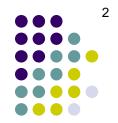
Q



Fill in the blanks:

 Conjunctivitis occurring within the first month of life is called _____.





• Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum.



 Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum

Is ophthalmia neonatorum a common condition?

Q/A



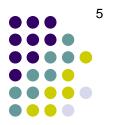
Fill in the blanks:

Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum

Is ophthalmia neonatorum a common condition?

That depends on two things: The local rate of _____, and whether the local medical milieu is strong, especially with respect to pre- and perinatal care.

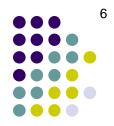




Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum

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That depends on two things: The local rate of STDs , and whether the local medical milieu is strong, especially with respect to pre- and perinatal care. In resource-rich countries the prevalence is about 1 in ## live births, whereas in impoverished portions of east Africa it's as high as 1 in ###

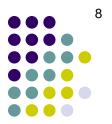




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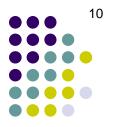
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Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum

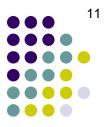
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Can infants delivered via C-section acquire an STD-based ophthalmia neonatorum?



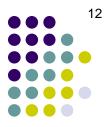
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Can infants delivered via C-section acquire an STD-based ophthalmia neonatorum?

They can indeed. The infection can ascend to the uterus, especially if there is prolonged three words



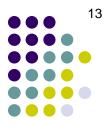


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Can infants delivered via C-section acquire an STD-based ophthalmia neonatorum? They can indeed. The infection can ascend to the uterus, especially if there is prolonged rupture of membranes.





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Can infants delivered via C-section acquire an STD-based ophthalmia neonatorum? They can indeed. The infection can ascend to the uterus, especially if there is prolonged rupture of membranes. The point being, cesarean delivery is not 100% effective in preventing ophthalmia neonatorum.



 Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum. The most common cause is







• Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum. The most common cause is other nitrate





Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum. The most common cause is chemical 2° to silver nitrate ; if presents within ____ and improves within ____.





Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum. The most common cause is chemical 2° to silver nitrate ; if presents within 24° and improves within 48°.

Q

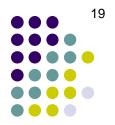


Fill in the blanks:

• Conjunctivitis occurring within the first month chemical 2° to chemical 2° to silver nitrate chemical 2° to silver nitrate ; if presents within 24° and improves within 48°.

Is silver nitrate currently in common usage?



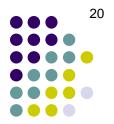


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Not in resource-rich countries

Q



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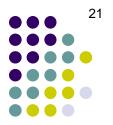
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Why was it used in the first place?

Q/A



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Why did it fall out of favor?

Q/A



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Why did it fall out of favor?
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Conjunctivitis occurring within the first month chemical 2° to chemical 2° to chemical 2° to silver nitrate
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Not in resource-rich countries

Which two compounds have largely supplanted silver nitrate in gonococcus such countries?





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Erythromycin and tetracycline

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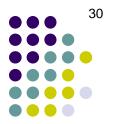
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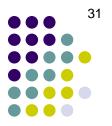
Is silver nitrate still used in resource-poor countries?

Why was it used in the first place? lanted silver nitrate in gonococcus

> favor? st_Chlam

st Chlamydia





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Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum. The most common cause is ophthalmia neonatorum. The most common cause is ophthalmia neonatorum. The most common bug in the US is _____.







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In two words, how would you characterize Chlamydia trachomatis with respect to its fundamental biologic properties?

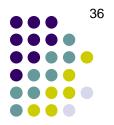
It is an bacterium



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Let's take a step back and make sure we're on the same page here...

(No question—proceed when ready)



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- -- ?
- --?
- --?





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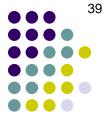
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- --Trachoma
- --Inclusion conjunctivitis
- --Lymphogranuloma venereum





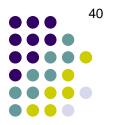
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- --Trachoma: ?
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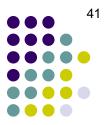
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- --Trachoma: Serotypes
- --Inclusion conjunctivitis: Serotypes
- --Lymphogranuloma venereum: Serotypes



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Let's take a step back and make sure we're on the same page here...

- --Trachoma: Serotypes A, B, C





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- --Trachoma: Serotypes A, B, C
- --Inclusion conjunctivitis: Serotypes?





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- --Trachoma: Serotypes A, B, C
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- --Lymphogranuloma venereum: Serotypes



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- --Trachoma: Serotypes A, B, C?
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Of the three, which are we referring to when we talk about Chlamydial ophthalmia neonatorum?



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Of the three, which are we referring to when we talk about Chlamydial ophthalmia neonatorum? (Neonatal) inclusion conjunctivitis



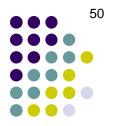
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How does Chlamydial ophthalmia neonatorum typically present?

Q/A



Fill in the blanks:

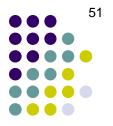
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How does Chlamydial ophthalmia neonatorum typically present? With a mild to moderate filmy discharge, mild swelling of the eyelids, and conj hyperemia with a histologic type reaction.





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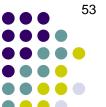


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Severe case of *Chlamydia* ophthalmia neonatorum with copious discharge and pseudomembrane formation. Note also the papillary conj reaction



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Membranes and pseudomembranes differ in what fundamental ary reaction. That said, way when they're peeled from the ocular surface?

pseudomembrane

Q/A



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How does Chlamydial ophthalmia neonatorum typically present? With a mild to moderate filmy discharge, mild swelling of the eyelids, and conj hyperemia with a papillary reaction. That said, severe cases with copious discharge and pseudomembrane formation can occur.

- --?
- --?
- --?





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How does neonatal inclusion conjunctivitis differ from the adult version? --Membrane formation does not occur in adults

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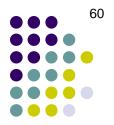
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How does neonatal inclusion conjunctivitis differ from the adult version?

- --Membrane formation does not occur in adults
- --The amount of mucopurulent discharge is much

less vs more in adult dz





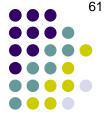
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- --Membrane formation does not occur in adults
- -- The amount of mucopurulent discharge is much less in adult dz
- -- In adult dz, the conj reaction is follicular, not papillary



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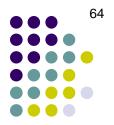
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--Follicular

How does neona --Papillary

- --Membrane form ______
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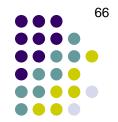
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In a nutshell, what does an inclusion body look like?





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In a nutshell, what does an inclusion body look like?

It looks like a prominent 'cap' resting on the structure of a conjunctival cell

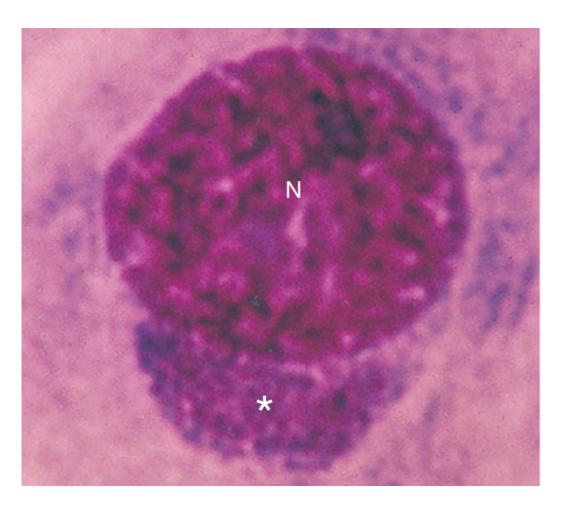




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Chlamydia, conjunctival scraping, Giemsa stain. The cytoplasmic inclusion body (asterisk) can be seen capping the epithelial cell nucleus (N).



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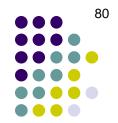


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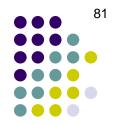


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How does gonococcal conjunctivitis present?





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How does gonococcal conjunctivitis present?

On a spectrum ranging from mild conj injection/discharge to chemosis + hyperacute, copious discharge





Severe Neisseria gonorrhoeae conjunctivitis



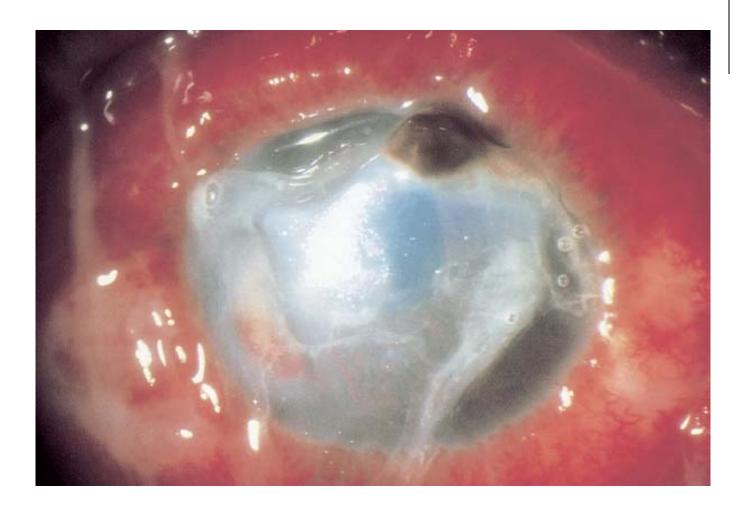


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How does gonococcal conjunctivitis present?

On a spectrum ranging from mild conj injection/discharge to chemosis + hyperacute, copious discharge. Of particular concern is the possibility of corneal involvement, which can evolve rapidly from ulceration to perforation.





Peripheral corneal ulceration and perforation occurring several days after onset of hyperacute conjunctivitis caused by *N gonorrhoeae*

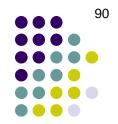


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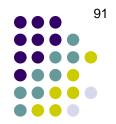




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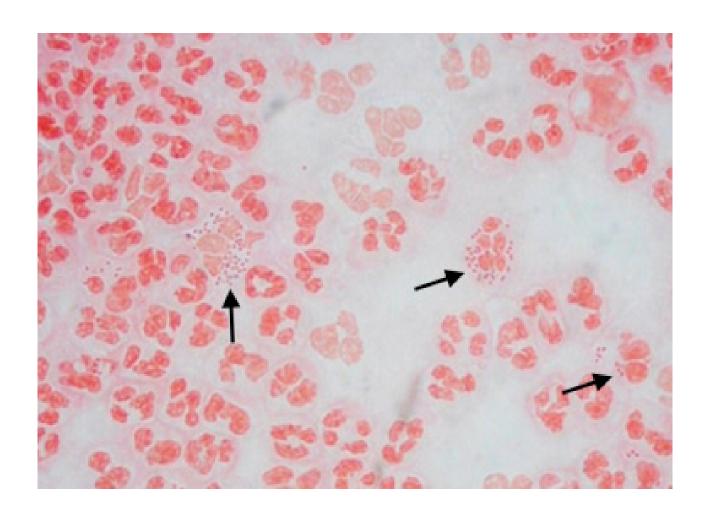


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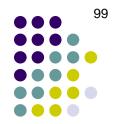
Neisseria gonorrhoeae ophthalmia neonatorum: Gram stain showing PMNs and Gram negative intracellular diplococci (arrows).



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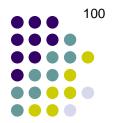


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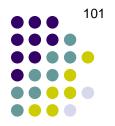


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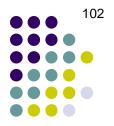


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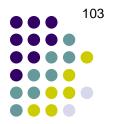
In what circumstance should topical antibiotics be used as well?



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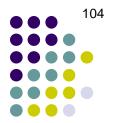
In what circumstance should topical antibiotics be used as well?

If/when there is corneal involvement

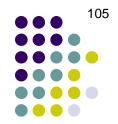


- Conjunctivitis occurring within the first month of life is called ophthalmia neonatorum. The most common cause is chemical 2° to silver nitrate; it presents within 24° and improves within 48°. The most common bug in the US is chlamydia. Onset is typically in days. Staining reveals inclusion bodies; the best stain is Giemsa. Treatment is systemic improper treatment can lead to otitis media and/or pneumonitis.
- The most *feared* bug is <u>Gonococcus</u>. Onset is typically in <u>3-4</u> days, but can be delayed up to <u>3</u> weeks. Staining reveals <u>diplococci</u>; the best stain is <u>Gram's</u>. Two culture media are used: the selective media is <u>Thayer-Martin</u>, the nonselective <u>chocolate</u>. Treatment is with <u>systemic ceftriaxone</u> and irrigation. You should also treat for <u>______</u>



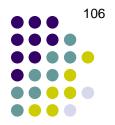


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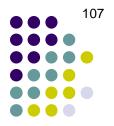


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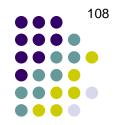
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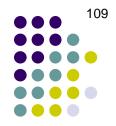
This speaks to a point that bears emphasis: Because a mother may have multiple sexually transmitted diseases, *infants with one type should be screened for others*

nonselective chocolate. Treatment is with systemic ceftriaxone and irrigation. You should also treat for chlamydia, and you should check mom for chlamydia as well.



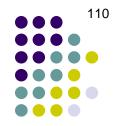
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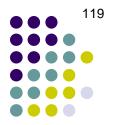




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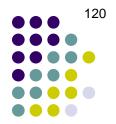
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Fill in the blanks:

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24 hours? Chemical

3-4 days? **GC**

7 days? **Chlamydia**

10-14 days? **HSV**

However, when caring for actual patients in the real world, such generalities should not be given undue weight!

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