Common Eye Conditions
For CHO/ SN
RED EYE

Causes:

- Conjunctivitis - common, usually benign
- Corneal lesions - Sight threatening, include abrasions/ Foreign body/ Burns/ dry eye
- Acute Angle closure - Sight threatening
- Anterior Uveitis - Sight threatening
- Blepharitis/ blepharoconjunctivitis
- Episcleritis/ Scleritis
<table>
<thead>
<tr>
<th>Feature</th>
<th>Conjonctivitis</th>
<th>Subconjunctival haemorrhage</th>
<th>Keratitis</th>
<th>Iritis (anterior uveitis)</th>
<th>Acute angle closure glaucoma</th>
<th>Scieritis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conjunctival injection</strong></td>
<td>Diffuse, unilateral or bilateral</td>
<td>Unilateral, not truly injected but rather discrete confluent haemorrhagic change (generalised in severe cases)</td>
<td>Ciliary pattern,* unilateral</td>
<td>Ciliary pattern, unilateral</td>
<td>Ciliary pattern, unilateral</td>
<td>Localised, unilateral</td>
</tr>
<tr>
<td><strong>Cornea</strong></td>
<td>Clear</td>
<td>Clear</td>
<td>Hazy, localised opacity (infiltrate), epithelial defect (fluorescein positive)</td>
<td>May be hazy</td>
<td>Hazy, iris detail indistinct</td>
<td>Clear</td>
</tr>
<tr>
<td><strong>Pupil</strong></td>
<td>Unaffected</td>
<td>Unaffected</td>
<td>Unaffected (unless secondary uveitis present)</td>
<td>Constricted, poor light response, may be distorted</td>
<td>Fixed, mid-dilated</td>
<td>Unaffected (unless secondary uveitis present)</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Generally unaffected</td>
<td>Unaffected</td>
<td>Moderately to severely reduced</td>
<td>Mildly to moderately reduced.</td>
<td>Severely reduced, blurred, possible coloured halos around lights</td>
<td>May be reduced</td>
</tr>
<tr>
<td><strong>Discharge</strong></td>
<td>Yes; purulent more likely with bacterial, watery more likely with viral</td>
<td>Minimal (watery)</td>
<td>Yes; usually watery</td>
<td>Minimal (watery)</td>
<td>Minimal (watery)</td>
<td>Minimal (watery)</td>
</tr>
<tr>
<td><strong>Ocular pain</strong></td>
<td>Yes; gritty or stabbing pain</td>
<td>Generally none</td>
<td>Yes; usually severe</td>
<td>Yes; moderate to severe</td>
<td>Yes; usually severe (with vomiting and headache), globe tender and hard if palpated</td>
<td>Moderate to severe (described as deep pain), localised significant tenderness</td>
</tr>
<tr>
<td><strong>Photophobia</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
</tbody>
</table>
CONJUNCTIVITIS

Common Types of conjunctivitis:

1. Viral
2. Bacterial
3. Allergic
1. Diffuse hyperemia,
2. Occasional gritty discomfort with mild itching,
3. Watery to serous discharge,
4. Photophobia (uncommon),
5. Severe cases may cause subepithelial corneal opacities and pseudomembranes.

VIRAL KERATOCONJUNCTIVITIS
BACTERIAL CONJUNCTIVITIS

Redness, discharge, matting of eyelashes, grittiness, foreign body sensation.

Treatment:
Topical Antibiotics
ALLERGIC CONJUNCTIVITIS

Treatment

• Topical anti-histamines and
• Mast cell stabilizers
• Olopatadine eye drops
CORNEAL ABRASIONS / FOREIGN BODY

Treatment

• Suspect, Search and Remove foreign bodies

• cycloplegics (atropine 1%, homatropine 2%, and tropicamide 1%), 2. pain control (topical nonsteroidal anti-inflammatory drugs [NSAIDs] or oral analgesics).

• The need of topical antibiotics for uncomplicated abrasions is unproven.
COMMON CORNEAL PROBLEMS:
FUNGAL CORNEAL ULCER
COMMON CORNEAL PROBLEMS: BACTERIAL CORNEAL ULCER

Mucopurulent discharge, painful, progresses fast
COMMON CORNEAL PROBLEMS: HERPETIC CORNEAL ULCER

- Very Painful, may frequently recur
- Can be treated with Topical/ Oral Antivirals
COMMON CORNEAL PROBLEMS: ACANTHAMOEBA CORNEAL ULCER

- Rare
- Very painful
- Treated with Special medications like PHMB or chlorhexidine
- Usually need Keratoplasty after the infection heals
COMMON CORNEAL PROBLEMS: IMPENDING PERFORATION

• Will need keratoplasty
• To start on topical Antibiotics and refer immediately
COMMON CORNEAL PROBLEMS: ADENOVIRAL SPKS

- Usually present with defective vision
- May resolve spontaneously
CONJUNCTIVAL DEGENERATIONS

Pinguecula

- Innocuous, usually bilateral, asymptomatic condition. Presents as yellowish–white deposits near the limbus.
PTERYGIUM

Triangular, fibrovascular, sub-epithelial ingrowth of degenerative bulbar conjunctival tissue over the limbus onto the cornea.
Sub Conjunctival Haemorrhage

- Treat the underlying cause
- Rule out systemic disorders like Hypertension, Bleeding disorders etc
- Reassurance, if spontaneous
EPISCLERITIS

**Treatment:**

1. Lubricants in mild cases
2. Topical/ Oral NSAIDs
3. Topical Steroids
SCLERITIS

1. Identify systemic causes, if any
2. Treatment is Topical/ Systemic Steroids (under the cover of Antimicrobials if indicated)
WHEN TO REFER

- Severe pain
- The patient has vision loss,
- There is copious purulent discharge,
- Corneal involvement,
- Traumatic eye injury,
- Red eye following recent ocular surgery (infection),
- Distorted pupil,
- For recurrent infections.
EYE INJURIES
PREVENTION OF BLINDNESS FROM EYE INJURIES REQUIRES:

- injury prevention (health promotion including advocacy),
- early presentation by the patient (health promotion and health worker training),
- accurate assessment (good primary eye care and first aid),
- prompt referral of serious injuries requiring specialist management.
OCULAR INJURIES TYPES

- Foreign body (Penetrating injuries)
- Perforating injury
- Globe Rupture
- Traumatic cataract (blunt injuries)
- Sports - Superficial injuries
- Thermal accidents
- Blow out fractures
OPEN GLOBE INJURY

1. Instill Antibiotic eye drops

2. Do not place any pressure points of the protective eye shield onto the eye itself, but place the pressure points instead onto the bones surrounding the eye.

3. Give tetanus toxoid injection

4. As pain, agitation, uncontrolled hypertension, and Valsalva maneuvers can elevate IOP appropriate analgesic, antiemetic and sedative therapy should be provided before referral.

5. Put a protective eye shield over the affected eye for eye protection during transportation
RETAINED FOREIGN BODY

Do not attempt to remove intraocular foreign bodies except those on the conjunctival or corneal surface. Transport the patient to the appropriate facility after providing the first aid as done in the open globe injury.
TRAUMATIC HYphaema

- Avoid giving NSAIDs
- Cycloplegic medications for pain relief
- Steroids Topically/Orally may be given by an Ophthalmologist
CHEMICAL INJURIES

ORGANIC SOLVENTS

ACID

ALKALI
ALKALINE CHEMICAL INJURY (CHUNA)
IMMEDIATE MANAGEMENT

- Immediate and copious irrigation as soon as possible
- Normal saline/ Ringers lactate or distilled water /clean tap water
- Irrigation can be done through intravenous (IV) cannula or nasal cannula tubing into the affected eye.
- Complete removal of chemicals from all the surface should be tried
1. Instillation of 1% cyclopentolate (to relieve the discomfort of ciliary spasm).

2. Usually patients recover within 24-48 hours without complications.

3. Eyes may be patched for some time for symptomatic relief.
LID LACERATION

1. Assess injuries to the globe (eye ball)
2. Look for canalicular damage
3. Injection of Tetanus toxoid
4. Oral Antibiotics
5. Rabies prophylaxis if indicated
Table: Common causes of gradual loss of vision:

<table>
<thead>
<tr>
<th>Reversible causes</th>
<th>Irreversible causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractive error/s</td>
<td>Optic atrophy</td>
</tr>
<tr>
<td>Cataract</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>Corneal blindness</td>
<td>Age related macular degeneration (ARMD)</td>
</tr>
<tr>
<td>Diabetic macular edema</td>
<td>Retinitis pigmentosa</td>
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</table>
REFRACTIVE ERROR

- Prescribe appropriate glasses or contact lens
CATARACT

1. Surgical extraction with IOL implantation.
2. Refer to an ophthalmologist when a cataract causes functional impairment.
3. Before referral get the workup done for surgical fitness
Hordeolum:

- Hot fomentation & topical antibiotics.
- Rarely I & D might be required.
CHALAZION

1. Collection in the meibomian glands due to blockage
2. Painless unless very large or infected
3. Incision and curettage
BLEPHARITIS

Inflammation of the eyelid margin.

Cause:

• Staphylococcus bacteria
• Poor hygiene
• Uncorrected refractive errors
• Diabetes

Lid Hygiene
In ulcerative blepharitis antibiotic ointment
Oral Doxycycline 100 Mg OD may be used in posterior blepharitis
**MALPOSITION**

**Ectropion** - Rolling out of margin of eyelid  
**Cause:** old age, paralysis of orbicularis, chemical burns, Congenital

**Entropion** - Rolling in of lid margin with its lashes  
**Cause:** old age, paralysis of orbicularis, chemical burns, congenital

**Ptosis** - Drooping of upper eyelid  
**Cause:** Myathenia gravis, congenital, Lambert eaton Myathenia syndrome

**Lagophthalmos** – Incomplete closure of the eyelid  
**Cause:** Injury related cicatrization, Bell’s palsy, tumors
DACRYOCYSTITIS

Acute cases managed medically till the inflammation subsides, then surgical intervention done

Chronic cases (without inflammation)
Managed with surgeries like Dacryocystorhinostomy (DCR)

In Congenital Naso lacrimal duct obstruction, probing may be needed under General anaesthesia in unresolving cases
Thank You