

Short Communication

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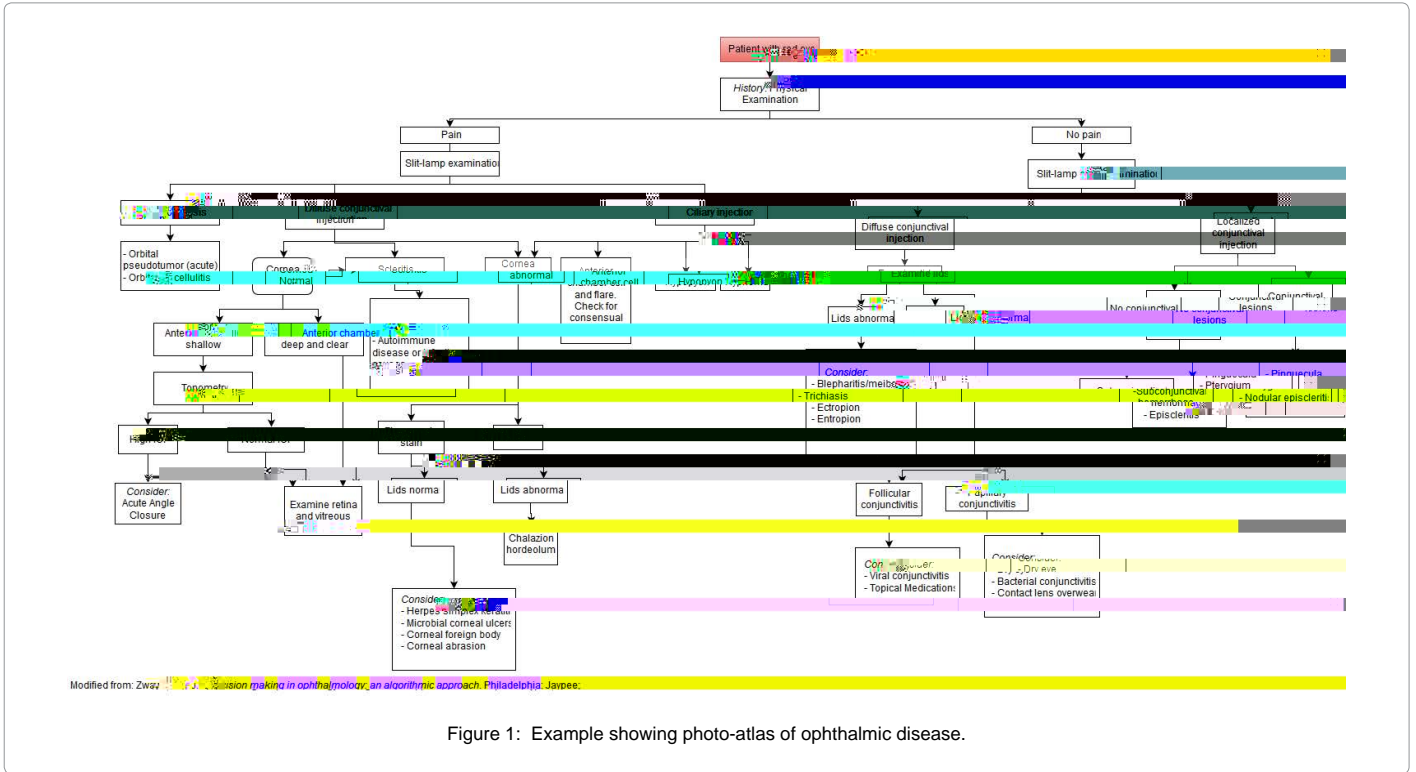


Figure 1: Example showing photo-atlas of ophthalmic disease.

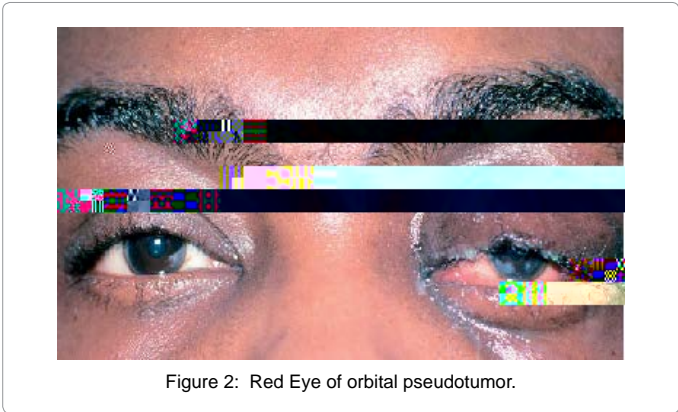


Figure 2: Red Eye of orbital pseudotumor.

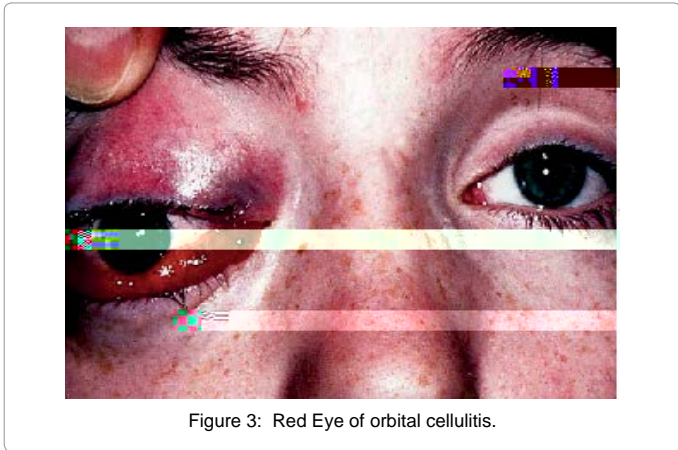


Figure 3: Red Eye of orbital cellulitis.

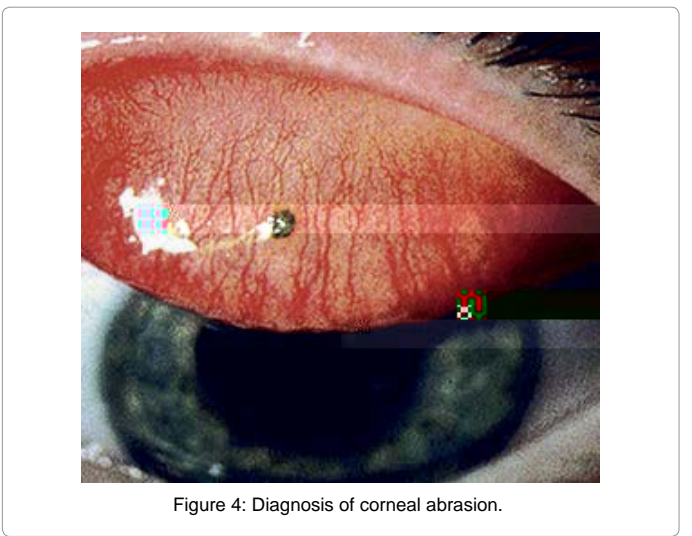


Figure 4: Diagnosis of corneal abrasion.

irritation and malposition of the eyelid such as an ectropion and entropion.

In the absence of lid abnormalities, diffuse non-painful conjunctival injection may be caused by conjunctivitis. The distinctions between follicular and papillary conjunctivitis are helpful to determine treatment but these often require slit lamp examination. Follicles are best seen in the inferior conjunctival fornix, often called cul-de-sac. Papillae can be small or 'giant' and present a mosaic-like or studded cobblestone pattern. The most commonly encountered red eye may be viral conjunctivitis (Figure 8), colloquially called a pink eye. These patients may also endorse having a recent upper respiratory tract infection, sore throat, or contact with someone who was ill. They may also have cervical lymphadenopathy. Patients may describe their eyes as being matted shut when they wake up in the morning and mention

be found in blepharitis and meibomitis which can spill over into the conjunctiva. Trichiasis (ingrowth of eyelashes) may cause mechanical

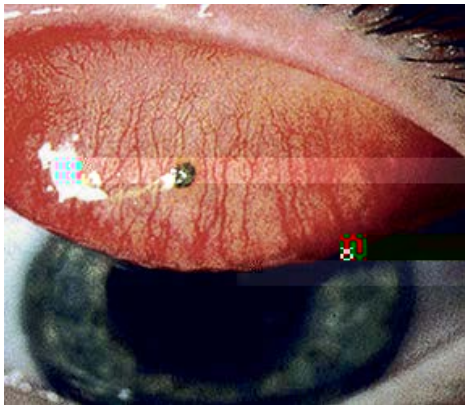


Figure 5a: Diagnosis of corneal infection on foreign body.

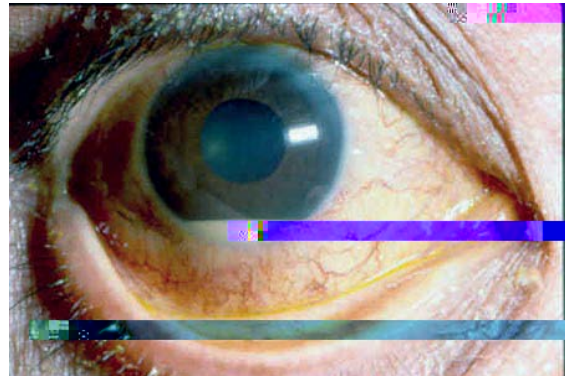


Figure 6: Red eye with the presence of hypopyon.

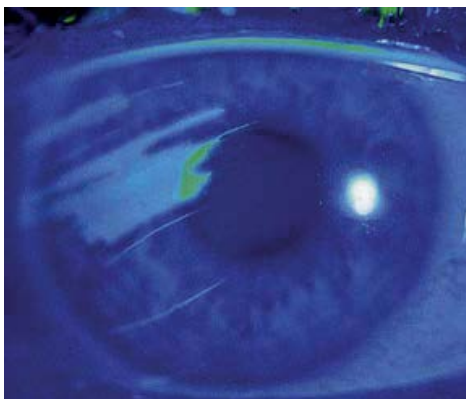


Figure 5b: Diagnosis of corneal infection on keratoconjunctivitis.

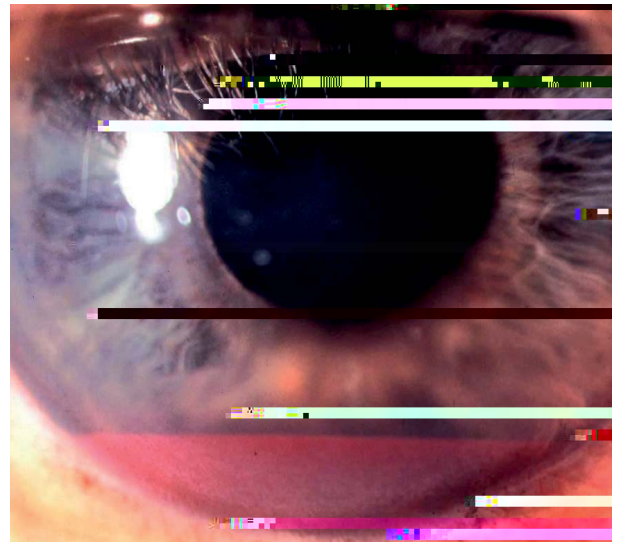


Figure 7: Painful red eye with hyphema.



Figure 5c: Diagnosis of corneal infection on corneal ulcers.

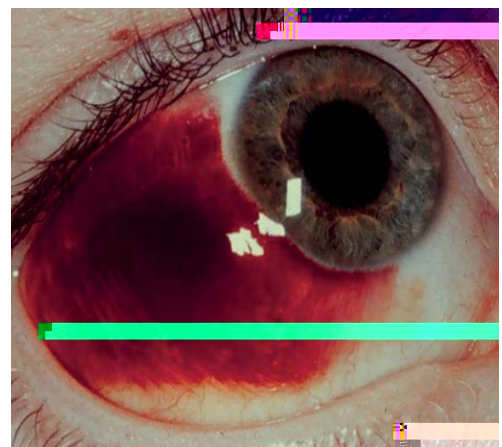


Figure 8: Pain full red eye with viral conjunctivitis.

that their eyes express a clear discharge. Viral conjunctivitis is very contagious and strict hand hygiene is to be followed to avoid outbreaks particularly at health care centers. The clinic supervisor should be notified so that your sanitization protocol can be followed when these patients are encountered.

Non-painful focal lesions of the conjunctiva may become irritated and inflamed. Pinguecula and pterygium are easily diagnosed (Figure 9). These lesions may arise from the nasal or the temporal aspect of the eye. Atypical inflamed lesions may need to be excised to rule

out malignancy. Localized non-painful 'redness' of the conjunctiva-

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