



## Rising Conjunctivitis: An Alarming Situation

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**Received:** August 09, 2023

**Published:** September 01, 2023

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Now-a-days, cases of conjunctivitis are rising very rapidly. It is also known as eye flu or pink eye.

Conjunctivitis is the inflammation and swelling of the conjunctival tissue, associated with engorgement of the blood vessels, ocular discharge, and pain. It is usually of two types: bacterial and viral conjunctivitis.

Viral conjunctivitis is most commonly caused by Adenovirus [1,2]. It is highly contagious due to the fact that the viral particles are able to survive for weeks on the dry surfaces. It spreads via respiratory or ocular secretions. The belongings of the infected person plays major source in infection within a family and it is very common for the whole family to get infected very rapidly. The clinical presentation may vary from mild to severe disease. The spectrum can include mild form like acute follicular conjunctivitis, pharyngoconjunctival fever (caused by adenovirus serovars 3, 4 and 7), to epidemic keratoconjunctivitis (caused by adenovirus serovars 8, 19 and 37), which is the most severe form. Another entity is acute hemorrhagic conjunctivitis (usually caused by Enterovirus and Coxsackievirus), which is usually seen in the tropical areas and present with rapid onset conjunctival haemorrhage and resolves within 1 - 2 weeks. Patient usually presents with foreign body sensation in the eyes, eyelid edema, watering of the eye, tender pre-auricular lymphadenopathy, conjunctival congestion, and keratitis.

Acute bacterial conjunctivitis is a common infection of the conjunctiva of the eye which is caused by the direct contact with

the infected secretions. Most common causative organisms are *Streptococcus pneumoniae*, *Staphylococcus aureus*, *Haemophilus influenzae*. Patient usually presents with acute onset redness, foreign body sensation, photophobia, burning and discharge of the involved eye. Involvement is either unilateral or bilateral. One of the characteristic symptom is matting of eyelashes in the morning i.e. eyelashes are stuck together and difficult to open. Vision of the patient is usually normal. Signs include eyelids edema, conjunctival injection/redness, and usually mucopurulent discharge. Lymphadenopathy is usually absent, except in severe gonococcal and meningococcal infection.

In these conditions, early diagnosis, proper home hygiene and management is very important. Maintaining proper ocular hygiene is very important to avoid spread of the infection. It is advised that the affected person:

1. Should avoid touching and rubbing his/her eyes
2. Should use clean cloth to clean the eyes
3. Should use se dark goggles
4. Should not share his/her belongings like handkerchief, towel, bed sheet etc. in the home
5. Regularly wash the hands with soap
6. Should wash the eyes with clean water
7. Should avoid going to crowded places
8. Should stop using contact lens (if you are user)
9. Should avoid swimming in pool or pond

10. Should not do self-medication
11. Should consult an Ophthalmologist as soon as you develop any of the clinical features as mentioned previously
12. Should not share eye drops also.

Prevention is better than cure.

### **Bibliography**

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