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 - Molluscum lesions of the eyelid (not conj)
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 - Toxic response to topical meds
 - Moraxella conjunctivitis
 - Epidemic keratoconjunctivitis (EKC)
 - Pharyngoconjunctival fever (PCF)

Α



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A single *Molluscum* lid lesion, and follicular conjunctivitis



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Molluscum contagiosum in HIV/AIDS

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EKC: Follicular conjunctivitis

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If a pt presents with chronic (>3 weeks) follicular conjunctivitis, consider these three causes, in this order:

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Preauricular lymphadenopathy in pt with epidemic keratoconjunctivitis



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What corneal finding is associated with trachoma?

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Trachoma: Herbert's pits


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Trachoma: Cicatricial entropion

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What process is that?

The constant irritation of the cornea by the inturned lashes of the entropic upper lid leads to its ulceration, scarring and ultimately opacification

Arlt's line and ... cicatricial entropion

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Trachoma: Cicatricial entropion/trichiasis with corneal opacification



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(Extensive molluscum testing.) EKC and PCF are adenoviral syndromes with brisk follicular responses. Chlamydia is the agent responsible for *trachoma* (serotypes A,B,C—*trachoma is as simple as ABC*) and *adult inclusion conjunctivitis* (serotypes D-K). Adult inclusion disease is sexually transmitted (*carr* you *think of a sex-related word that starts with D and ends with K?*), and patients should be asked about urogenital symptoms (concurrent GC is common). Parinaud's oculoglandular syndrome, secondary to *Bartonella* infection, is an exception to the 'bacteria don't cause follicles' rule. Ocular meds are notorious for producing a follicular conjunctivitis; atropine, dipivefrin, miotics and Viroptic are classic culprits. The zebra in the question is *Moraxella* conjunctivitis, aka *Axenfeld conjunctivitis* —another bacteria associated with follicles.

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How are trachoma and adult inclusion conjunctivitis treated?

C is *nella*)cular

other

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How are trachoma and adult inclusion conjunctivitis treated?

It's important to remember that, whereas trachoma is an ocular condition, adult inclusion conjunctivitis is a **systemic** disease, and must be treated as such. (That said, trachoma is often treated with both systemic *and* topical antibiotics.)

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What treatment regimens are used?

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What treatment regimens are used?

Azithromycin 1 gm PO x 1 dose is the most convenient. Regimens employing erythromycin, doxycycline or tetracycline are also used.

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What treatment regimens are used?

Azithromycin 1 gm PO x 1 dose is the most convenient. Regimens employing erythromycin, doxycycline or tetracycline are also used. In addition to the systemic abx, trachoma is treated with topical tetracycline.

other

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is

All are associated with it. Follicular conjunctivitis should make you think of 3 things: viruses, Chlamydia (which, as an obligate intracellular parasite, is very virus-like), and toxins. Bacteria generally cause a papillary, not follicular, response (two exceptions are discussed below). Eyelid molluscum lesions are a classic cause--any chronic follicular conjunctivitis should elicit a thorough search for molluscum lid lesions. Extensive molluscum disease is associated with HIV infection; consider testing.) EKC and PCF are adenoviral syndromes with brisk follicular responses. Chlamydia is the agent responsible for *trachoma* (serotypes A,B,C—trachoma is as simple as ABC) and adult inclusion conjunctivitis (serotypes D-K). Adult inclusion disease is sexually transmitted (can you

What must you consider if a child presents with adult inclusion conjunctivitis? pa

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 - Pharyngoconjunctival fever (PCF)



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Identify the classic causes of toxic (but not necessarily follicular!) keratoconjunctivitis: --Preservatives --Anesthetics --Aminoglycosides --? -? -? -?



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- --Preservatives
- --Anesthetics
- --Aminoglycosides
- --Cycloplegics (a class of med used in most clinic visits, and most surgeries)
- --?
- --?
- -- ?
- --?

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(a class of anti-infective)

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- --Cycloplegics
- --Antivirals
- --?

(a class of glaucoma med)

--?



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(another class of glaucoma med)



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(a class of med used adjunctively in some surgical procedures)

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- --Aminoglycosides
- --Cycloplegics
- --Antivirals
- --Miotics
- --α-agonists
- --Antineoplastic

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Anesthet Aminogh	Which preservative is most commonly implicated in toxic keratoconjunctivitis?	
Cyclople		
Antivirals		
Miotics		
α-agonis	ts	
Antineop	lastic	

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Anesthe Aminogl Cyclople Antiviral: Miotics	Which preservative is most commonly implicated in toxic keratoconjunctivitis? BAK
α-agonis	ats
Antineor	plastic

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--Anesthe --Aminogly BAK

- --Cyclople
- --Antivirals What does BAK stand for?
- --Miotics
- -- α -agonists
- --Antineoplastic

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--Anesthe Which preservative is most commonly implicated in toxic keratoconjunctivitis? --Aminogly BAK

- --Cyclople
- --Antivirals *What does* BAK *stand for?* --Miotics Benzalkonium (chloride)
- --α-agonists
- --Antineoplastic

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--Anesthetics

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Which topical anesthetic is most commonly implicated in toxic keratoconjunctivitis?

--Americano --Miotics

--α-agonists

--Antineoplastic

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--Anesthetics

minarduranidan

Which topical anesthetic is most commonly implicated in toxic keratoconjunctivitis? Proparacaine

--Miotics

--α-agonists

--Antineoplastic

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Identify the classic causes of toxic (but not necessarily follicular!) keratoconjunctivitis:

- --Preservatives
- --Anesthetics

--Aminoglycosides

Name three topical aminoglycosides notorious for inducing toxic keratoconjunctivitis:

--?

--?

--Antineoplastic

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Name three topical aminoglycosides notorious for inducing toxic keratoconjunctivitis:

- --Gentamycin
- --Neomycin
- --Tobramycin
- --Antineoplastic

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Identify the classic causes of toxic (but **not** necessarily follicular!) keratoconjunctivitis:

- --Preservatives
- --Anesthetics
- --Aminoglycosides

--Cycloplegics

- --Antivirals
- --Miotics
- -- α -agonists
- --Antineoplastic

Which cycloplegic is most likely to result in a toxic keratoconjunctivitis?

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--Cycloplegics

- --Antivirals
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- --α-agonists
- --Antineoplastic

Which cycloplegic is most likely to result in a toxic keratoconjunctivitis? **Atropine**

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- --Preservatives
- --Anesthetics
- --Aminoglycosides
- --Cycloplegics

Which topical antiviral is most commonly implicated in toxic keratoconjunctivitis?

--Miotics

--Antivirals

- $-\alpha$ -agonists
- --Antineoplast

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- --Cycloplegics
- --Antivirals

Which topical antiviral is most commonly implicated in toxic keratoconjunctivitis? Trifluorothymidine

--α-agonists

--Miotics

--Antineoplast

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What is the brand name for trifluorothymidine in the US?

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--Miotics

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- --Antivirals

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Which miotic glaucoma med is known to cause toxic keratoconjunctivitis?

--α-agonists

--Antineoplastic

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Which alpha-agonist is most commonly implicated in toxic keratoconjunctivitis?

--α-agonists

--Antineoplastic

patients site

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- --Antivirals
- --Miotics
- --α-agonists
- --Antineoplastic
 - patients site
 - common). I

Which alpha-agonist is most commonly implicated in toxic keratoconjunctivitis? Brimonidine

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Wait—what about apraclonidine? I thought it was more toxic. What's the deal?

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- --Miotics

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--Antineoplastic

Which alpha-agonist is most commonly implicated in toxic keratoconjunctivitis? **Brimonidine**

Wait—what about apraclonidine? I thought it was more toxic. What's the deal? palients sin It probably is, but as it is rarely used on a chronic basis, the overall incidence of common). H toxicity is lower

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- All of the following are associated with follicular conjunctivitis *except* (or are they **all** associated with it?):
 - Molluscum lesions of the eyelid (not conj)
 - Adult inclusion conjunctivitis
 - Trachoma
 - Parinaud's oculoglandular syndrome
 - Toxic response to topical meds
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 - Epidemic keratoconjunctivitis (EKC)
 - Pharyngoconjunctival fever (PCF)



All are associated with it. Follicular conjunctivitis should make you think of 3 things: viruses, *Chlamydia* (which, as an obligate intracellular parasite, is very virus-like), and *toxins*. Bacteria generally cause a

Identify the classic causes of toxic (but not necessarily follicular!) keratoconjunctivitis:

- --Preservatives
- --Anesthetics
- --Aminoglycosides
- --Cycloplegics
- --Antivirals
- --Miotics
- --α-agonists

--Antineoplastic

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