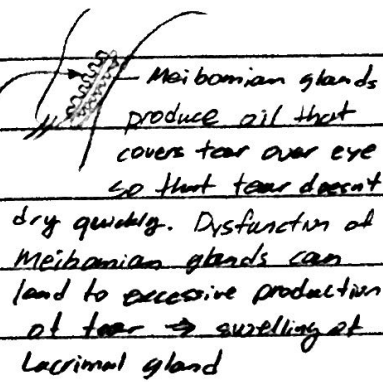


Eye disorder * Most important part is to recognize → treat → refer to specialist

1. Blepharitis

- inflammation around eye lid margins → by staphylococcal infection at the base of eye lashes ⇒ dysfunction of Meibomian glands



- Associated w/ seborrheic dermatitis or eczema
- s/s: irritation, burning, itching, scales, redness
- Chronic condition ⇒ conjunctivitis, cellulitis, Keratitis
- Tx: lid scrubs 1 or 2x/day w/ baby shampoo, erythromycin cream

- Can be caused by pubic lice (rarely from body/head lice)

Teens: transmitted by sexual activity

Children: from parents

→ consider child abuse

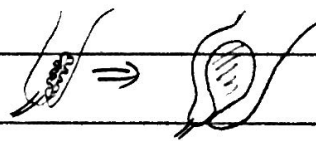
o PE findings: reddish brown crust (not white/clean)

→ feces of lice

• Tx: petroleum jelly 14 days (nits hatch 10-12 days), wash clothes in high temp.

2. Chalazion

- Chronic internal granulomatous of Meibomian gland
- ⇒ by obstruction of Meibomian gland
- Acute onset, away from lid margin, red/swollen, no pain



- Tx: conservative tx w/ warm compress, takes weeks * If not cured → I+D to months, abx doesn't help

may consider carcinoma

3. Hordeolum (Stye)

- abscess of lid margin ⇒ by staphylococcal infection. acute & painful, redness, swelling
- Tx: warm compress, topical abx

4. Conjunctivitis

- Bacterial, viral, allergic, toxic, contact lens related

① Bacterial "pink eye"

⇒ by direct contact w/ infected person
spread from nose / sinus infection

S&S: * purulent discharge, reddened conjunctiva,
lid swelling, unilateral then spread

Tx: Abx can shorten heal time (QID for 5-7 days)

Eti: Toxic eye make ups, discard / do not use
contact lens, no outside contact for 24 hr
or until clinical improvement (↓ redness or
↓ discharge)

* Gonococcal conjunctivitis - can affect cornea * hyper purulent discharge
→ send to ER

② Viral conjunctivitis

⇒ by Adeno virus (URI), Herpes simplex virus,
Herpes zoster, Molluscum contagiosum

S&S: light sensitivity, irritation, swollen lids,
foreign object sensation

PE: conjunctival hyperemia, watery/mucous
drainage (not purulent), preauricular lymph
node tenderness. ⊕ URI signs

→ red throat, nasal discharge,
infection

Dx test: POC adenovirus test (expensive) → thus, clinical diagnosis

Tx: Abx not effective, self limiting in few weeks * highly contagious → no school
* HSV - spread by infected person no work!!!

S&S - Skin vesicles, corneal infection w/ dendrite → Refer to ER!!!

③ Allergic conjunctivitis

- due to environmental allergen (pollen, grass, trees...)
 - seasonal occurrence affecting eyes, UR allergic symptoms (rhinitis)
 - S&S: *itching, diffuse/milky conjunctival hyperemia, swollen conjunctiva, tearing, mostly bilateral, *bumps on conjunctiva
 - Tx: symptomatic tx, do not scratch (can \Rightarrow corneal abrasion), cool artificial tears, anti-allergy eye drops
- * systemic antihistamine doesn't work

④ Toxic conjunctivitis

- \Rightarrow by over dose of topical eye meds (Visine)
 - S&S: clear/watery discharge, red conjunctiva
 - Dx by history
 - Tx: stop abx drops
- * Abx drops most common using more than necessary or use for viral infx

⑤ Contact lens conjunctivitis

- Acute: dirty/old lens \rightarrow irritated cornea
- Chronic: Allergy to lens or solution

5. Traumatic injury

① Eyelid laceration - Send to ER w/ gauze on

② Subconjunctival hemorrhage

- Blood vessel rupture under conjunctiva
- \Rightarrow by trauma, sudden \uparrow pressure (cough, straining)
- Tx: self-limiting, a few weeks
- Severe case \rightarrow check vision \rightarrow send ER

③ Corneal abrasion

- Only epithelium of cornea
- S&S: light sensitivity, tearing, foreign body sense, trouble opening eye
- Dx: Fluorescein staining, refer to ophthalmologist
- Tx: Quick heal, topical abx, pain med

④ Foreign bodies - Refer to ER

⑤ Hyphema

- trapped blood between iris & cornea
- => by blunt / penetrating trauma
- patch eye -> send to ER

⑥ Ruptured globe - require surgery

⑦ Chemical injuries

- pH / volume / duration = severity
- Alkaline is worse than acidic
 - ↳ battery (H_2SO_4), Bleach ($NaOCl$), vinegar (CH_3COOH)
 - ↳ NH_3 , drain cleaner (lye), cement (lime), plaster mortar (Ca), airbags/fireworks ($Mg(OH)_2$)
- Tx: Irrigate w/ copious water (no eye wash) -> ER
- Acidic - large conjunctival & corneal abrasion, corneal haze * Good prognosis for full recovery
- Alkaline - large epithelial / corneal damage * poor prognosis

6. Periorbital / orbital cellulitis

- => by infection (sinus intx, dental abscess, skin disruption)

↳ staph, group A strep, strep pneumo

periorbital	doesn't look sick	minimal pain, fever, redness, lid edema	tx Amoxicillin, ceftriaxone, vancomycin
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Orbital	looks sick	* pain w/ eye movement, fever, redness swelling, ↓ vision,	to ER, need IV abx
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=> by ethmoid sinusitis (staph, H. Flu)

- complication -> meningitis

7. Cataracts

- ↑ opacity of lens, age related, excessive sunlight, DM, meds (corticosteroids), radiation exposure, electrical injury

• Dx test: slit lamp exam, Glare test

→ Test vision w/ light shining to pupil

• Tx: surgery → refer to ophthalmologist