
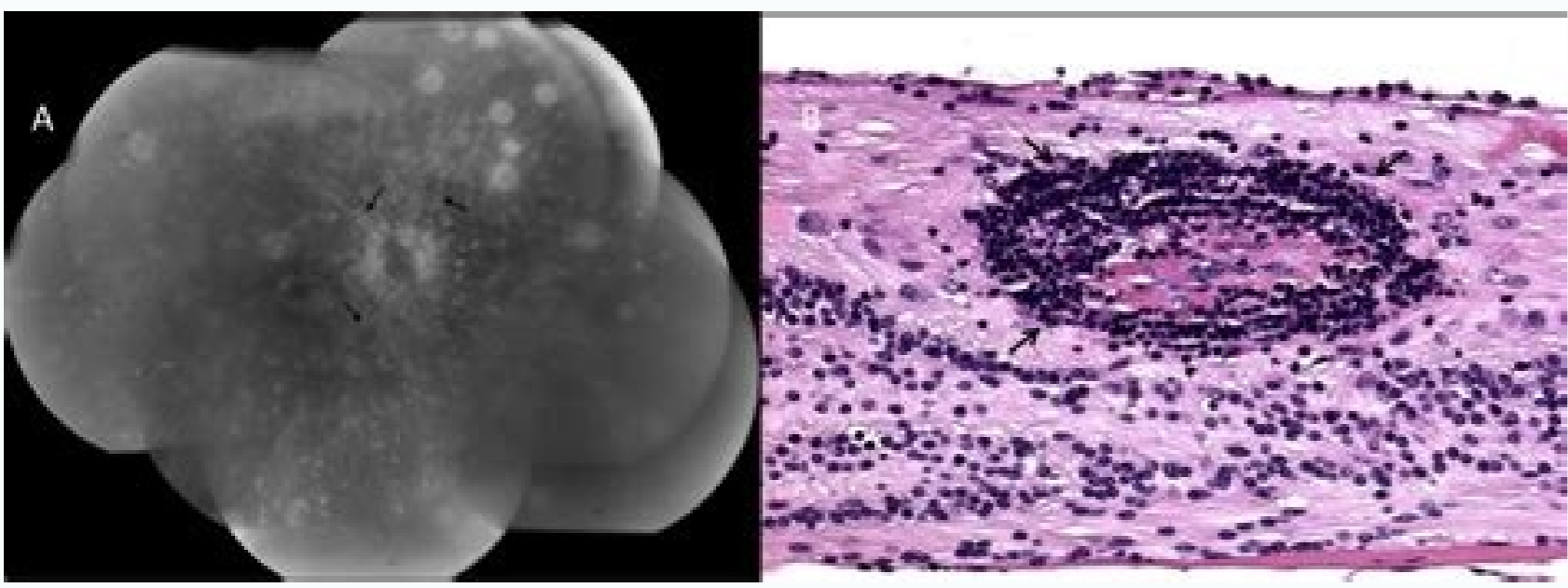


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OPHTHALMIA NEONATORUM

- Neonatal conjunctivitis.
- Any conjunctivitis occurs in the 1st 28 days of life.
Notifiable disease
- **Important:** immature eye defences → severe conjunctivitis, with membrane formation and bleeding → serious corneal disease and blindness.
- 2 important causative agents:
 - *Neisseria gonorrhoea* (corneal perforation)
 - *Chlamydia trachomatis* (chronic → corneal scarring)*Exclude venereal disease in parents
- Other causes: Bact conjunctivitis (usually gram +ve), HSV (corneal scarring).



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Ophthalmia neonatorum treatment guidelines uk. Treatment for ophthalmia neonatorum. Types of ophthalmia neonatorum. Drug of choice for ophthalmia neonatorum. Ophthalmia neonatorum guidelines.

If untreated, or inadequately treated, it can very quickly result in corneal haziness and perforation, causing blindness. Speciality Editor Board Francisco Talavera, PharmD, PhD Adjunct Assistant Professor, University of Nebraska Medical Center College of Pharmacy; Editor-in-Chief, Medscape Drug ReferenceDisclosure: Received salary from Medscape for employment. Guidelines for the Management of Sexually Transmitted Infections. In the absence of easy access to laboratory diagnosis, the World Health Organization recommends that babies should be treated for both gonococcal and chlamydial infections (see panel, right).For gonococcal ON, the recommended treatment is a single dose of intramuscular ceftriaxone injection (50 mg/kg of bodyweight, maximum 125 mg). Author Michael A Puento, Jr, MD Assistant Professor of Ophthalmology, Pediatric Ophthalmology, University of Colorado School of Medicine, Children's Hospital Colorado Michael A Puento, Jr, MD is a member of the following medical societies: American Academy of Ophthalmology, American Medical Association, American Association for Pediatric Ophthalmology and Strabismus, Association for Research in Vision and Ophthalmology, Colorado Society of Eye Physicians and Surgeons, GLMA: Health Professionals Advancing LGBTQ EqualityDisclosure: Nothing to disclose. [Google Scholar]2. Simon K Law, MD, PharmD Associate Professor of Ophthalmology, Jules Stein Eye Institute, University of California, Los Angeles, David Geffen School of Medicine Simon K Law, MD, PharmD is a member of the following medical societies: American Academy of Ophthalmology, American Glaucoma Society, and Association for Research in Vision and Ophthalmology Disclosure: Nothing to disclose. No.: CD001862. (accessed 18 September 2018).Articles from Community Eye Health are provided here courtesy of International Centre for Eye Health Babies with very severe disease may have systemic complications such as septicaemia and meningitis.Purulent gonococcal conjunctivitisOther conditions that may present with features similar to ON include birth trauma, orbital cellulitis, dacryocystitis and congenital glaucoma. for: Medscape. Christopher J Rapuano, MD Professor, Department of Ophthalmology, Jefferson Medical College of Thomas Jefferson University; Director of the Cornea Service, Co-Director of Refractive Surgery Department, Wills Eye Institute Christopher J Rapuano, MD is a member of the following medical societies: American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery, Contact Lens Association of Ophthalmologists, Cornea Society, Eye Bank Association of America, International Society of Refractive Surgery, and Pan-American Association of Ophthalmology Disclosure: Allergan Honoraria Speaking and teaching; Allergan Consulting fee Consulting; Alcon Honoraria Speaking and teaching; Inspire Honoraria Speaking and teaching; RPS Ownership interest Other: Vistakon Honoraria Speaking and teaching; EyeGate Pharma Consulting; Inspire Consulting fee Consulting; Bausch & Lomb Honoraria Speaking and teaching; Bausch & Lomb Consulting fee Consulting Community Eye Health. Art. Urgent referral is indicated if there is no improvement within 24-48 hours, or there are signs of sepsis, such as high/low temperature, no interest in feeding, difficulty breathing, vomiting, or if the baby is floppy/unresponsive. Babies' eyes become contaminated during birth.Ophthalmia neonatorum usually develops between 2 and 14 days after birth. 2018; 31(103): 61. Acknowledgements Gerhard W Cibis, MD Clinical Professor, Director of Pediatric Ophthalmology Service, Department of Ophthalmology, University of Kansas School of Medicine Gerhard W Cibis, MD is a member of the following medical societies: American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, and American Ophthalmological Society Disclosure: Nothing to disclose. Cochrane Database of Systematic Reviews 2016; Issue 9. PMID: PMC6253317Senior Lecturer and Consultant Paediatric Ophthalmologist: Department of Ophthalmology, College of Medicine, University of Ibadan, Ibadan, Nigeria.Find articles by Bolutife OlusanyaProfessor and Head of Paediatric Ophthalmology Unit: University of Ibadan, Department of Ophthalmology, College of Medicine, University of Ibadan, Ibadan, Nigeria.Find articles by Aderonke BaiyeroroOphthalmia neonatorum can cause corneal perforation and intraocular infection.Conjunctivitis in a newborn baby is known as ophthalmia neonatorum (ON). Children with very severe disease may have associated respiratory tract infection Gonococcal ON is less common than chlamydial conjunctivitis but is more severe.1 so parents are more likely to bring their babies to hospital. Robert William Enzenauer, MD, MPH, MBA, MSS Professor of Ophthalmology and Pediatrics, University of Colorado School of Medicine; Chief of Ophthalmology, Children's Hospital of Colorado Robert William Enzenauer, MD, MPH, MBA, MSS is a member of the following medical societies: American Academy of Ophthalmology, American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, American Association for Physician LeadershipDisclosure: CLEAR DONOR: Received consulting fee from Clear Donor for consulting; Partner received salary from Clear Donor for employment. It becomes noticeable 2-5 days after birth with copious purulent eye discharge (Figure 1) and severe redness and swelling of the conjunctiva. Chemical conjunctivitis may develop as a mild conjunctivitis in a newborn with mucoid eye discharge, redness of the eyes and mild swelling of the eyelids, resolving spontaneously within 48 hours.Bolutife Olusanya, Senior Lecturer and Consultant Paediatric Ophthalmologist: Department of Ophthalmology, College of Medicine, University of Ibadan, Ibadan, Nigeria.Aderonke Baiyeroro, Professor and Head of Paediatric Ophthalmology Unit: University of Ibadan, Department of Ophthalmology, College of Medicine, University of Ibadan, Ibadan, Nigeria.1. Kapoor VS, Whyte R, Vedula SS. Eyelid and conjunctival swelling may occur in severe cases. The eyelids are often very swollen. Chief Editor Andrew A Dahl, MD, FACS Assistant Professor of Surgery (Ophthalmology), New York College of Medicine (NYCOM); Director of Residency Ophthalmology Training, The Institute for Family Health and Mid-Hudson Family Practice Residency Program; Staff Ophthalmologist, Telluride Medical Center Andrew A Dahl, MD, FACS is a member of the following medical societies: American Academy of Ophthalmology, American College of Surgeons, American Intraocular Lens Society, American Medical Association, American Society of Cataract and Refractive Surgery, Contact Lens Association of Ophthalmologists, Medical Society of the State of New York, New York State Ophthalmological Society, Outpatient Ophthalmic Surgery SocietyDisclosure: Nothing to disclose. Coauthor(s) Emily A McCourt, MD Assistant Professor of Pediatric Ophthalmology and Adult Strabismus, Children's Hospital Colorado, University of Colorado Denver School of Medicine Emily A McCourt, MD is a member of the following medical societies: American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, American Society of Cataract and Refractive SurgeryDisclosure: Nothing to disclose. Additional Contributors Feng Zhao, MD, PhD Private Practice, Allatoona Eye Institute Feng Zhao, MD, PhD is a member of the following medical societies: American Academy of Ophthalmology, American Medical Association, Georgia Society of Ophthalmology, American Society of Cataract and Refractive Surgery, International Society of Refractive SurgeryDisclosure: Nothing to disclose. Most cases are mild to moderate and are self-limited. Babies present with redness and swelling of the eyelids, 'sticky eyes' and/or discharge from one or both eyes.2Ideally, a swab of the discharge should be obtained in order to determine which organism is responsible. It is an acute emergency and requires immediate treatment and referral because of the significant risk of corneal perforation and intraocular infection that can very quickly lead to blindness.1ON is most common in the babies of mothers infected with the sexually transmitted diseases Chlamydia trachomatis or Neisseria gonorrhoeae. February 2004. DOI: 10.1002/14651858.CD001862.pub3. In addition, it is important to treat the mother and her partner.Ophthalmia neonatorum can be prevented before birth by treating maternal infection due to Chlamydia trachomatis or Neisseria gonorrhoeae.After birth, the infection can be prevented by cleaning the baby's eyes using normal saline and applying an antibiotic eye ointment, such as tetracycline or erythromycin.Avoid the use of silver nitrate, if possible, as it is associated with chemical conjunctivitis.Types of ophthalmia neonatorumChlamydial conjunctivitis is the most common type of ON.1 It usually presents within 5-14 days of life with redness of the eyes and mucopurulent eye discharge. World Health Organization. Kalpana K Jajla, MD Private Practice, Clarity Eye Center Kalpana K Jajla, MD is a member of the following medical societies: American Academy of OphthalmologyDisclosure: Nothing to disclose. Interventions for preventing ophthalmia neonatorum. Topical antibiotics such as erythromycin ointment may be used as an additional therapy. Alternatives include kanamycin and spectinomycin.2For chlamydial ON, the recommendation is 50 mg/kg of erythromycin syrup per day, divided into 4 doses, for 14 days.2Regardless of which organism caused the infection, frequent saline irrigation and cleaning of the eyes is necessary to remove the eye discharge.

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