

Mimicking Picture of Infectious Conjunctivitis



To the Editor:

Narayana and McGee¹ published an article titled “Bedside Diagnosis of the ‘Red Eye’: A Systematic Review” in *The American Journal of Medicine*. Determining whether a patient with the condition should be referred to a specialist is critical, and the authors provided useful information for evaluating red eye. However, we raise some concerns related to the topic.

Narayana and McGee¹ concluded that bacterial conjunctivitis exhibits bilateral matting of the eyes or purulent drainage more commonly than viral conjunctivitis does. However, the onset time of these symptoms should be evaluated. For example, epidemic keratoconjunctivitis, which is a common adenovirus infection, is initially predominantly unilateral but becomes bilateral in up to 70% of cases.² In addition, although less purulent discharge is observed in virus infection, pseudomembrane formation,³ which is a common complication of epidemic keratoconjunctivitis, causes the sticky sensation of the eyes being “glued together” after waking. It is worthwhile for physicians to be aware of these conditions.

As mentioned by Narayana and McGee,¹ bacterial conjunctivitis can, in most cases, be treated using topical antibiotic drops; however, gonococcal conjunctivitis and chlamydial conjunctivitis are also bacterial infections

requiring systemic antibiotic treatment, and administering only topical eye drops may be insufficient. These 2 types of sexually transmitted disease may co-occur with other systemic infections and should not be considered as a single ophthalmological condition. Oral azithromycin or doxycycline is effective in treating chlamydial conjunctivitis,⁴ and intramuscular ceftriaxone is required for gonococcal conjunctivitis.⁵

In conclusion, Narayana and McGee¹ provided critical information for clinical bedside diagnosis; however, the aforementioned comments might provide additional information that physicians should consider.

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