

# Preventive Measures and Diagnosis of Conjunctivitis

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## Commentary

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## DESCRIPTION

Conjunctivitis, sometimes referred to as pink eye is an inflammation of the inner surface of the eyelid and the outermost layer of the white area of the eye. It gives the eye a pink or reddish appearance. Itching and pain are possible side effects. Additionally, the white area of the eye may swell. More frequently, itching occurs when there are allergies. One or both eyes may be affected by conjunctivitis. Viral and bacterial infections are the two most frequent infectious disease. The viral infection may also show cold-related symptoms.

## Preventive measures and diagnosis

People can readily contact viral and bacterial illnesses from one another. On occasion, a discharge sample is sent for culture. Hand washing is an aspect of prevention. The underlying reason determines the course of treatment. Most viral infections do not have a specific therapy. The majority of bacterial infection cases also get better on their own. It is important to treat persons who wear contact lenses and those whose infection is brought on by gonorrhoea or chlamydia. Mast cell inhibitor drops or antihistamines can be used to treat allergic situations. In the US, 3 million to 6 million people experience acute conjunctivitis annually. Viral reasons are more frequent in adults but bacterial causes are more frequent in youngsters. People usually recover in a week or two. If there is vision loss, severe discomfort, light sensitivity, herpes symptoms or if the symptoms do not go away within a week, more testing

and treatment may be necessary. Neonatal conjunctivitis, often known as conjunctivitis in newborns may also need particular care.

All varieties of conjunctivitis have the symptoms of red eyes, swollen conjunctiva and watery eyes. However, the visual acuity should be normal and the pupils should be normally receptive. The symptoms of conjunctivitis are red eyes with severe inflammation and irritation. Slit lamp examinations (biomicroscopes) may increase the precision of the diagnosis. The palpebral conjunctiva which covers the inner parts of the eyelids is typically easier to examine and more diagnostic than the bulbar conjunctiva which covers the sclera.

Since most illnesses are treated with either time or standard antibiotics, cultures are not frequently taken or required. If bacterial conjunctivitis is suspected but topical medications show less effect, smears for bacterial culture should be taken and examined. In clusters of epidemic cases, viral culture might be necessary. To determine the allergen that is causing allergic conjunctivitis, a patch test is utilised. Conjunctival scrapes for cytology are infrequently performed due to the expense and general lack of laboratory personnel skilled in handling ocular specimens, despite the fact that they can be helpful in identifying chlamydial and fungal infections, allergies and dysplasia. Occasionally, when granulomatous illnesses (such sarcoidosis) or dysplasia are suspected, conjunctival incisional biopsy is performed.

The best defence is good hygiene, especially preventing from rubbing contagious hands in the eyes. *Adenovirus*, *Haemophilus influenzae*, *pneumococcus* and *Neisseria meningitidis* vaccinations are also useful. Most eye diseases are conjunctivitis. Disease rates are correlated with underlying causes which change with age and season. The most common populations that get acute conjunctivitis are infants, children in school and the elders. The most frequent cause of infectious conjunctivitis is viral conjunctivitis. 6 million Americans are thought to suffer from acute conjunctivitis each year. The occurrence of various kinds of conjunctivitis has shown certain seasonal variations. From December to April is when bacterial conjunctivitis is most common, summer is when viral conjunctivitis is most common and spring and summer are when allergic conjunctivitis is most common.