TABLE 1 ASSOCIATED/PREDISPOSING FACTORS FOR CONJUNCTIVITIS

Type of Conjunctivitis	Associated/Predisposing Factors
Allergic	
Seasonal	• Environmental allergens
Vernal	• Hot, dry environments such as West Africa; parts of India, Mexico, Central, North, and South America; and the Mediterranean area • Environmental allergens for acute exacerbations
Atopic	• Genetic predisposition to atopy • Environmental allergens and irritants for acute exacerbations
Giant papillary conjunctivitis (GPC)	• Contact lens wear. (Risk factors include soft contact lenses, infrequent lens replacement, prolonged wearing time, poor lens hygiene, allergenic contact lens solutions, high water content or poor contact lenses fit.) Also occurs with irritation from exposed sutures and prostheses.
Mechanical/Irritative/Toxic	
Superior limbic keratoconjunctivitis (SLK)	• Frequently associated with dysthyroid states, female gender
Contact-lens-related keratoconjunctivitis	• Occurs in association with contact lens wear as reaction to mechanical irritation, chronic hypoxia, or preservatives
Floppy eyelid syndrome	• Obesity, sleep apnea, upper-eyelid laxity, upper-eyelid excursion over lower eyelid (eyelid imbrication)
Giant fornix syndrome	• Elderly women (8th to 10th decade), upper-eyelid ptosis with large superior fornix, which holds coagulum of mucopurulent material[12,13]
Pediculosis palpebrarum *(Phthirus pubis)*	• Typically sexually transmitted. May have associated pubic lice or other sexually transmitted diseases. In children, may be an indication of sexual abuse.
Medication-induced keratoconjunctivitis	• Glaucoma medications, antibiotics, antivirals, others; may be associated with preservatives in all eye medications. Most common with multiple eye medications and/or frequent dosing.
Conjunctival chalasis	• Previous eye surgery • Dry eye • Redundant conjunctivitis
Viral	
Adenoviral	• Exposure to infected individual (especially in school setting), recent ocular testing, concurrent upper respiratory infection
Herpes simplex virus (HSV)	• Prior infection with HSV: trigger for reactivation such as stress, other acute viral or febrile illnesses, ultraviolet exposure, or trauma • Primary HSV infection: exposure to infected individual
Varicella (herpes) zoster virus (VZV)	• Acute chicken pox, exposure to an individual with active chicken pox or recurrent VZV (shingles)
Molluscum contagiosum	• Predominantly older children and young adults. Immunocompromised state (e.g., human immunodeficiency virus) may predispose to multiple and/or large molluscum lesions
Bacterial	
Neonate	• Vaginal delivery by infected mother; inadequate prenatal care
Infant	• Nasolacrimal duct obstruction, concomitant bacterial otitis media or pharyngitis, exposure to infected individual
Child	• Contact with infected individual; concomitant bacterial otitis media, sinusitis, or pharyngitis; nasopharyngeal bacterial colonization; oculogenital spread with sexual abuse
Adult	• Contact with infected individual, oculogenital spread, infection or abnormality of adnexal structure, lid malposition, severe tear deficiency, immunosuppression, trauma

TABLE 1 ASSOCIATED/PREDISPOSING FACTORS FOR CONJUNCTIVITIS (CONTINUED)

Type of Conjunctivitis	Associated/Predisposing Factors
Immune-mediated	
Ocular mucous membrane pemphigoid (OMMP)	• Unknown (genetic predisposition may exist) • Topical drugs may produce OMMP-like disease, with spectrum of severity ranging from self-limited to progressive disease indistinguishable from OMMP. Associated drugs include pilocarpine and timolol. Cicatrizing conjunctivitis appearing similar to OMMP can be associated with other disorders including atopic disease and underlying neoplasms, such as paraneoplastic pemphigus and paraneoplastic lichen planus.[14,15]
Graft-versus-host disease (GVHD)	• Patients who have undergone allogeneic stem cell transplantation
Stevens-Johnson syndrome	• Unknown (genetic predisposition may exist) • Prior infection (e.g., HSV, mumps, mycoplasma pneumoniae) • Systemic medications (e.g., sulfonamides, barbiturates, or phenytoin) produce inflammation and cicatricial changes of the various mucous membranes of the body including the bulbar and palpebral conjunctiva
Neoplastic	
Sebaceous carcinoma	• Unknown (rarely follows radiation therapy)
Ocular surface squamous neoplasia	• Associated with human papillomavirus (HPV); associated with significant exposure to ultraviolet (UV) light; longstanding chronic inflammation may be associated[16]
Melanoma	• Associated with significant exposure to UV light; a history of systemic melanoma may exist; previous pigmented lesions such as primary acquired melanosis (PAM) or nevus of Ota