

ALLERGIC CONJUNCTIVITIS

Allergic conjunctivitis is a reaction to exposure to allergens such as pollen from grasses and trees, smoke, dust or chemicals. It is characterized by redness, itching, swelling of the clear tissue covering the white of the eye (conjunctiva) and watery discharge.

The treatment of allergic conjunctivitis is variable, depending on the severity. It may include removing the allergen if possible, cool compresses for the swelling, eye whitening or anti-allergy eyedrops, and/or allergy pills. Severe allergic conjunctivitis may warrant consultation with an allergist and possible desensitization.

BACTERIAL CONJUNCTIVITIS

Bacterial conjunctivitis is one of the most common ocular infections. It occurs when the natural defenses against infection of the eye are lost. Trauma, aging, tear film abnormalities, chronic viral infection or other irritation, alcohol abuse or immunosuppressive treatment may allow bacterial conjunctivitis to occur.

The severity of the conjunctivitis may vary greatly but the hallmark symptom is lids stuck together in the morning from a pus-like discharge. Most people also experience redness of the white part of the eye and swelling of the lids.

Treatment usually consists of lid hygiene (warm compresses and scrubs) and short term use of antibiotic eyedrops. In severe cases, laboratory culture may be taken to determine the best antibiotic eyedrops and/or pills to use.

EPISCLERITIS

The episclera lies under the clear outer layer (conjunctiva) and over the white (sclera) of the eye. Episcleritis is an inflammation of this layer of tissue. It generally affects one eye only and is 30% of the time associated with other generalized conditions such as allergy, shingles, collagen or other auto-immune diseases.

Symptoms include a concentrated redness of the white of the eye with or without tenderness. The doctor sometimes sees a raised nodule in the red area.

Treatment includes warm or cool compresses for comfort and short term eyedrops to decrease the inflammation. Unfortunately the condition may recur over a period of years.

FOREIGN BODY

Objects which fly into the eye may lodge on the lid, the clear covering of the white of the eye (conjunctiva), the clear cap of the eye (cornea) or may penetrate any of these. These objects are called ocular "foreign bodies".

If superficial, the foreign body may be removed by the doctor wiping it away or picking it out. If the foreign body is metallic, the surrounding tissue may "rust" and this must be removed. Antibiotic eyedrops or ointment may be used to prevent infection. The eye may be patched or a bandage contact lens may be used to promote healing if the foreign body was lodged in the cornea. Long-term use of artificial tears and ointment may be recommended to prevent future irritation.

OCULAR ROSACEA

Ocular rosacea occurs secondary to the skin problem Acne Rosacea. Acne rosacea is most common in women between the ages of 30-50 and appears as skin eruptions over the mid face, nose and cheeks (butterfly rash) and sometimes the chin and forehead. When acne rosacea affects the eyes, it appears as chronic redness, itching and irritation of the lid margins, clear cap of the eye (cornea) and covering over the white of the eye (conjunctiva). Recurrent lid bumps called styes and chalazia may be associated. In the worst cases the cornea becomes scarred.

The treatment is meticulous hygiene of the affected skin along with antibiotic skin preparations and pills. Short term application of steroid eyedrops or ointment may help decrease inflammation secondary to the underlying skin problem.

PINGUECULA

Pinguecula is a small, raised yellowish mass which forms on the issue overlying the white of the eye (conjunctiva). It may occasionally become red and irritated. It is more common in older age groups and in warmer climates.

People are sometimes unaware of the presence of pinguecula until it becomes red or the eye feels like it has something in it. Treatment then usually consists of lubricating eyedrops, or occasionally, antibiotic or steroid eyedrops. Surgical removal is rarely recommended.

PTERYGIUM

Pterygium is a triangular elevation of the clear cap of the eye (cornea) and the adjacent clear tissue covering the white of the eye (conjunctiva). It is more common in warm, dry climates and seems to be associated with long term exposure to ultraviolet light and dry, dusty environment. It occasionally runs in the family of an affected person.

Treatment depends on the symptoms. Mild redness and irritation may be managed by avoiding smoky, dusty environments and using lubricating, eye whitening, or mild steroid eyedrops. Wearing hats and/or ultraviolet blocking spectacles may be considered. Advanced pterygium which are cosmetically unacceptable or create intolerable vision change may be surgically removed and treated with additional eyedrops or laser. Unfortunately, recurrence is common.

SUBCONJUNCTIVAL HEMORRHAGE

A subconjunctival hemorrhage occurs when a blood vessel breaks in the clear tissue overlying the white of the eye (conjunctiva). It may be associated with any illness where sneezing, coughing and vomiting are occurring. It does not affect vision and rarely causes any discomfort.

A subconjunctival hemorrhage will clear on its own within 1-2 weeks. Treatment of the underlying illness, warm compresses to help dissipate the hemorrhage or artificial tears to decrease dryness and irritation may be recommended.