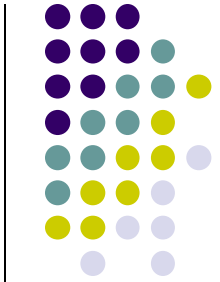
Q



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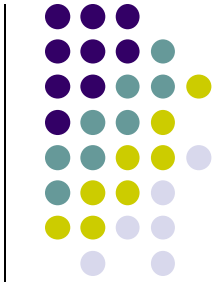

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 *All are associated with it!* 

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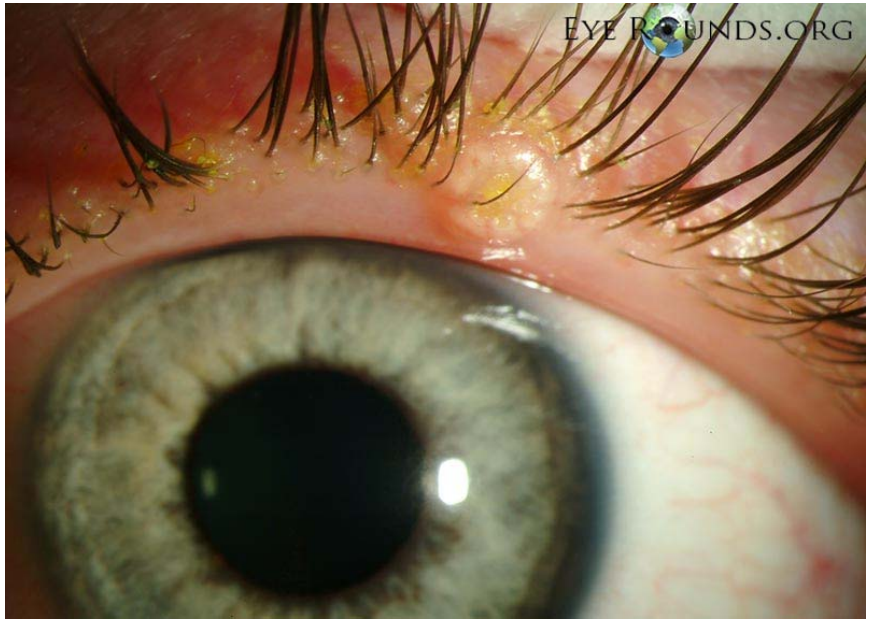

A single *Molluscum* lid lesion, and follicular conjunctivitis

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Molluscum contagiosum in HIV/AIDS

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EKC: Follicular conjunctivitis

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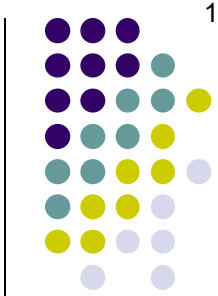

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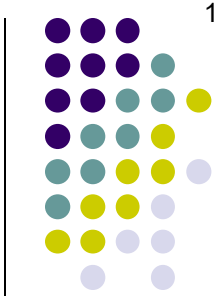

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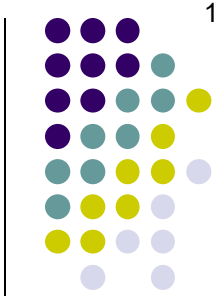

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If a pt presents with chronic (>3 weeks) follicular conjunctivitis, consider these three causes, in this order:

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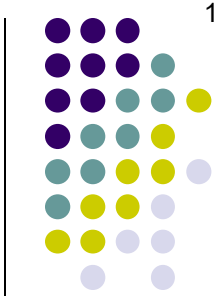

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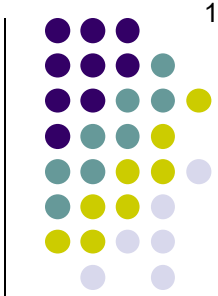

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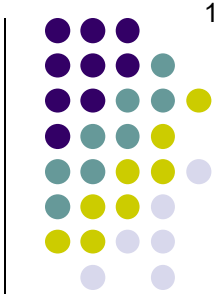

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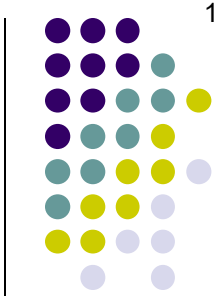

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2. Toxins—press the pt to recall any history of topical drop use. If no drops…
3. It's *Chlamydia* until proven otherwise.

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What non-ocular exam finding is common to all four of these as causes of conjunctivitis?

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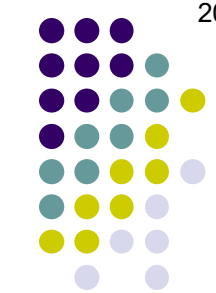

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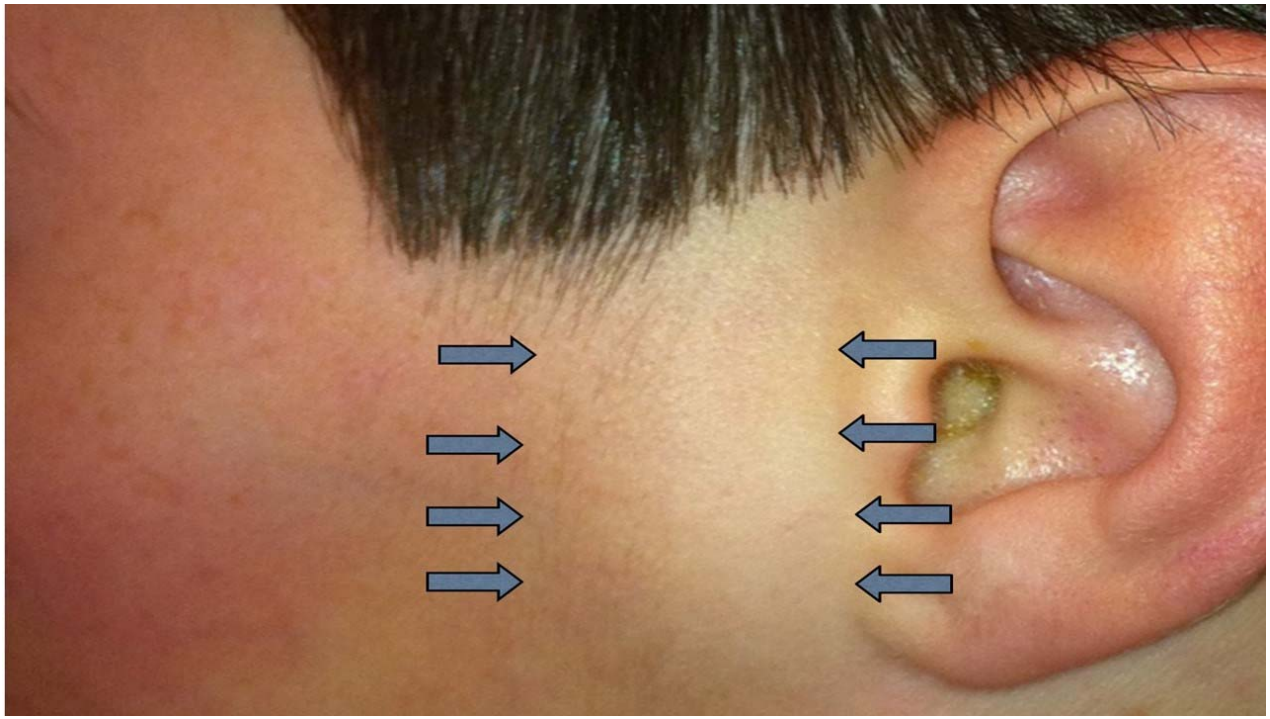
What non-ocular exam finding is common to all four of these as causes of conjunctivitis?
All are associated with **pre-auricular lymphadenopathy**



Preauricular lymphadenopathy in pt with epidemic keratoconjunctivitis

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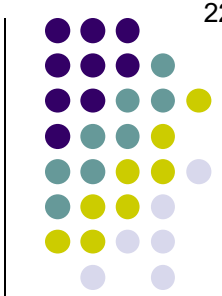

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Where does trachoma rank as a cause of blindness?

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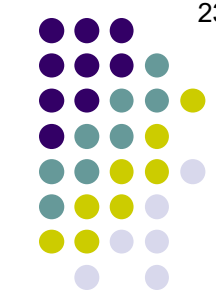

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Where does trachoma rank as a cause of blindness?
It is the **#1 cause** of preventable/infectious blindness worldwide

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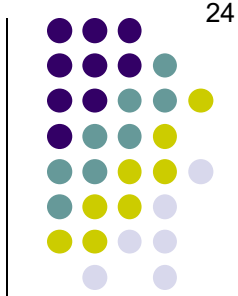

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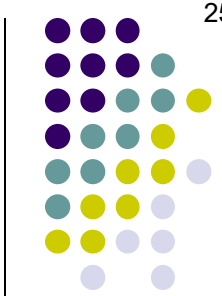

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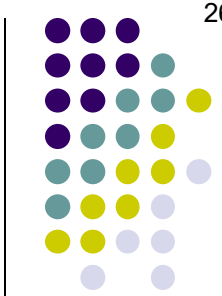

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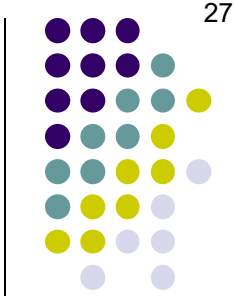

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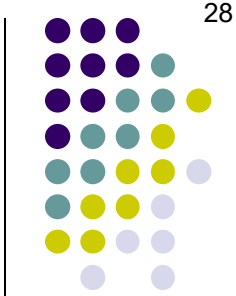

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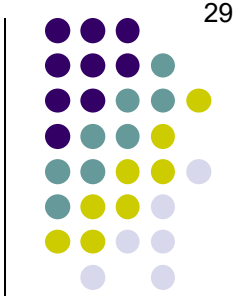

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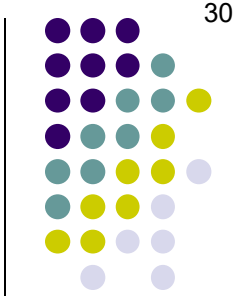

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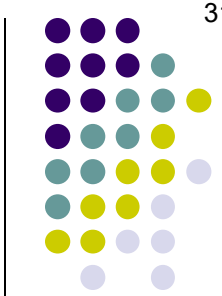

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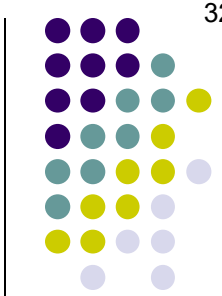

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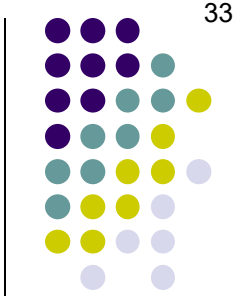

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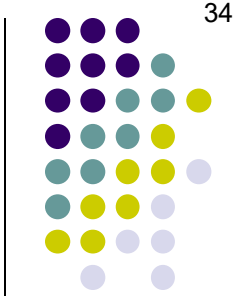

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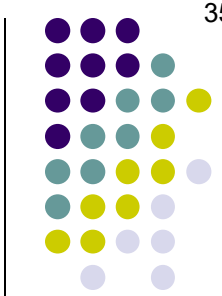

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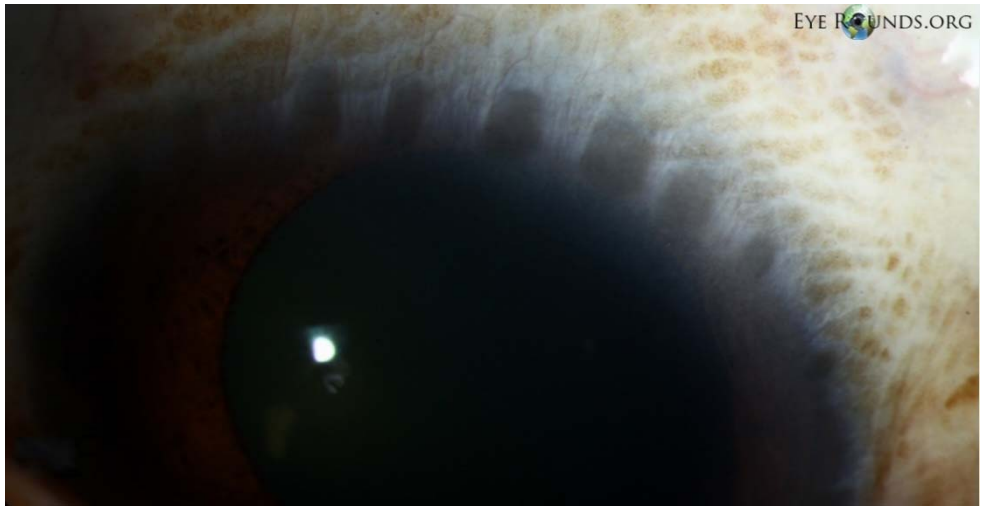

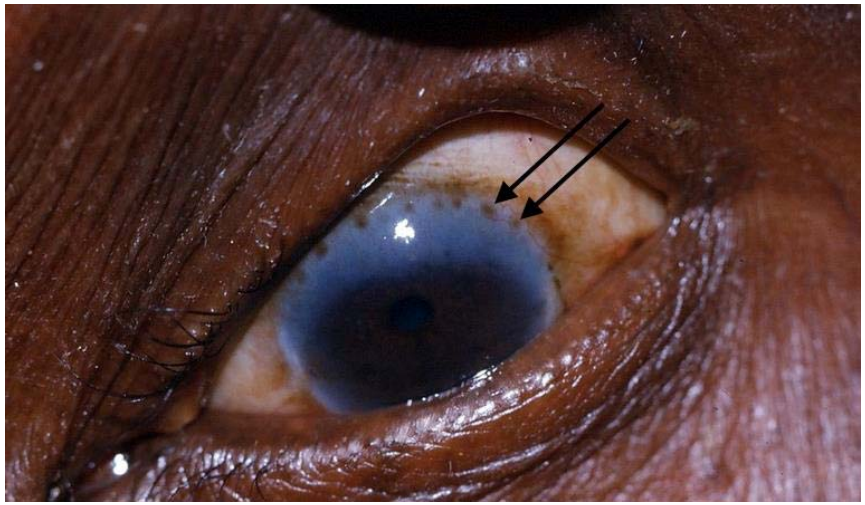

Trachoma: Herbert’s pits

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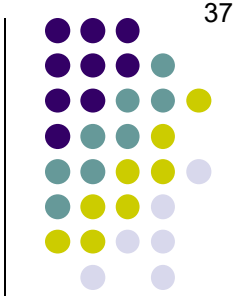

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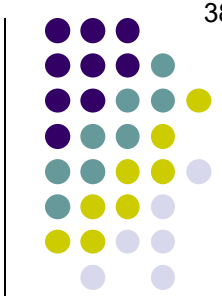

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Where does trachoma rank as a cause of blindness?
It is the **#1 cause** of preventable/infectious blindness worldwide

Patients from which three parts of the world are most likely to be affected?
The Middle East, South Asia, Africa

Which ethnic group in the US is most likely to be affected?
Native Americans

Does trachoma result from a single infectious episode?
No, recurrent infections are required

When upper-lid tarsal follicles scar, what eponymous exam finding results?
Arlt's line

In what two locations do trachoma pts develop follicles?
The **superior palpebral conj**, and the superior limbus

Trachoma: Arlt’s line

Q

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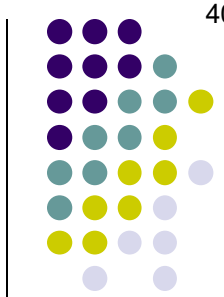

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Where does trachoma rank as a cause of blindness?
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What other, arguably more important exam finding results from scarring of the upper-lid follicles?

trachoma

exam finding results?
Arlt's line *and...?*

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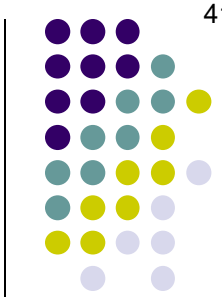

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Cicatricial entropion

exam finding results?
Arlt's line and...**cicatricial entropion**

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Trachoma: Cicatricial entropion

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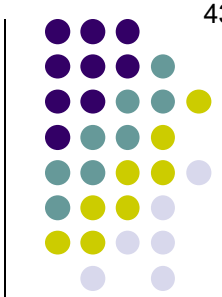

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What other, arguably more important exam finding results from scarring of the upper-lid follicles?
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Why is cicatricial entropion a more important finding that Arlt's line?

exam finding results?
Arlt's line and...cicatricial entropion

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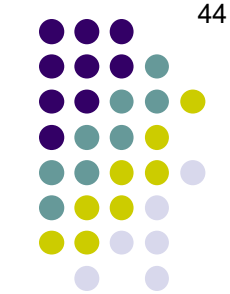

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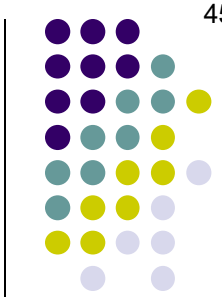

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exam finding results?
Arlt's line *and...cicatricial entropion*

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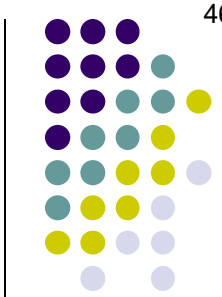

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What process is that?
The constant irritation of the cornea by the inturned lashes of the entropic upper lid leads to its ulceration, scarring and ultimately opacification

exam finding results?
Arlt's line and...**cicatricial entropion**

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Trachoma: Cicatricial entropion/trichiasis with corneal opacification

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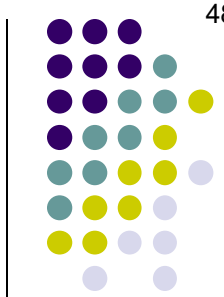

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How does the follicular reaction of trachoma differ from that of adult inclusion conjunctivitis?

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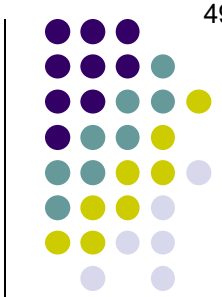

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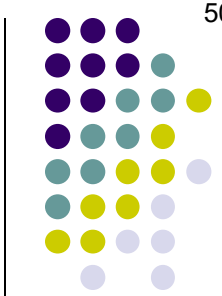

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How are trachoma and adult inclusion conjunctivitis treated?

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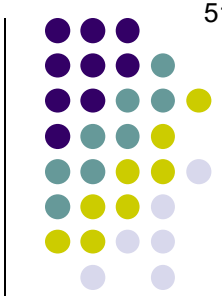

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How are trachoma and adult inclusion conjunctivitis treated?
It's important to remember that, whereas trachoma is an ocular condition, adult inclusion conjunctivitis is a **systemic** disease, and must be treated as such. (That said, trachoma is often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

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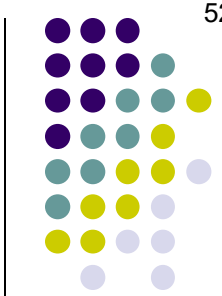

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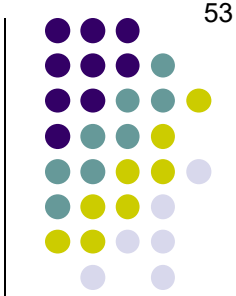

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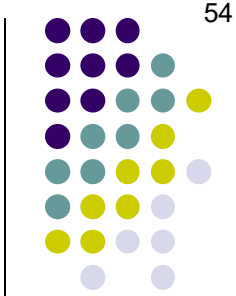

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Azithromycin 1 gm PO x 1 dose is the most convenient. Regimens employing erythromycin, doxycycline or tetracycline are also used. In addition to the systemic abx, trachoma is treated with topical tetracycline.

Q

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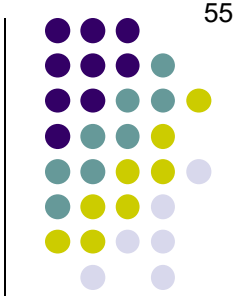

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What must you consider if a child presents with adult inclusion conjunctivitis?

pa 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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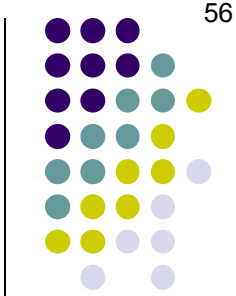

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What must you consider if a child presents with adult inclusion conjunctivitis?
That the child is a victim of sexual abuse

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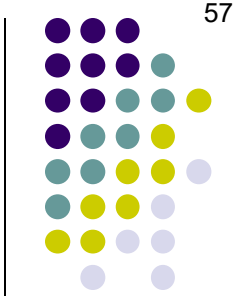

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Briefly, how would you describe Parinaud oculoglandular syndrome?

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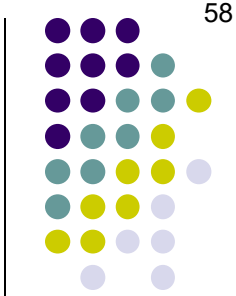

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Briefly, how would you describe Parinaud oculoglandular syndrome?
It is a [laterality] [NOT 'follicular'] conjunctivitis

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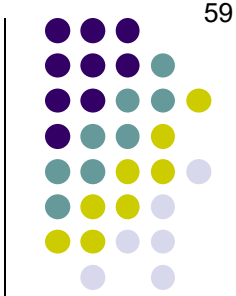

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Briefly, how would you describe Parinaud oculoglandular syndrome?
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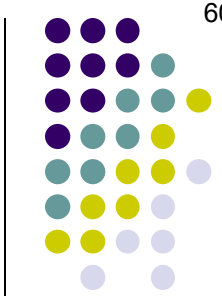

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Briefly, how would you describe Parinaud oculoglandular syndrome?
It is a unilateral granulomatous conjunctivitis associated with
nonocular finding

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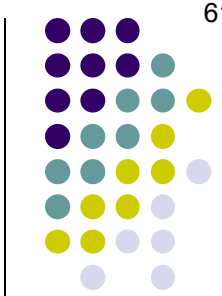

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Briefly, how would you describe Parinaud oculoglandular syndrome?
It is a unilateral granulomatous conjunctivitis associated with lymphadenopathy

Q/A

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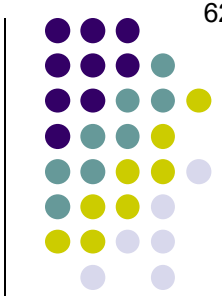

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Briefly, how would you describe Parinaud oculoglandular syndrome?
It is a unilateral granulomatous conjunctivitis associated with lymphadenopathy in the [redacted] and [redacted] regions

Q/A

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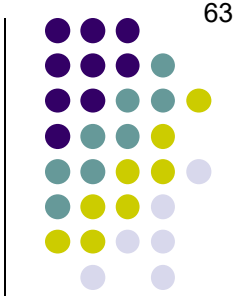

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Briefly, how would you describe Parinaud oculoglandular syndrome?
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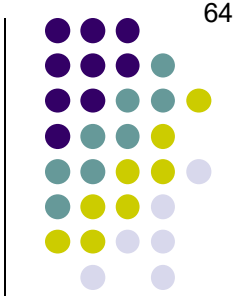

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Take note of this! The *BCSC* books describe the conjunctivitis in POS as granulomatous, *not* 'follicular.' (The POS entry on the Academy website *EyeWiki* calls POS a "granulomatous follicular conjunctivitis.")

Briefly, how would you describe Parinaud oculoglandular syndrome?
It is a unilateral **granulomatous conjunctivitis** associated with lymphadenopathy in the preauricular and submandibular regions

Q

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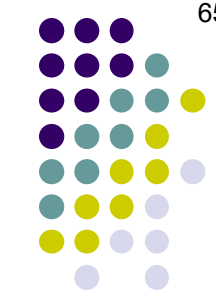

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A number of other bugs can cause Parinaud oculoglandular syndrome. Which four did I choose to list below?
--?
--?
--?
--?

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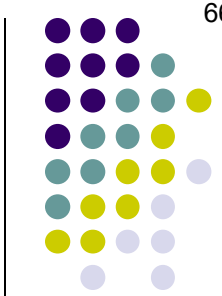

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--Syphilis
--TB
--*Chlamydia trachomatis*
--*Francisella tularensis*

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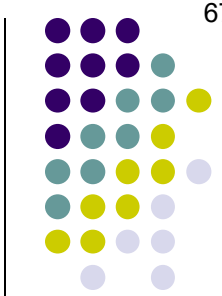

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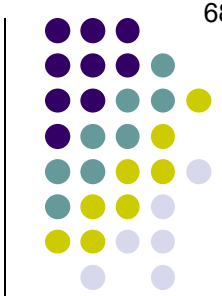

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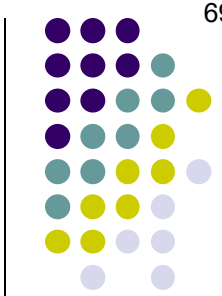

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F tularensis *is the causative organism for what disease?*
Tularemia

What history would clue you in that a pt might have tularemia?

--*Chlamydia trachomatis*
--***Francisella tularensis***

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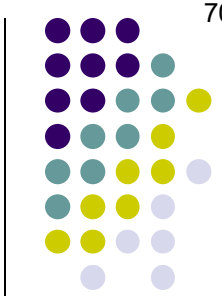

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Tularemia

What history would clue you in that a pt might have tularemia?
Direct contact with wild animals (eg, rabbits; raccoons)

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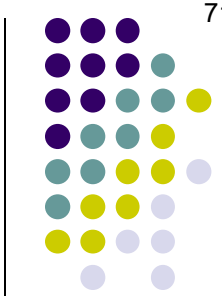

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Hints forthcoming…

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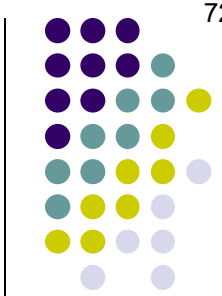

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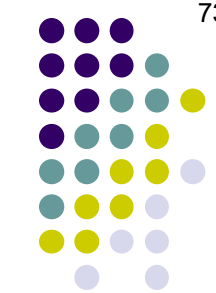

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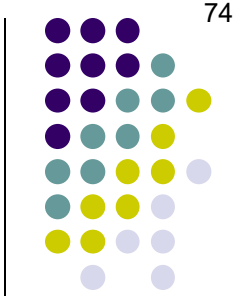

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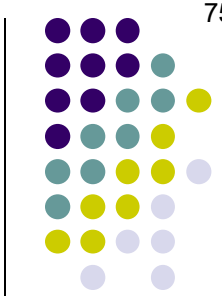

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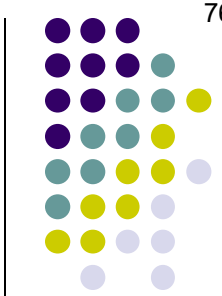

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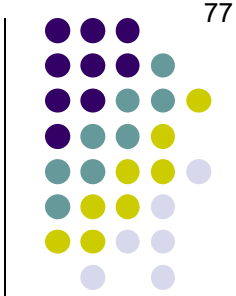

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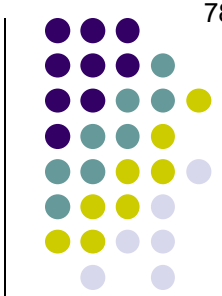

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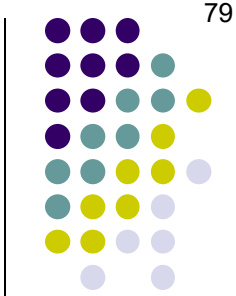

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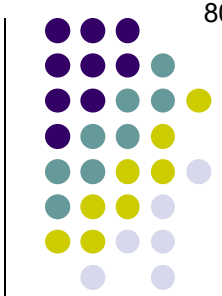

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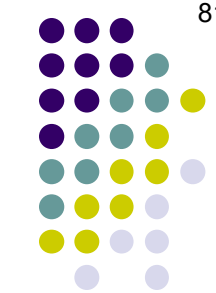

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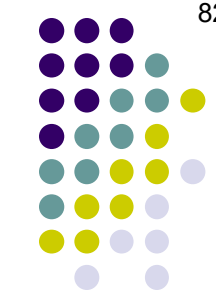

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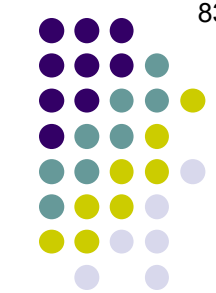

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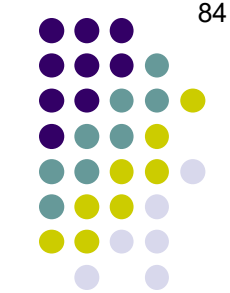

All are associated with it. Follicular conjunctivitis should make you think of 3 things: viruses, *Chlamydia* (which, as an obligate intracellular parasite, is very virus-like), and ***toxins***. Bacteria generally cause a

Identify the classic causes of toxic (but **not** *necessarily follicular!) keratoconjunctivitis:*
--Preservatives
--Anesthetics
--Aminoglycosides
--Cycloplegics
--Antivirals
--Miotics
--? (another class of glaucoma med)
--?

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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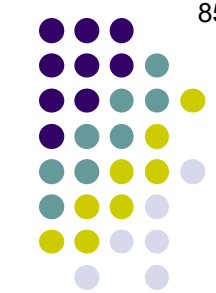

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--*?*

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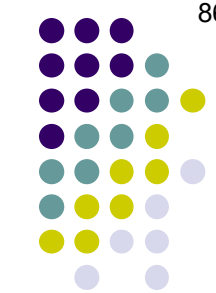

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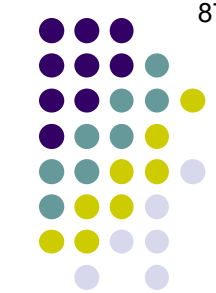

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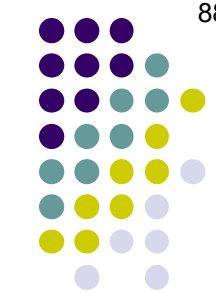

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Which preservative is most commonly implicated in toxic keratoconjunctivitis?

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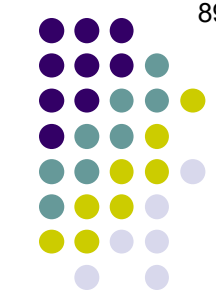

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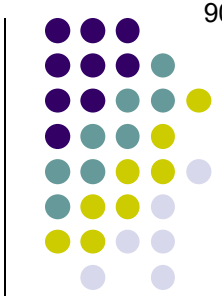

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What does BAK *stand for?*

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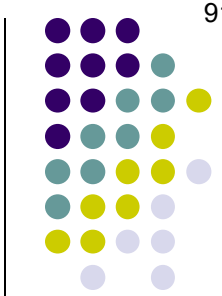

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Benzalkonium (chloride)

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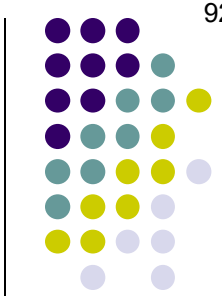

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--Preservatives
--Anesthetics
--A
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Which topical anesthetic is most commonly implicated in toxic keratoconjunctivitis?

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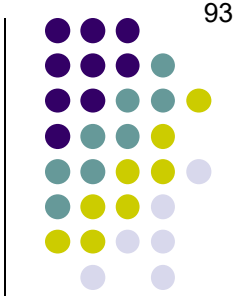

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Proparacaine

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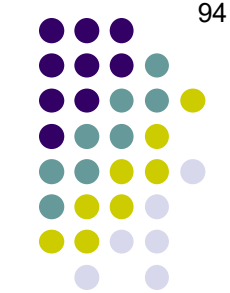

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--Preservatives
--Anesthetics
--Aminoglycosides

Name three topical aminoglycosides notorious for inducing toxic keratoconjunctivitis:
--?
--?
--?

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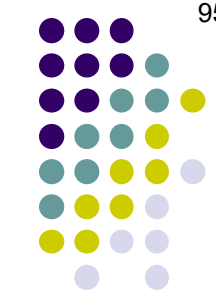

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--Neomycin
--Tobramycin

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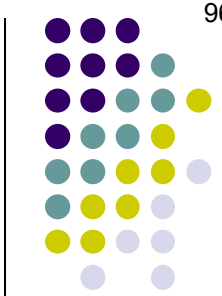

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--Antivirals
--Miotics
--α-agonists
--Antineoplastic

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

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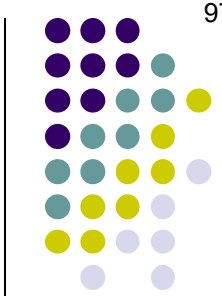

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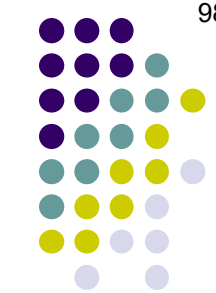

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Which topical antiviral is most commonly implicated in toxic keratoconjunctivitis?

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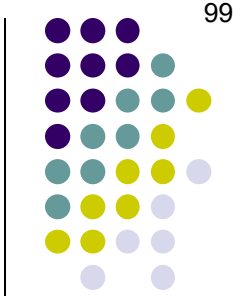

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*Identify the classic causes of toxic (but **not** necessarily follicular!) keratoconjunctivitis:*
--Preservatives
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--Aminoglycosides
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--Miotics
--α-agonists
--Antineoplast

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

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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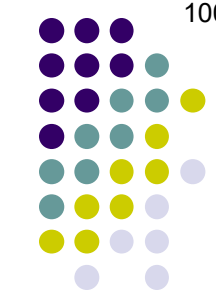

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What is the brand name for trifluorothymidine in the US?

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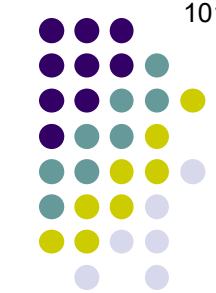

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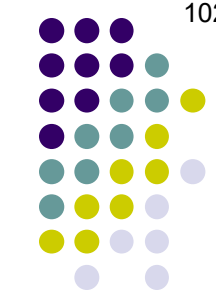

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Which miotic glaucoma med is known to cause toxic keratoconjunctivitis?

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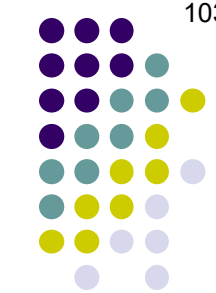

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Which miotic glaucoma med is known to cause toxic keratoconjunctivitis?
Pilocarpine

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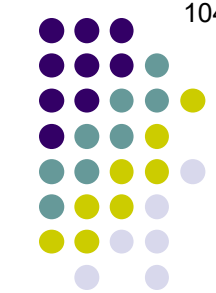

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Which alpha-agonist is most commonly implicated in toxic keratoconjunctivitis?

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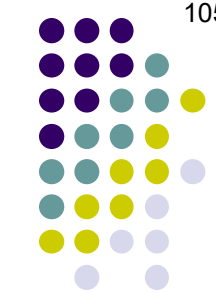

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Brimonidine

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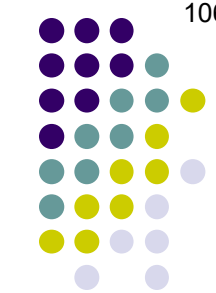

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Wait—what about apraclonidine? I thought it was more toxic. What's the deal?

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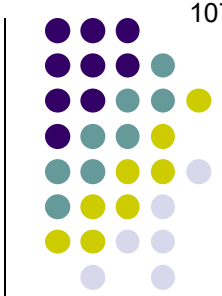

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It probably is, but as it is rarely used on a chronic basis, the overall incidence of toxicity is lower

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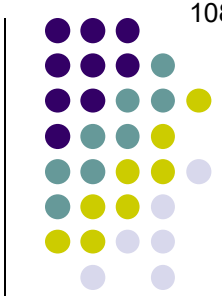

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Which antineoplastic is referred to here?

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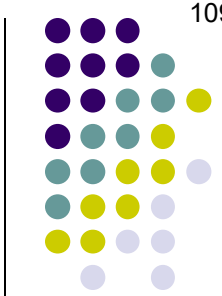

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Mitomycin C

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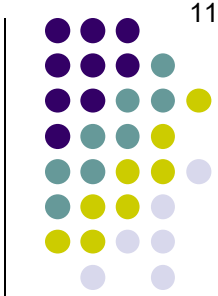

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Cyclopegics, miotics and alpha-agonists

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