Clinical Features of Conjunctival Disease (often gives valuable info. as to the etiology of the disease)

**Symptoms**
- May range from itching to severe pain--most pure conj. no pain, may have accompanying eyelid edema and pain in severe conj. and if corneal involvement
- Many of the symptoms are non-specific, ie. lacrimation, irritation, stinging, burning & photophobia

**Discharge**
Exudate that has filtered through conjunctival epithelium from dilated blood vessels
1. Watery/serous: Viral and toxic
2. Mucous: Allergic, vernal, and keratoconjunctivitis sicca
3. Mucopurulent: Mild bacteria and chlamydial--characteristically gives rise to matting of eyelids in a.m.
4. Purulent: Severe hyperacute bacterial

Conjunctiva
2006
Malinovsky
Reaction
A carefully performed external/slit lamp exam of conjunctiva may provide valuable clues as to etiology
1. Hyperemia- injection
2. Chemosis- edema
3. Follicles
4. Papillae
5. Pseudomembrane
6. True membranes
7. Subconjunctival hemorrhages

Conjunctival Injection
- Increase number, caliber, & tortuosity of the vessels, producing a bright red appearance
- Is a non-specific features that is usually maximal in the fornices.
- Velvety beefy red suggest bacterial

Lymphadenopathy

Laboratory investigation:
- Scrapings
- Cultures of lids, conjunctiva or cornea
**Chemosis**
- Can occur whenever the conjunctiva is severely inflamed
- Transudation of fibrin & protein fluid through the walls of the damaged blood vessels
- Produces a translucent swelling of the conjunctiva, if severe will protrude through closed eyelids
- In allergic states, the conjunctiva takes on a jelly-like appearance
- In the fornix, large redundant folds can occur

**Follicular Reaction**
- Can have significant diagnostic importance
- Follicles consist of hyperplasia of lymphoid tissue within the stroma
- Most prominent in the fornix but can occur in the bulbar and at the limbus
- Appear as multiple, discrete, slightly elevated lesions similar to grains of rice, with blood vessels encircling the lesion, size .5 to 5mm
- Causes are 1. viral 2. chlamydial 3. hypersensitivity to topical meds 4. Parinaud oculo-glandular syndrome
- In asymptomatic children, the presence of follicles has no clinical significance (benign folliculosis)
**Papillary Reaction**

- More non-specific and less of diagnostic value
- Appear as a vascular bumps that create a fine mosaic pattern of elevated polygonal areas separated by paler channels with a central vascular core, usually on upper palpebral conjunctiva, also bulbar conjunctiva at the limbus
- With prolonged inflammation, the septa separating the papillae may rupture leading to confluence & giant papillae
- Common causes: chronic blepharitis, bacterial infections, contact lens-related problems, floppy eyelid syndrome, allergy