

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

Join the Community!

Meet your fellow OHIG members in the **AAO/OHIG Community**

Read about physicians practicing in Ukraine, factors associated with higher mortality in NAT, and emerging genetic testing for drug resistant CMV.

Click to join: [OHIG Community!](#)

Hospitalist Openings

Check out multiple open hospitalist positions located throughout the US including AZ, CA, OH, FL, NY, and TX. Info on the [OHIG Website](#).

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the [OHIG website](#).

Call for Cases

Have an interesting case or topic you'd like to share on a future newsletter? Email ohig@ohig.org

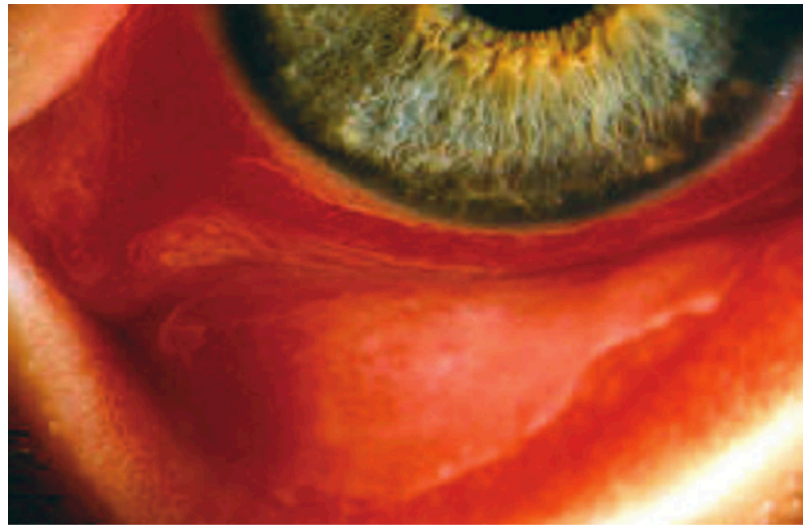


Image Source

Articles

[*Efficacy of a Single Administration of 5% Povidone-Iodine in the Treatment of Adenoviral Conjunctivitis, AJO, 2021*](#)

Therapeutic options for EKC are limited. Here is an article suggesting that a single dose of betadine can reduce viral load and hasten resolution of symptomatic EKC infection. May be worth a quick squirt on consults!

[*Outbreak of Adenovirus Serotype 8 Conjunctivitis in Preterm Infants in a NICU, J of Hospital Infection, 2011*](#)

A report of an adenovirus outbreak in a neonatal ICU in Turkey linked to ROP exams emphasizing the importance of regular equipment cleaning in between consult patients.

[*Treatment of Acute Conjunctivitis in the US and Evidence of Antibiotic Overuse, Ophthalmology, 2017*](#)

An editorial sponsored by the AAO looking at patterns of antibiotic overuse and what we can do to help address this.

PEARLS



EKC Viral Membrane Tips



Viral conjunctival membranes can be peeled with jeweler forceps. These membranes are often laden with virus and can be sent for Adenoviral PCR testing with high yield results.

[Click here](#)

Disposable Instruments



Disposable instruments are useful when sterilization options are limited and can help prevent unwanted viral spread by keeping contaminated instruments out of the consult bag. Katena has a nice selection.

[Click here](#)

CONSULT ROUNDS



You are paged by the ER about a 3 year old male with reported spontaneous “bruising and bleeding around the eyes” x 2 days. The parents tell you their son is otherwise healthy and deny any recent episodes of trauma.

The child is extremely fearful which limits your exam. He BTL in both eyes and has normal pupillary responses without obvious APD. IOP is normal to palpation. Ocular movements are full without significant proptosis.

The anterior segment is notable for moderate right sided periocular lid edema with mechanical ptosis along with bilateral periocular ecchymosis. Bilateral SCH are also present OD>OS. The corneas are clear without epithelial defects. Anterior chambers are formed without hyphemas. The remainder of the exam including fundusoscopic evaluation could not be performed due to significant patient agitation.

With a limited exam you are unable to rule out the possibility of underlying infection, neoplasm, leukemia, or NAT. The decision is made to move forward with imaging and a sedated eye exam.

Orbital CT is negative for intracranial hemorrhage or orbital pathology or fractures. After the patient is sedated you note dense bilateral white conjunctival membranes along the upper and lower palpebral surfaces, overall suggestive of a viral process. The membranes are removed at bedside with forceps and sent for viral PCR testing. Other than bilateral SCH, the remainder of the exam is wnl.

Given his overall clinical and radiographic findings a likely diagnosis of acute hemorrhagic viral conjunctivitis with associated periocular ecchymosis is made. The patient is started on Tobradex drops twice daily to reduce his conjunctival membrane formation. He is seen for follow up in 1 week and has complete resolution of all his clinical findings. Viral PCR eventually confirms a diagnosis of Adenovirus.

Case Comments:

We felt this was an interesting case of acute hemorrhagic viral conjunctivitis with associated periocular ecchymosis - a less common presentation but reported in the literature. Within the pediatric population it can pose an initial diagnostic dilemma raising the question of NAT, neuroblastoma, leukemia, etc. Other causes of acute hemorrhagic conjunctivitis include enterovirus and coxsackievirus, viral PCR testing for these entities is usually limited.

Representative Case Photo Source:

https://www.bahrainmedicalbulletin.com/December_2016/FAMPHY_DECEMBER%202016.pdf

Have you seen any similar cases at your institution?

Share your experience on the AAO/OHIG Community. [Click here](#)