatment

**Treatment:**
--Polytrim (has good *H. flu* coverage)
--Consider **PO abx** if *H. flu* in kids
  (to prevent **otitis/pharyngitis**)

---

**In addition to antibiotics, what therapeutic maneuver should be performed?**
Copious irrigation with normal saline to remove inflammatory debris, cells, and proteases from the ocular surface
Acute/Hyperacute Conjunctivitis

Bugs:
1) **S. pneumo**: #1
2) **S. aureus**: Less severe
3) **H. flu**
   --Kids with **otitis media**
   --Adults with **chronic lung dz**

Cultures/stains needed?
--No, unless:
   1) debilitated
   2) immunocompromised
   3) unresponsive to treatment

Treatment:
--**Polytrim** (has good **H. flu** coverage)
--Consider PO abx if **H. flu** in kids
  (to prevent **otitis/pharyngitis**)

---

When ulcerative keratitis develops in gonococcal conjunctivitis, where is the ulcer likely to be located?
Acute/Hyperacute Conjunctivitis

**Conjunctivitis**

**Acute**

**Bugs:**
1) *S. pneumo*: #1
2) *S. aureus*: Less severe
3) *H. flu*
   --Kids with *otitis media*
   --Adults with *chronic lung dz*

**Cultures/stains needed?**
--No, unless:
   1) debilitated
   2) immunocompromised
   3) unresponsive to treatment

**Treatment:**
--Polytrim (has good *H. flu* coverage)
--Consider PO abx if *H. flu* in kids
  (to prevent *otitis/pharyngitis*)

**Hyperacute**

**Bugs:**
1) *N. gonorrhea*
2) *N. menigitidis* (much less common)

**Cultures/stains needed?**
--Yes

**Treatment:**
--If no corneal involvement:
  Outpatient w/ 1g Rocephin IM x 1
--If with corneal involvement:
  Inpatient, 1g Rocephin IV q12° x 3d

When ulcerative keratitis develops in gonoccocal conjunctivitis, where is the ulcer likely to be located? In the corneal *periphery*—40% develop PUK