Eye Health Center of Troy

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Medicine Resident Teaching Series: Red Eyes Int

When not to refer

If it is a simple conjunctivitis—it will get better. If there is associated mucoid or purulent discharge it is infective conjunctivitis. It is generally hard to differentiate between bacterial and viral conjunctivitis, sometimes even for ophthalmologists. If the eyes are matted it is safe to treat with topical antibiotic. Trimethoprim is a good choice in people not allergic to sulpha. If there is only watery discharge, it is most likely viral and it is safe to observe conservatively. Cold artificial tears (placed in the refrigerator) soothe the eye and provide relief. Sometimes, in order to avoid a bacterial superinfection in people who work or students who attend classes, topical antibiotic may be used.

Try to avoid ointment. It is annoying because it causes blurred vision.

Generally fluoroquinolones or cephalosporins are not needed unless there is a history of allergy to sulphur.

Itching is a hallmark of allergic conjunctivitis and it is safe to treat with antihistamines (Visine, Zaditor, Alaway). If it is chronic, use mast cell inhibitor (Patanol, Lastacaft).

When to refer

If there is pain, photosensitivity or visual blurring or the redness does not go away after a week , it is either a complicated conjunctivitis with corneal involvement or it is iritis and both need Slit lamp examination of the eye and so a referral to ophthalmologist is needed. Severe cases of allergic conjunctivitis where there is obvious lid edema and intense intense injection of the conjunctiva may need additional work up and specialized treatment with topical mast cell inhibitors with and without steroids and are best treated under ophthalmology supervision.