

Viral conjunctivitis

Viral conjunctivitis is one of the most common conjunctivitis. Onset is usually very rapid, the patient complains of burning eyes (feeling of sand in the eyes), serous to serumucinous secretion, conjunctival infection, swelling of the eyelids, follicular reactions and swelling of the submandibular and preauricular nodes are visible. Virtually all viral agents (but most often *adenoviruses*) cause follicular conjunctivitis, sometimes with a transition to keratitis.

Adenoviral conjunctivitis

The disease is highly infectious, transmission is via secretions from the eyes or respiratory tract on subject daily is needed. Direct transmission by contact with an infected person is also possible. The duration of the disease is 3-6 weeks with the highest infectivity in the first week and a half. In clinical practice, we distinguish the course of infection as epidemic keratoconjunctivitis or as pharyngoconjunctival fever.

Epidemic keratoconjunctivitis (EKC)

It is common in the adult population and is distinguished in three clinical stages.

- Stage I - **keratitis punctata** in the first week of the disease
- Stage II - **keratitis epithelialis profunda** in the second week of the disease
- Stage III - **keratitis subepithelialis nummularis** in the third week

The first two stages result from the direct toxicity of the virus to the corneal epithelium. The infectivity of the infected is therefore the highest. In the third stage the infiltrates are already deposited subepithelially and in the surface layer of the corneal stroma. It can last for months to years.

Therapy

We do not deal with EKC causally, we **symptomatically** apply **eyelids**, **vasoconstrictors** and **short-term corticoids** (maximum recommended time is one week) during a severe course affecting visual acuity.

Pharyngoconjunctival fever (PCF)

It is typical in **children** patients, preceded by an upper respiratory tract infection accompanied by febrile illness. The onset is very rapid, follicular reactions of the eyelids, preauricular lymphadenopathy and keratitis epithelialis punctata are typical manifestations. In severe cases, we also encounter pseudomembranes and petechias. As with EKC, the therapy is purely symptomatic. As it affects children, cooperation with parents and sufficient erudition in the field of hygiene and the use of disposable daily necessities are essential.

Acute hemorrhagic conjunctivitis

It is a highly infectious disease caused by *enterovirus*. As the name implies, subconjunctival hemorrhage and its swelling dominate in the clinical picture, as well as mucous secretion and lymphadenopathy of the preauricular nodes. An infected person feels tired when accompanied by inflammation of the upper respiratory tract. Therapy is symptomatic.

Herpetic conjunctivitis

Herpes simplex viral conjunctivitis is very often unilateral, recurrent blepharoconjunctivitis with eyelid vesicles, conjunctival follicular response, and preauricular node lymphadenopathy. The viruses behind inflammation are HSV 1 and 2. A **dendritic epithelial lesion** or **keratitis punctata** is typical. We can make diagnosis from the lesions, as well as from detection of the viral agent or from culturing the virus. However, HSV conjunctivitis often occurs undiagnosed.

Keratitis dendritica - diagnosis visible by slit lamp examination. Fluorescein is used to elucidate the typical branched corneal patterns for herpes viruses.

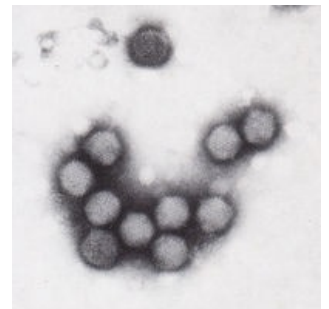
Therapy

Antivirals locally in drops or ointments, in case of recurrent infections it is recommended to use them in general. Corticosteroids are strictly contraindicated.

Molluscum contagiosum



Viral conjunctivitis



Adenovirus in electronic microscope

Skin disease caused by *poxvirus* can occur at the edge of the eyelid, where it can cause chronic conjunctival irritation and inflammation. Treatment is surgical using excision or curettage.

Links

Related articles

- Conjunctivitis
- Bacterial conjunctivitis
- Herpes virus

Bibliography

- ROZSÍVAL, Pavel, et al. *Oční lékařství*. 1. edition. Praha : Galén, 2006. 373 pp. ISBN 80-7262-404-0.
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