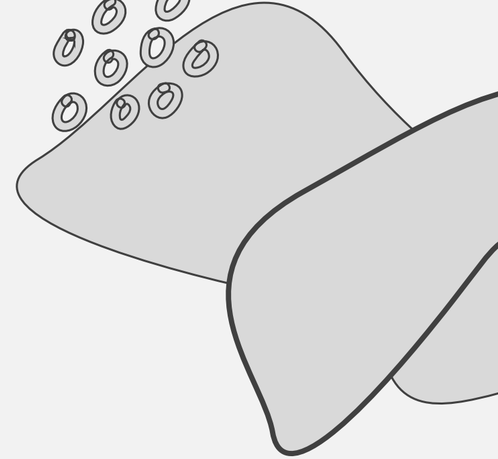
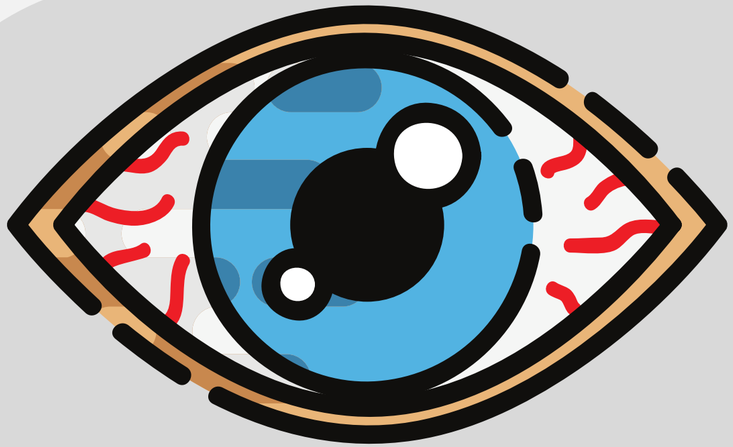
Common Eye Conditions
For CHO/ SN

RED EYE



Causes:

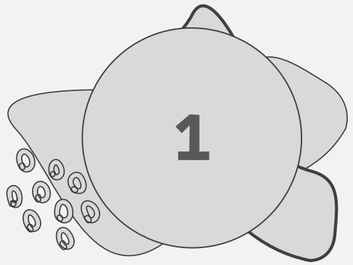
- Conjunctivitis- common, usually benign
- Corneal lesions- Sight threatening, include abrasions/ Foreign body/ Burns/ dry eye
- Acute Angle closure-Sight threatening
- Anterior Uveitis- Sight threatening
- Blepharitis/ blepharoconjunctivitis
- Episcleritis/ Scleritis



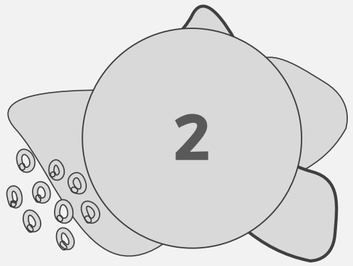
Cause of red eye						
Feature	**Conjunctivitis**	**Subconjunctival haemorrhage**	**Keratitis**	**Iritis (anterior uveitis)**	**Acute angle closure glaucoma**	**Scleritis**
Conjunctival injection	Diffuse, unilateral or bilateral	Unilateral, not truly injected but rather discrete confluent haemorrhagic change (generalised in severe cases)	Ciliary pattern,* unilateral	Ciliary pattern, unilateral	Ciliary pattern, unilateral	Localised, unilateral
Cornea	Clear	Clear	Hazy, localised opacity (infiltrate), epithelial defect (fluorescein positive)	May be hazy	Hazy, iris detail indistinct	Clear
Pupil	Unaffected	Unaffected	Unaffected (unless secondary uveitis present)	Constricted, poor light response, may be distorted	Fixed, mid-dilated	Unaffected (unless secondary uveitis present)
Vision	Generally unaffected	Unaffected	Moderately to severely reduced	Mildly to moderately reduced.	Severely reduced, blurred, possible coloured halos around lights	May be reduced
Discharge	Yes; purulent more likely with bacterial, watery more likely with viral	Minimal (watery)	Yes; usually watery	Minimal (watery)	Minimal (watery)	Minimal (watery)
Ocular pain	Yes; gritty or stabbing pain	Generally none	Yes; usually severe	Yes; moderate to severe	Yes; usually severe (with vomiting and headache), globe tender and hard if palpated	Moderate to severe (described as deep pain), localised significant tenderness
Photophobia	No	No	Yes	Yes	Sometimes	Sometimes

CONJUNCTIVITIS

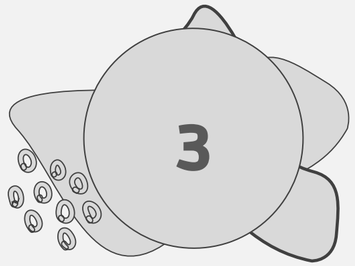
Common Types of conjunctivitis:



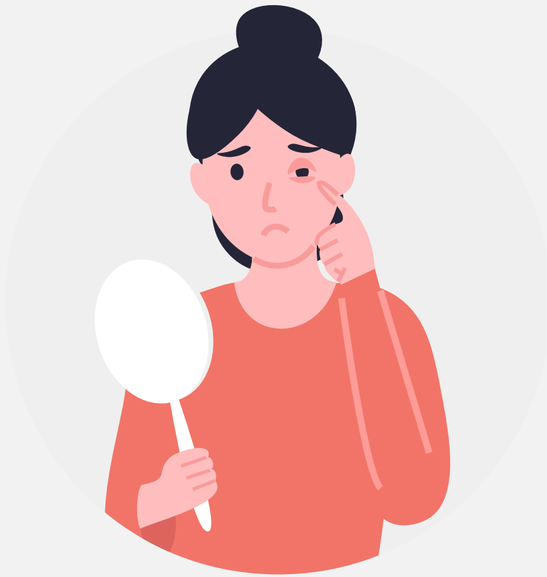
Viral



Bacterial



Allergic



VIRAL KERATOCONJUNCTIVITIS

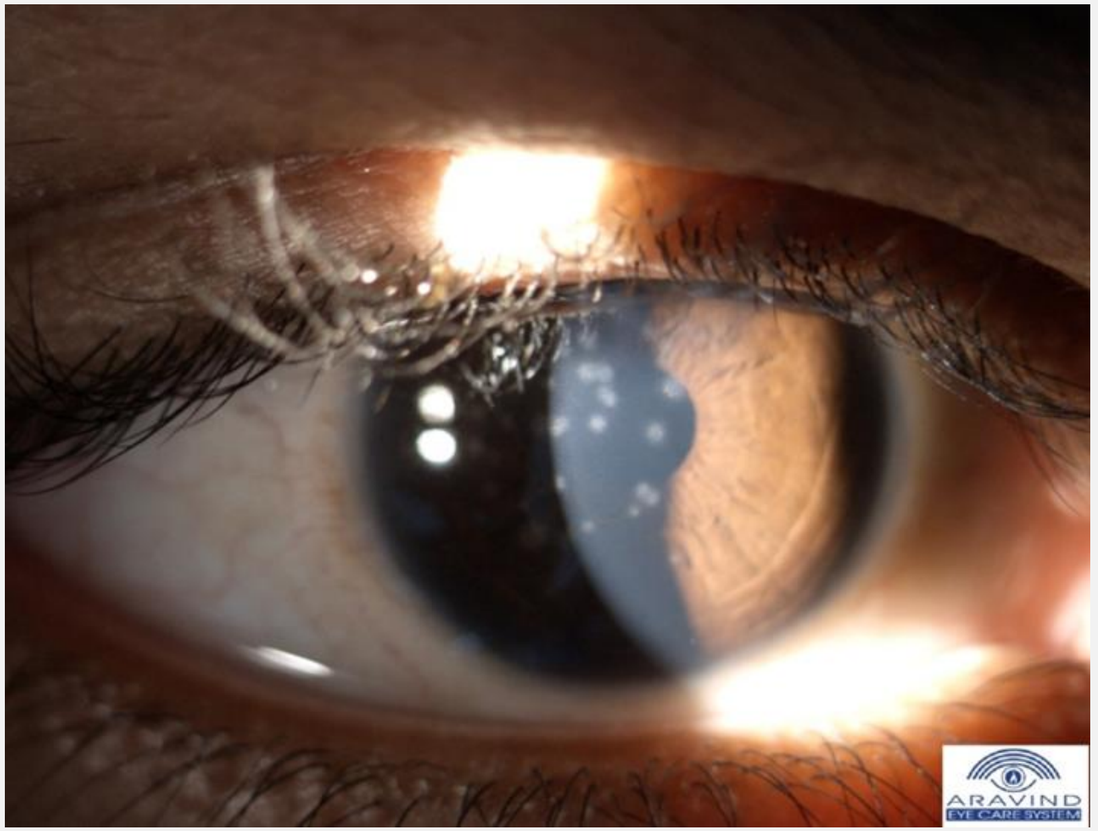
1. Diffuse hyperemia,

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



BACTERIAL CONJUNCTIVITS

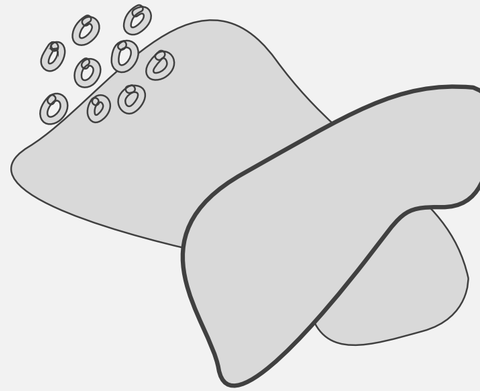
Redness, discharge, matting of eyelashes, grittiness, foreign body sensation.

Treatment :

Topical

Antibiotics

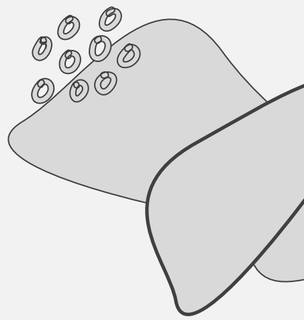
ALLERGIC CONJUNCTIVITIS



Treatment

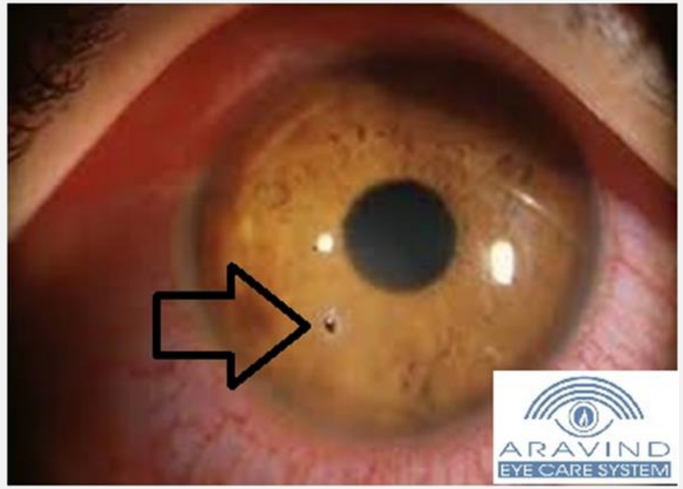
- Topical anti- histamines and
- Mast cell stabilizers
- Olopatadine eye drops

CORNEAL ABRASIONS / FOREIGN BODY



Treatment

- Suspect, Search and Remove foreign bodies

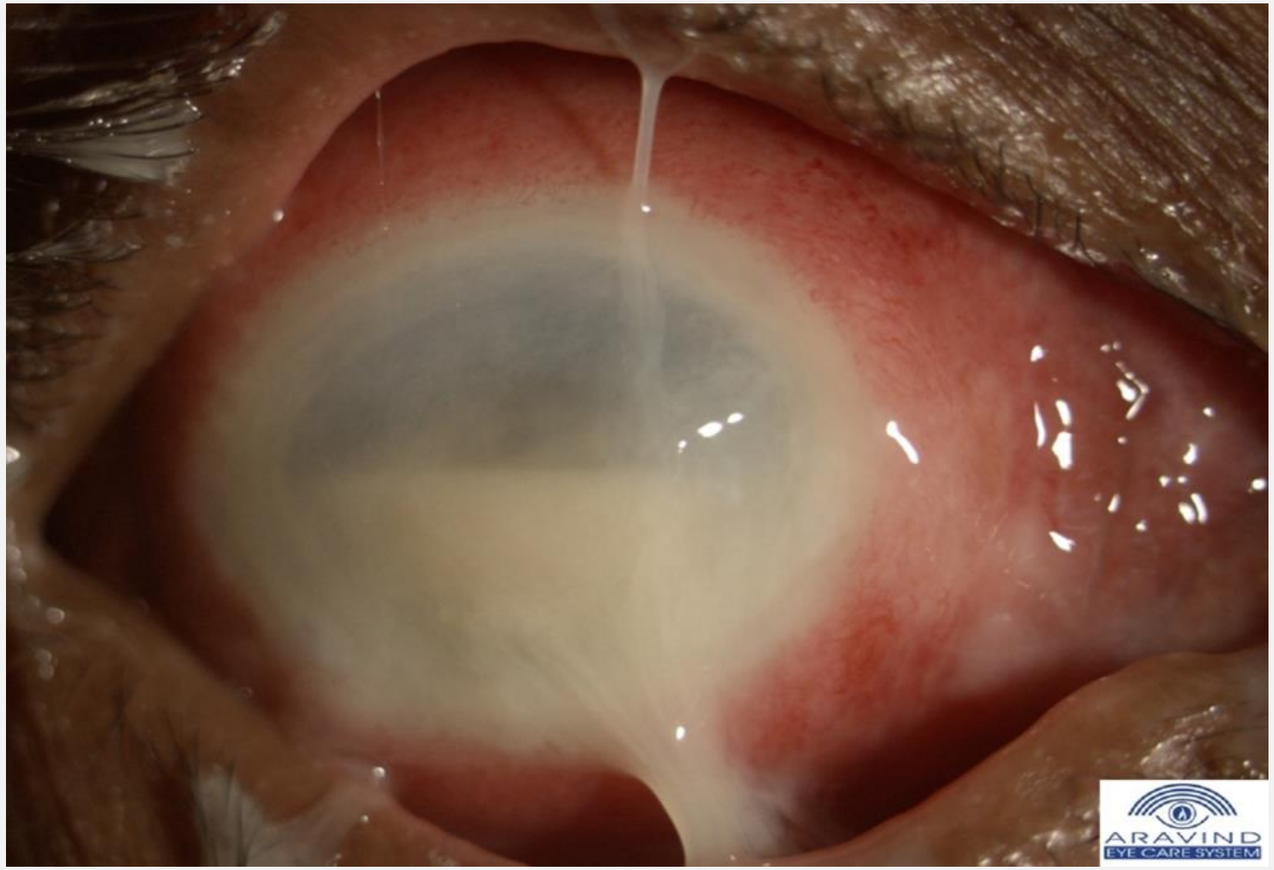


- cycloplegics (atropine 1%, homatropine 2%, and tropicamide 1%), 2.pain control (topical nonsteroidal anti-inflammatory drugs [NSAIDs] or oral analgesics).

- The need of topical antibiotics for uncomplicated abrasions is unproven.

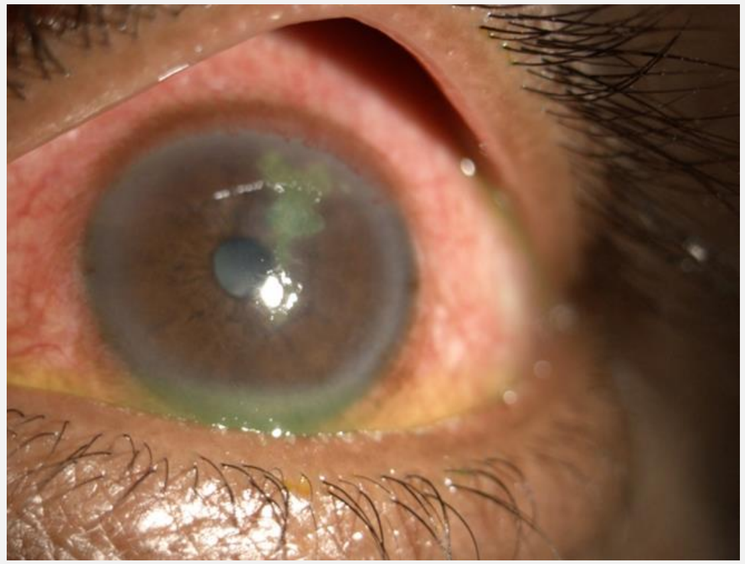
COMMON CORNEAL PROBLEMS: FUNGAL CORNEAL ULCER

COMMON CORNEAL PROBLEMS: BACTERIAL CORNEAL ULCER

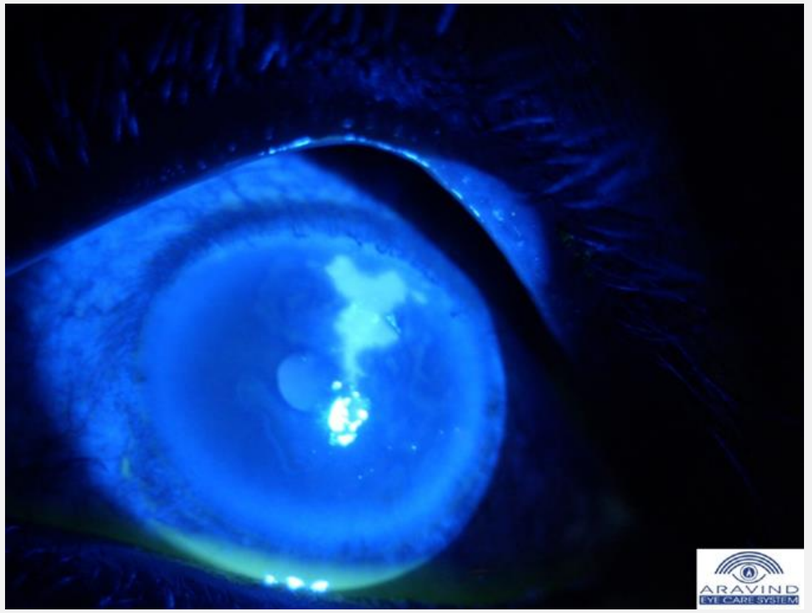


Mucopurulent discharge, painful, progresses fast

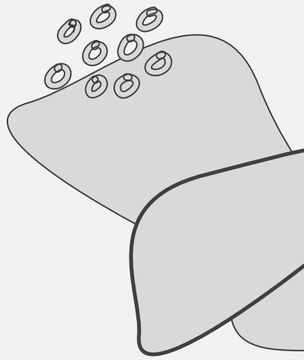
COMMON CORNEAL PROBLEMS: HERPETIC CORNEAL ULCER



- Very Painful, may frequently recur
- Can be treated with Topical/ Oral Antivirals

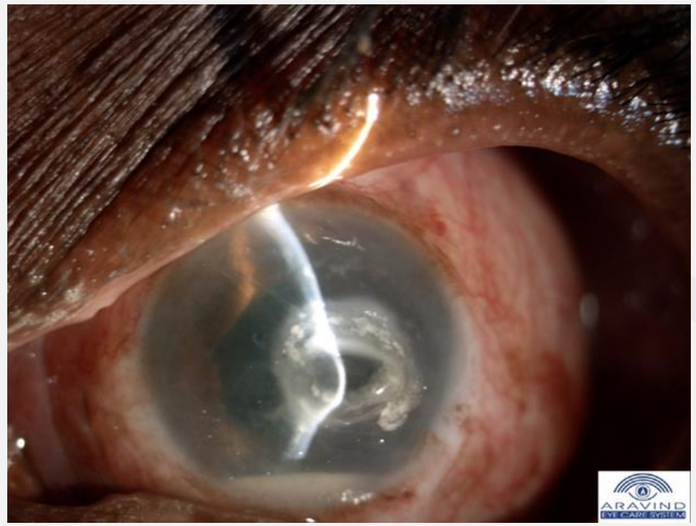


COMMON CORNEAL PROBLEMS: ACANTHAMOEBA CORNEAL ULCER

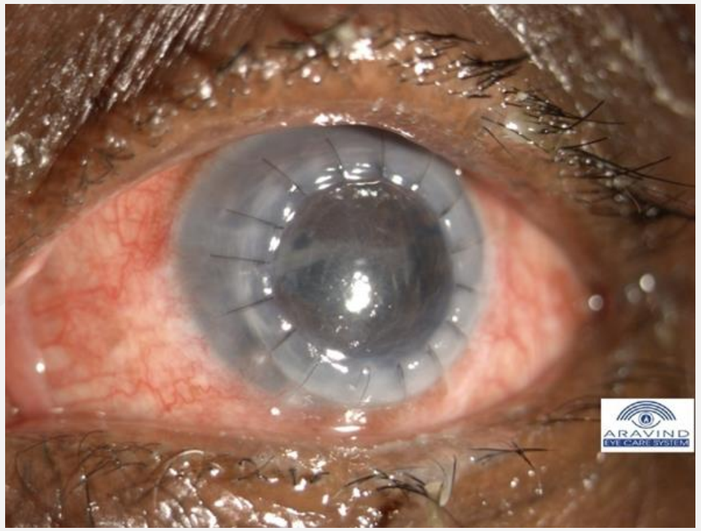


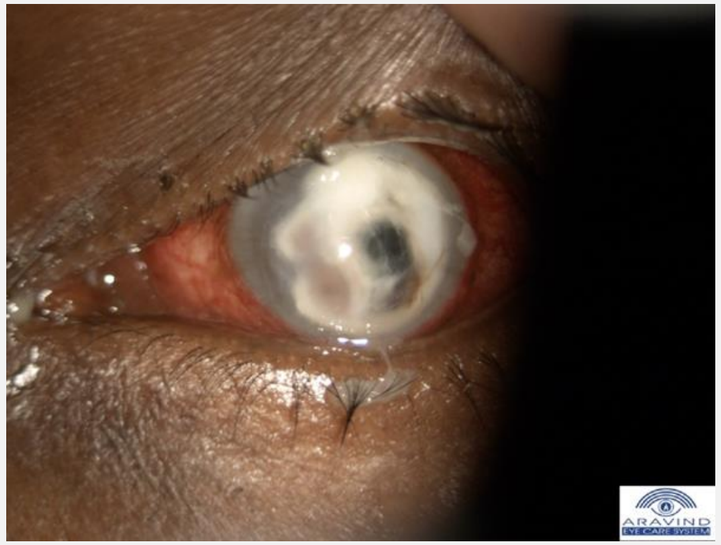
- Rare
- Very painful
- Treated with Special medications like PHMB or chlorhexidine
- Usually need Keratoplasty after the infection heals

COMMON CORNEAL PROBLEMS: IMPENDING PERFORATION

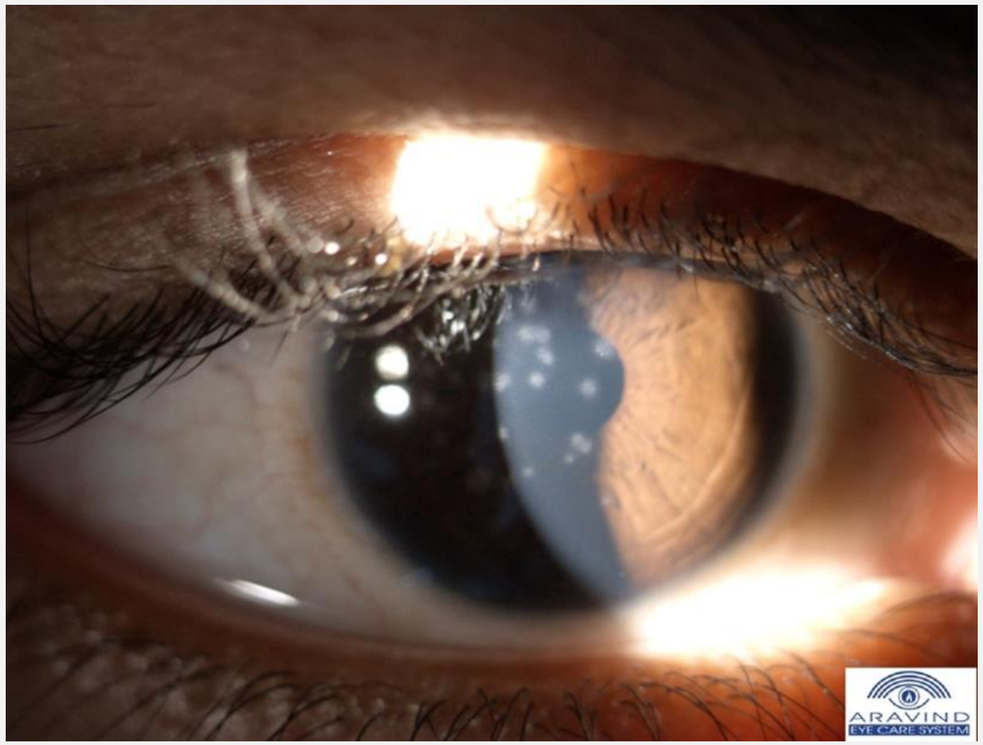


- Will need keratoplasty
- To start on topical Antibiotics and refer immediately





COMMON CORNEAL PROBLEMS: ADENOVIRAL SPKS

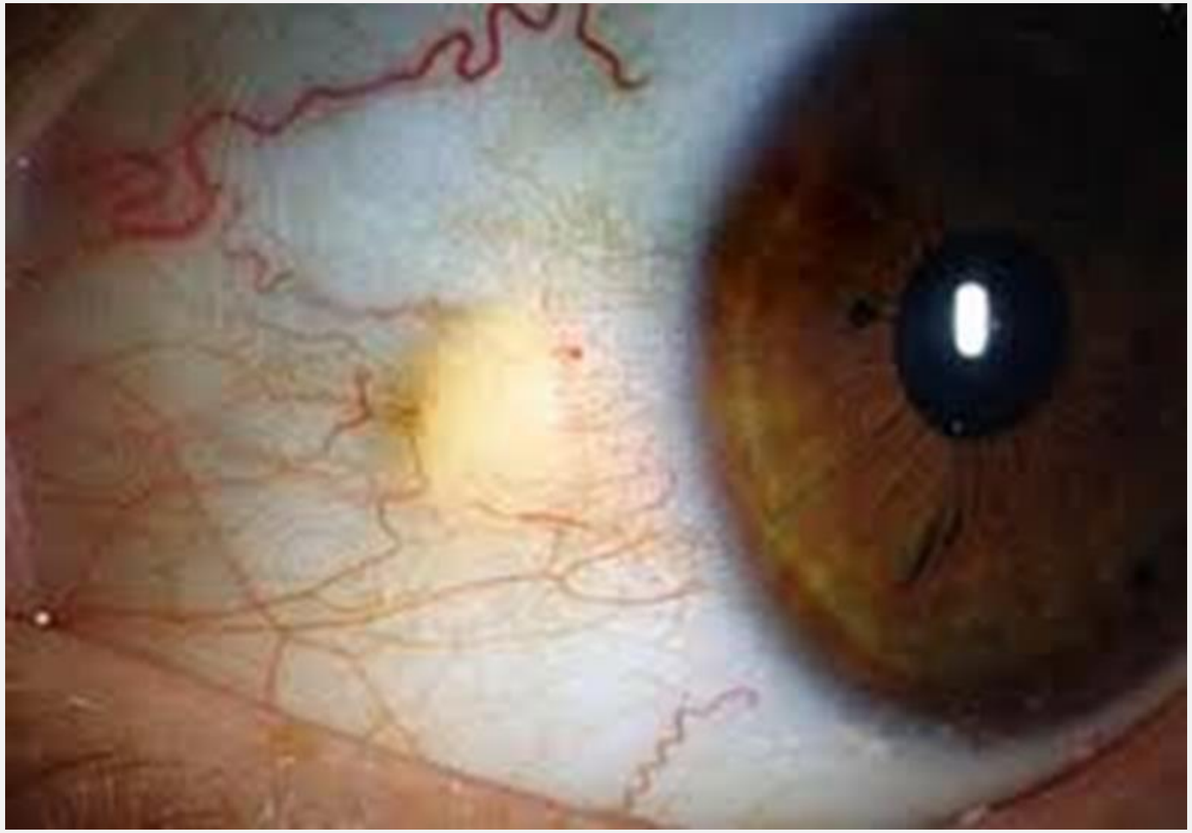


- Usually present with defective vision
- May resolve spontaneously

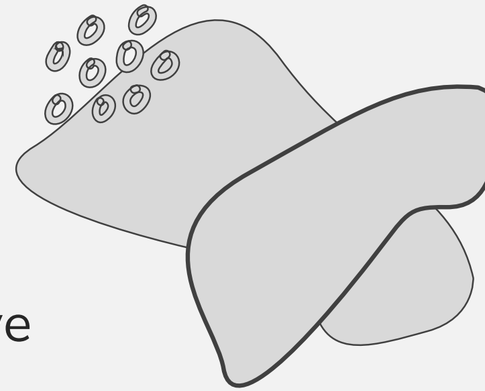
CONJUNCTIVAL DEGENERATIONS

Pinguecula

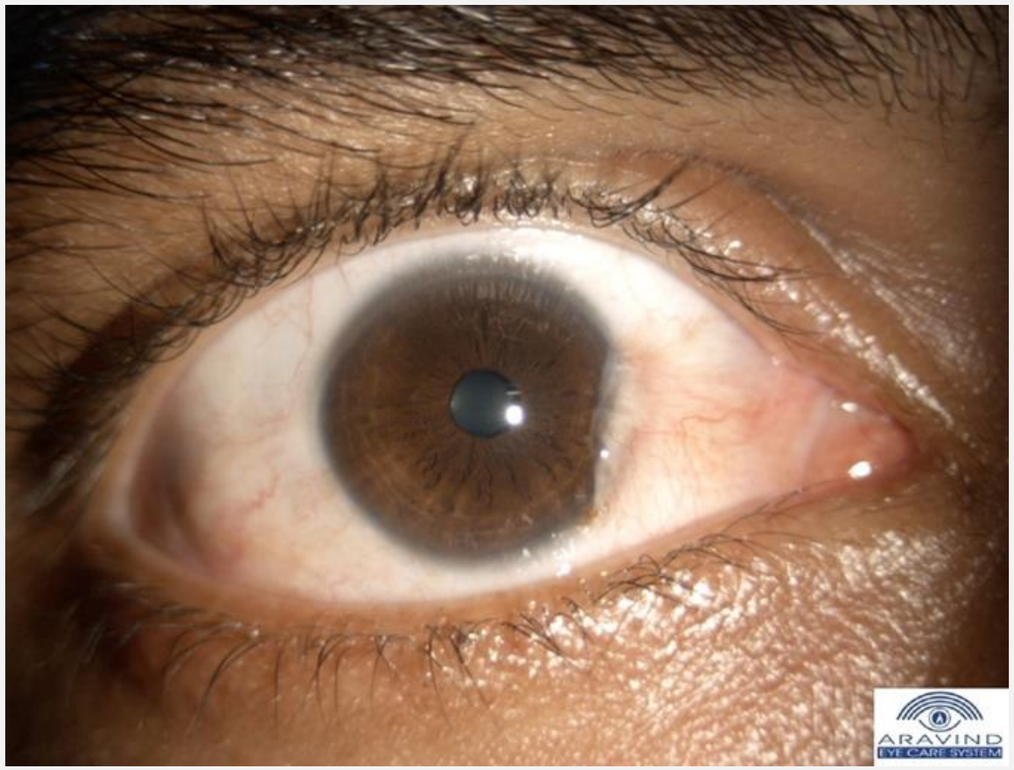
- Innocuous, usually bilateral, asymptomatic condition. Presents as yellowish–white deposits near the limbus.

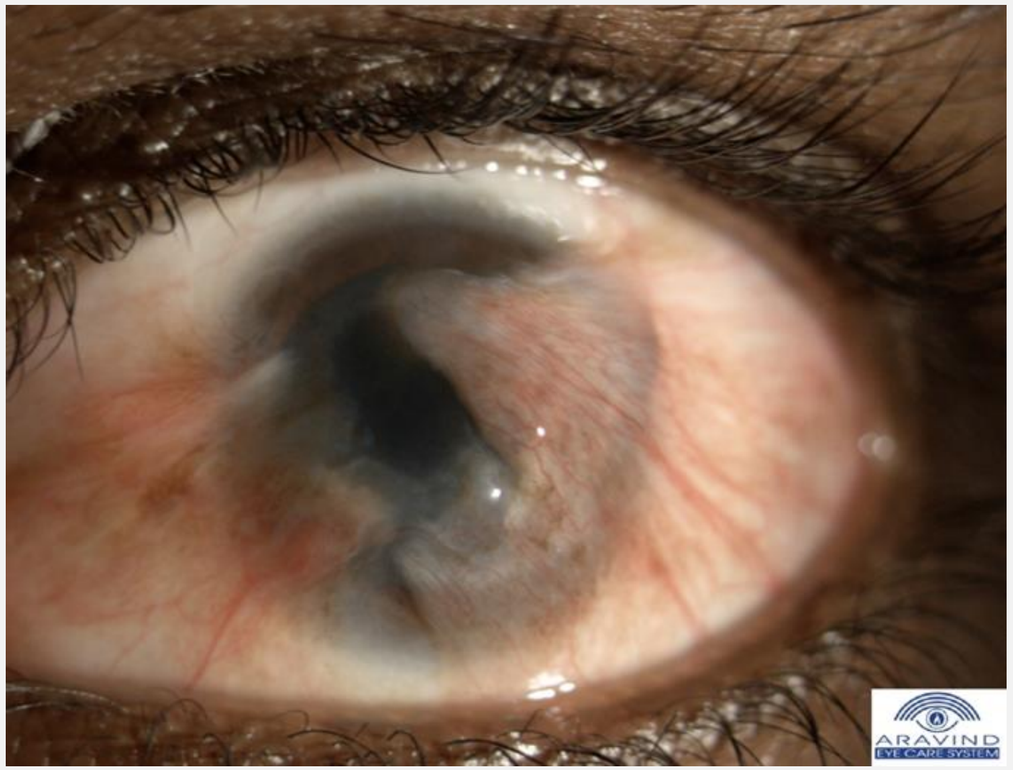


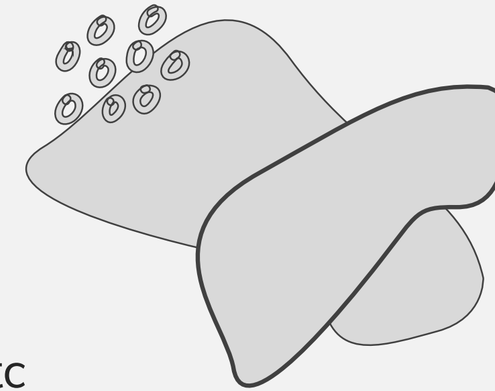
PTERYGIUM



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

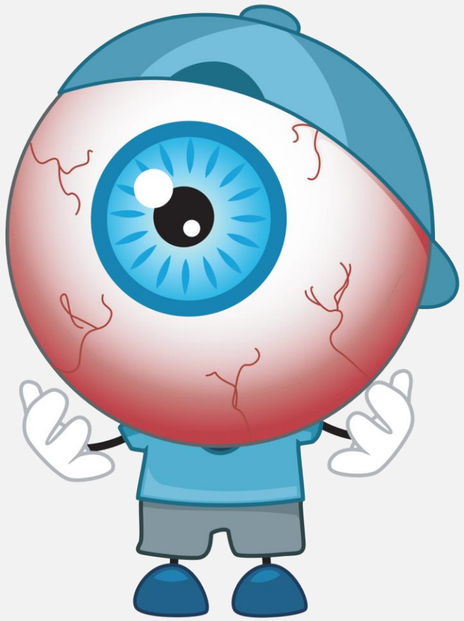




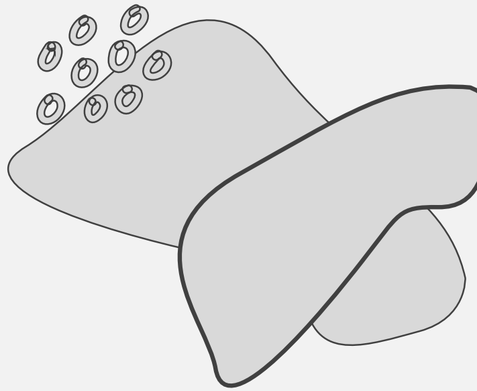


Sub Conjuctival Haemorrhage

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



EPISCLERITIS



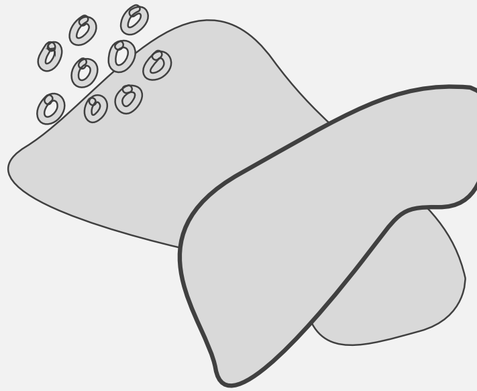
Treatment:

1.Lubricants in mild cases

2.Topical/ Oral NSAIDs

3.Topical Steroids

SCLERITIS



1. Identify systemic causes, if any

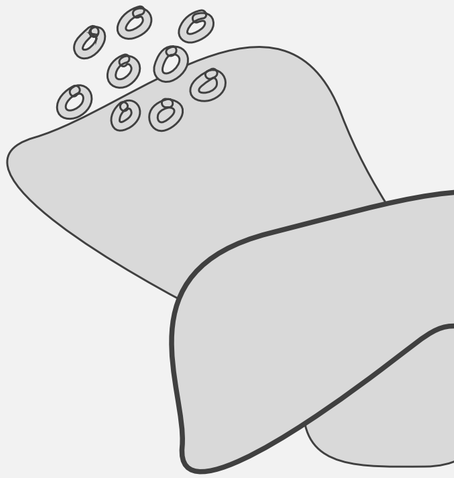
2. Treatment is Topical/ Systemic Steroids (under the cover of Antimicrobials if indicated)

WHEN TO REFER

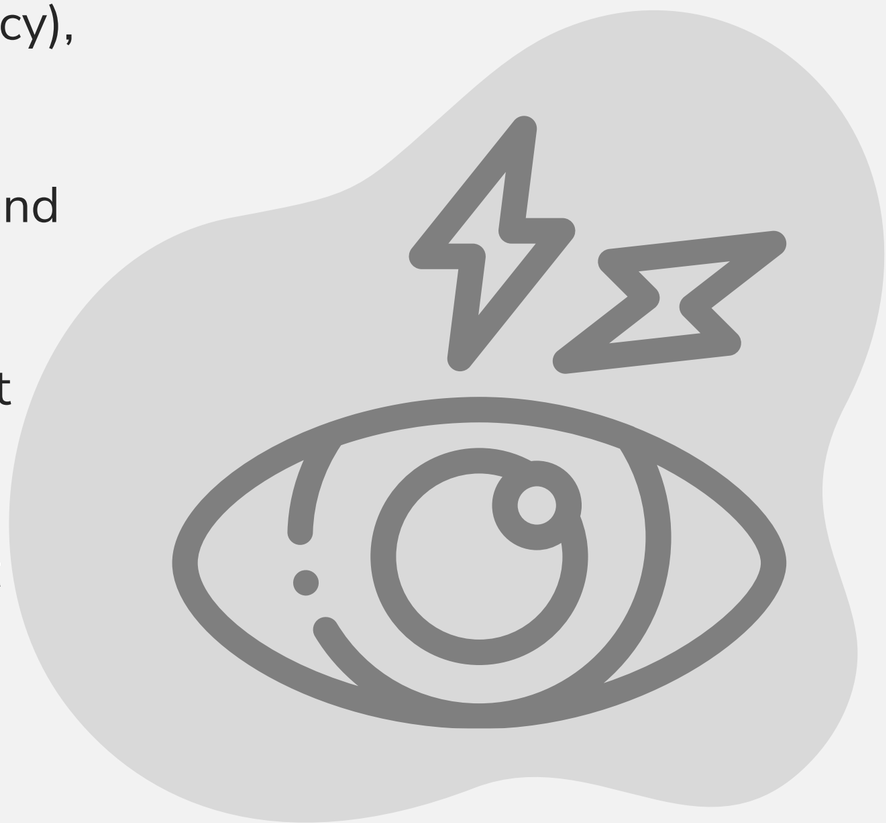
- Severe pain
- The patient has vision loss,
- There is copious purulent discharge,
- Corneal involvement,
- Traumatic eye injury,
- Red eye following recent ocular surgery (infection),
- Distorted pupil,
- For recurrent infections.

EYE INJURIES

PREVENTION OF BLINDNESS FROM EYE INJURIES REQUIRES:



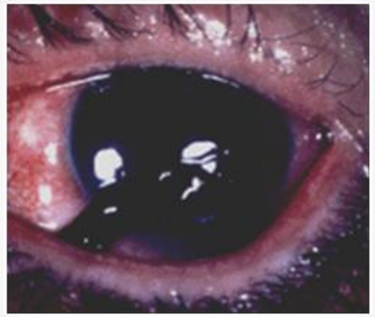
- injury prevention (health promotion including advocacy),
- early presentation by the patient (health promotion and health worker training),
- accurate assessment (good primary eye care and first aid),
- prompt referral of serious injuries requiring specialist management.



OCULAR INJURIES TYPES

Foreign body (Penetrating injuries)

Perforating injury



Globe Rupture

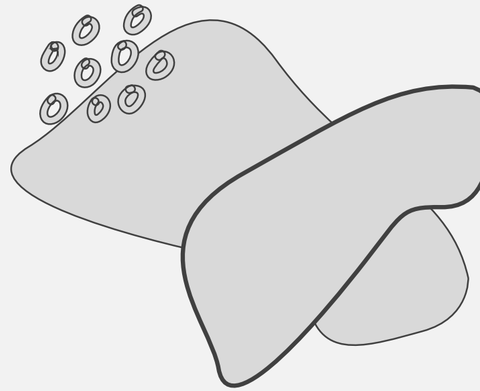
Traumatic cataract (blunt injuries)

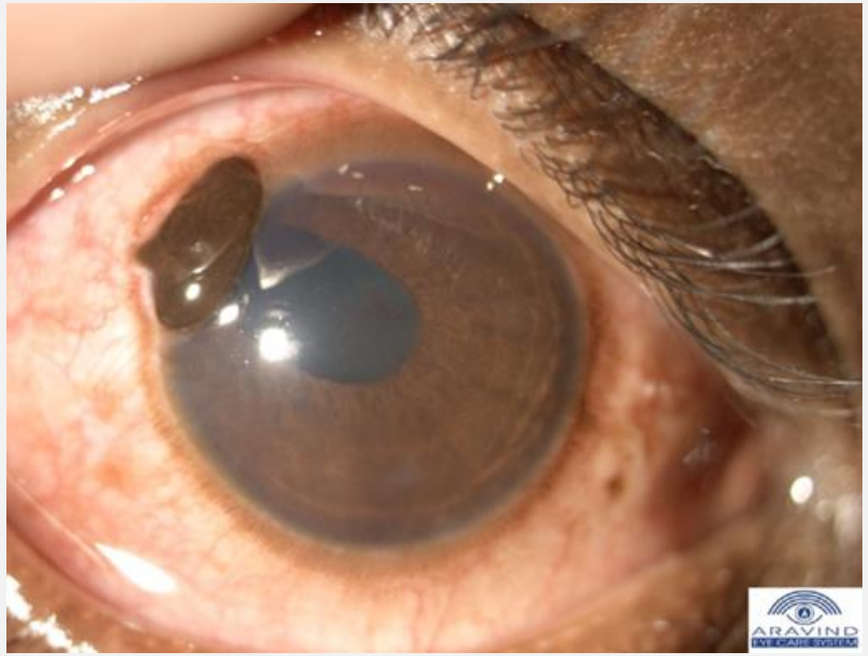
Sports - Superficial injuries

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.

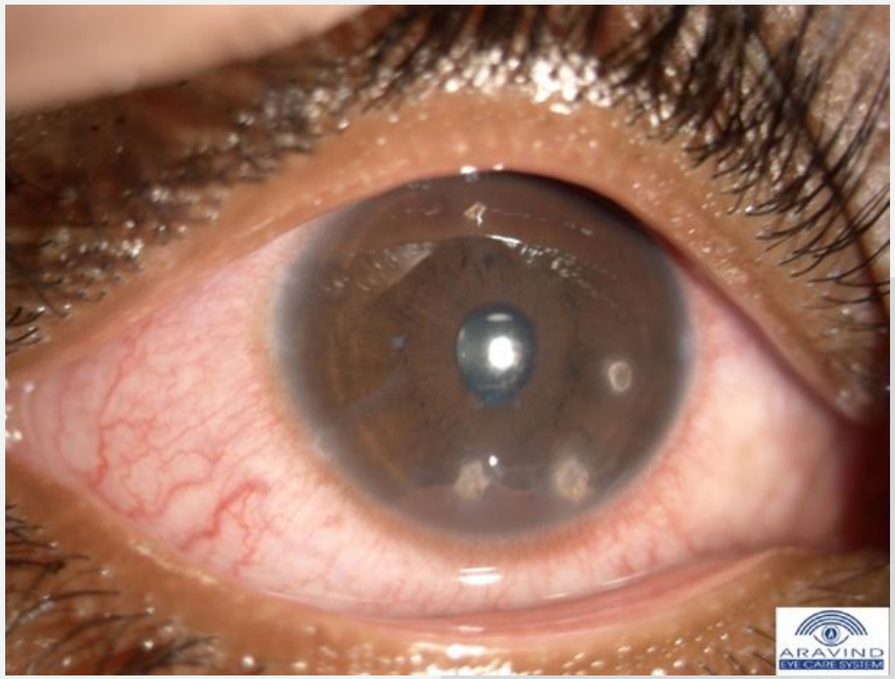
3. Give tetanus toxoid injection

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

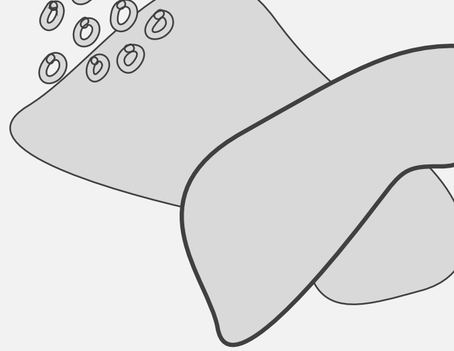
5. Put a protective eye shield over the affected eye for eye protection during transportation

RETAINED FOREIGN BODY

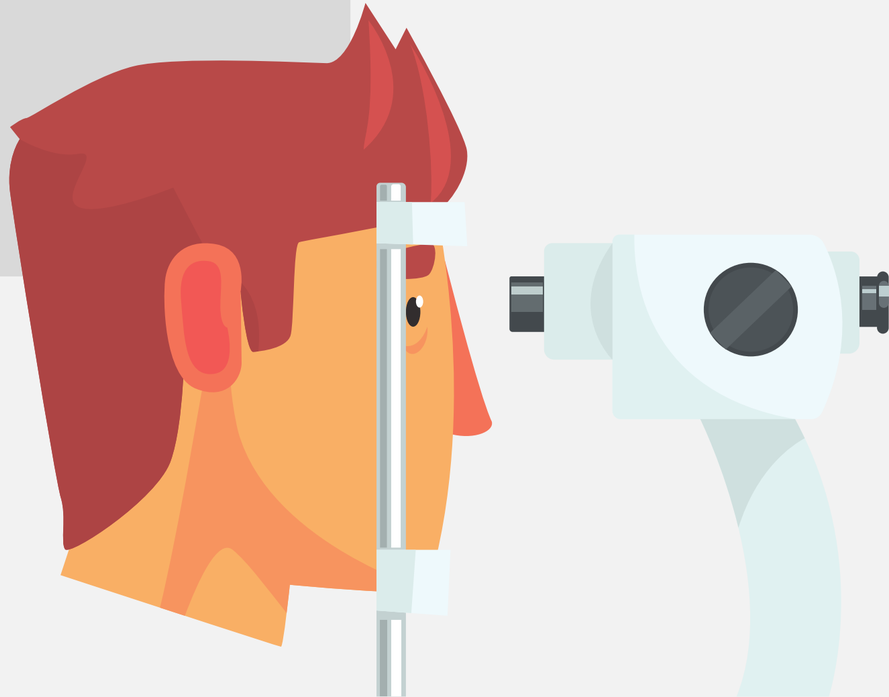
Do not attempt to remove intraocular foreign bodies except those on the conjunctival or corneal surface.
Transport the patient to the appropriate facility after
providing the first aid as done in the open globe injury.



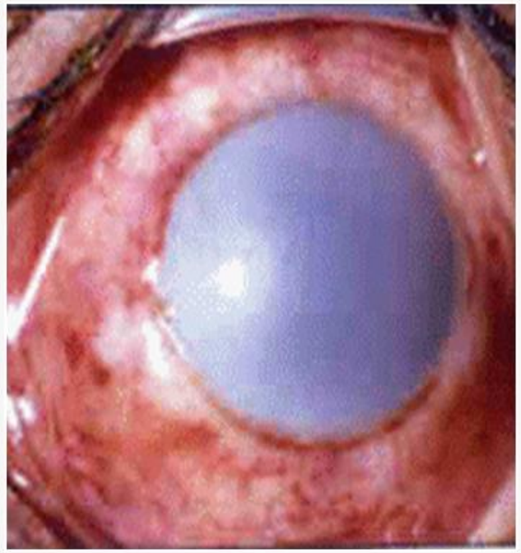
TRAUMATIC HYPHAEMA



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



CHEMICAL INJURIES

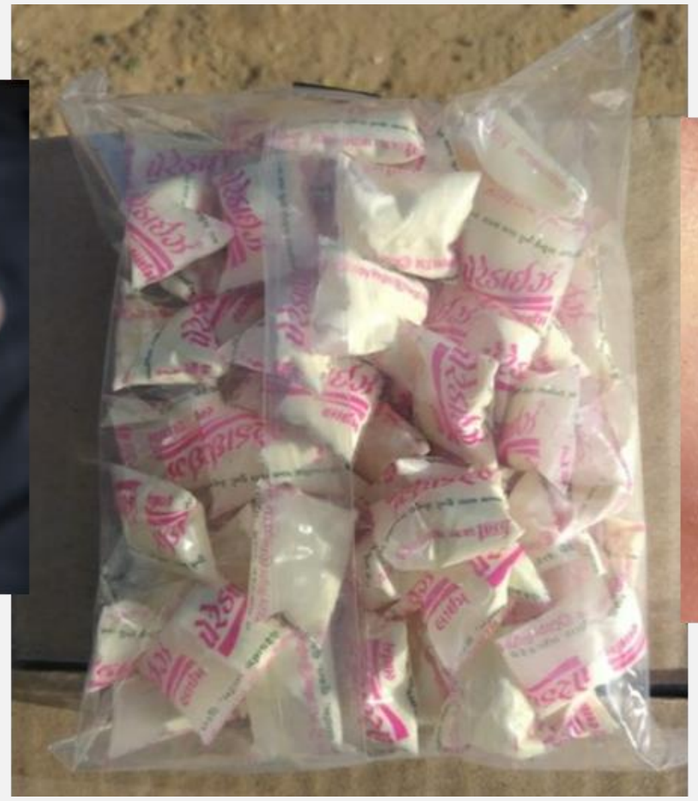


ORGANIC SOLVENTS

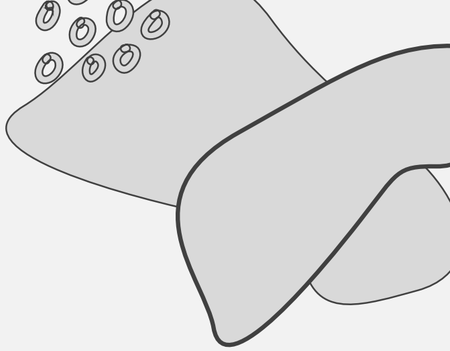
ACID

ALKALI

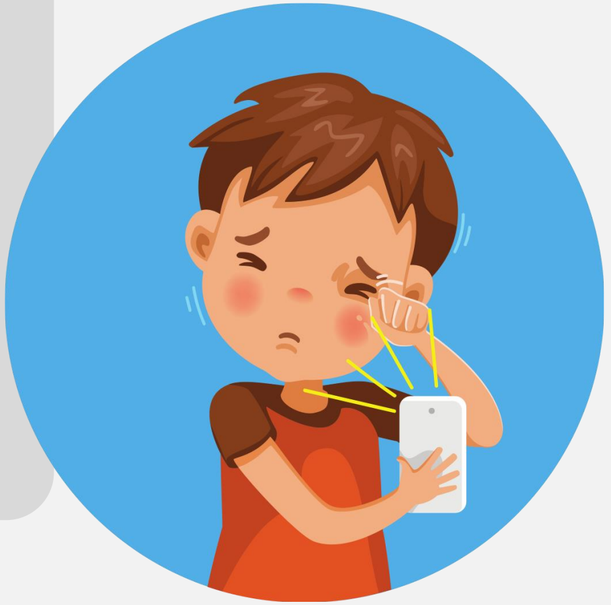
ALKALINE CHEMICAL INJURY (CHUNA)



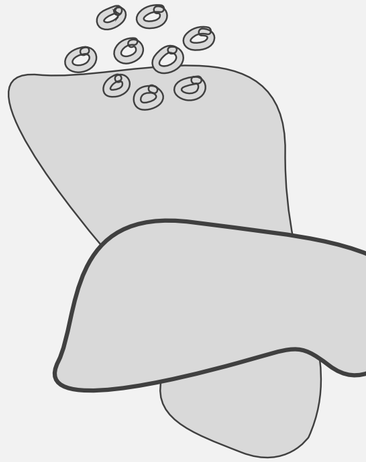
IMMEDIATE MANAGEMENT



- 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



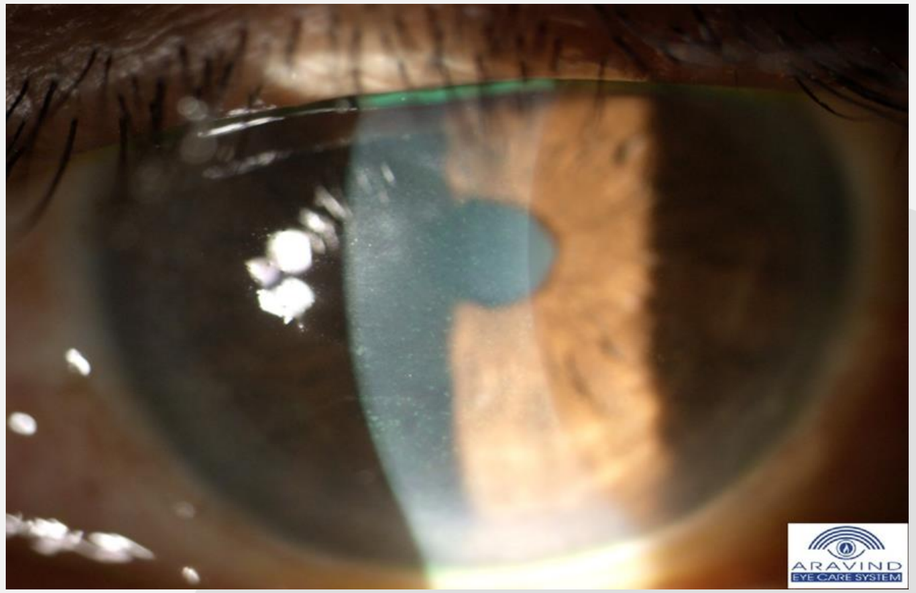
PHOTOKERATITIS



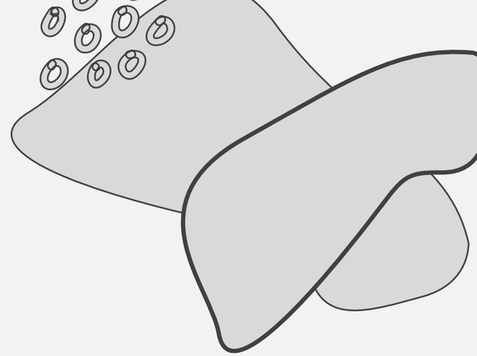
1. Instillation of 1% cyclopentolate (to relieve the discomfort of ciliary spasm).

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

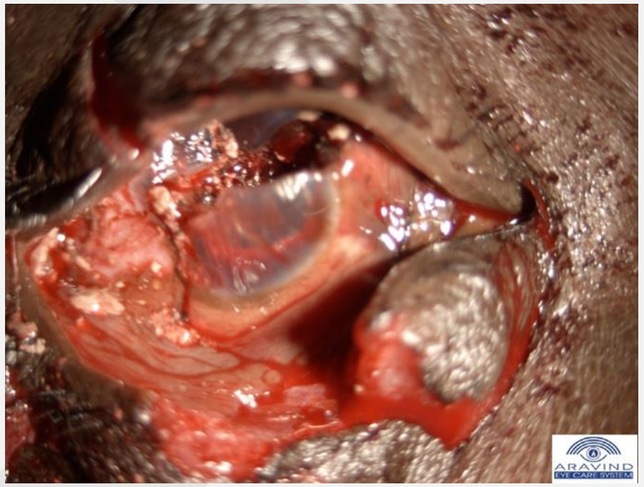
3. Eyes may be patched for some time for symptomatic relief



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



DIMUNITION OF VISION

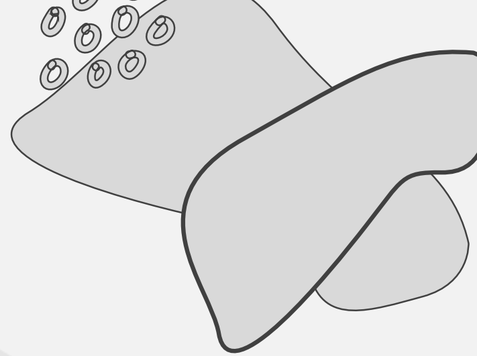
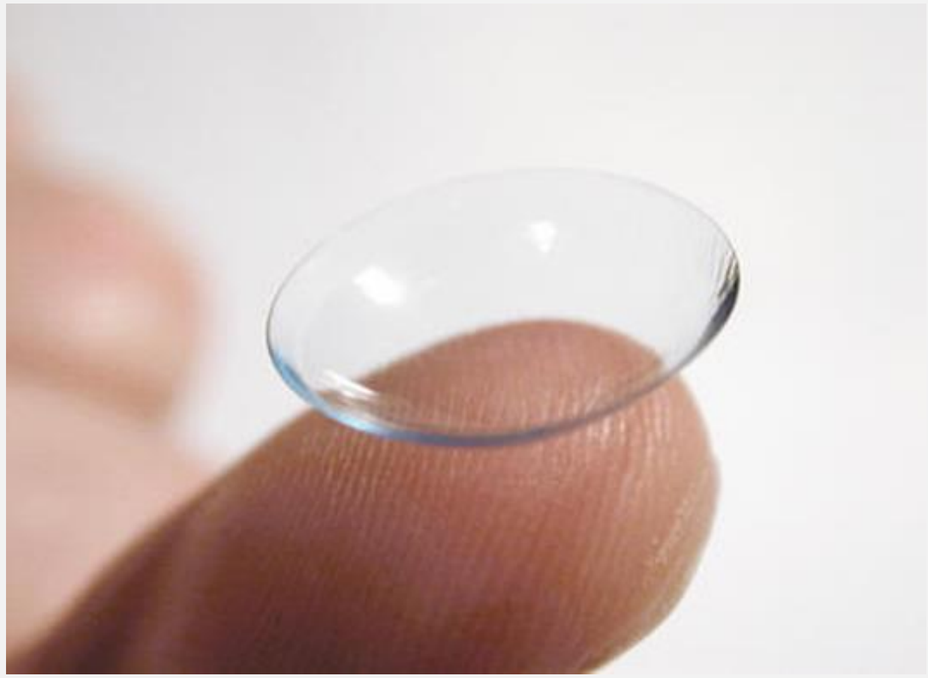


Table: Common causes of gradual loss of vision:

Reversible causes	Irreversible causes
Refractive error/s	Optic atrophy
Cataract	Glaucoma
Corneal blindness	Age related macular degeneration (ARMD)
Diabetic macular edema	Retinitis pigmentosa

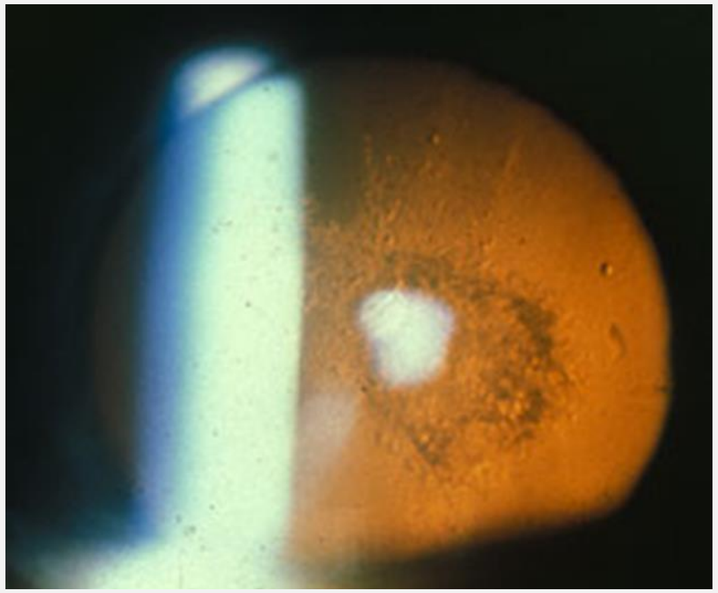
REFRACTIVE ERROR

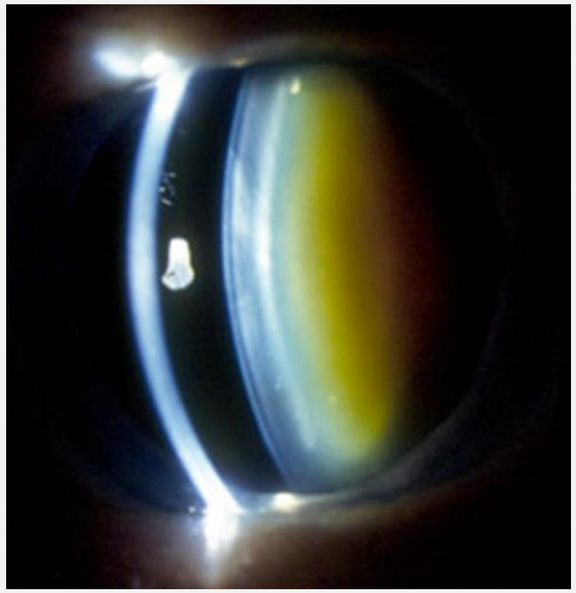
- Prescribe appropriate glasses or contact lens



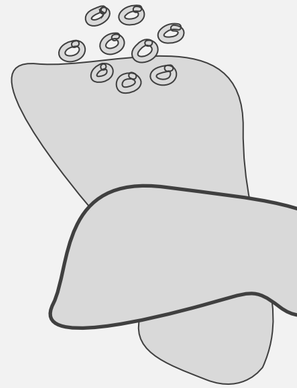
CATARACT

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





EYELIDS AND LACRIMAL SYSTEM



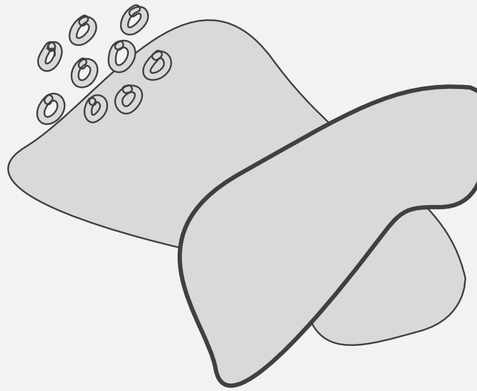
Hordeolum:

- 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

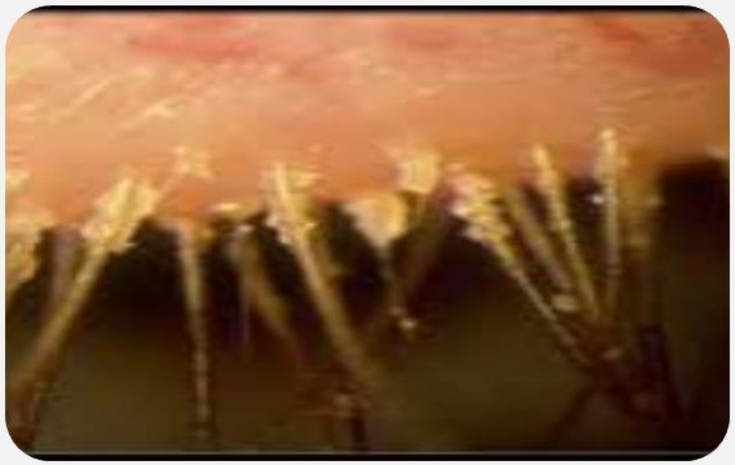


Inflammation of the eyelid margin.

Cause:

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

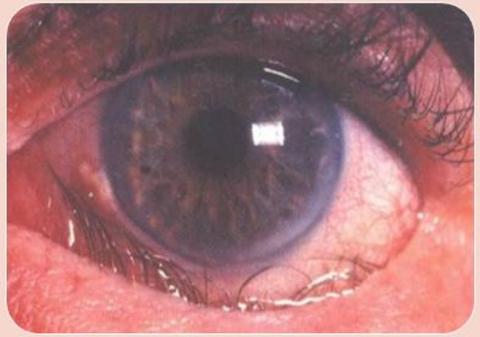
Lid Hygiene
In ulcerative blepharitis antibiotic ointment
Oral Doxycycline 100 Mg OD may be used in posterior blepharitis



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

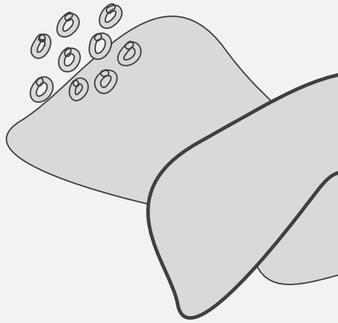
Ptosis - Drooping of upper eyelid

Cause: Myathenia gravis, congenital, Lambert eaton Myathenia sydrome

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