

OPHTHALMIA NEONATORUM

= any conjunctivitis occurring in the first 28 days of life.

Incidence

Affects 1-12% of infants in the western world & \leq 23% in developing countries.

Risk Factor

Presence of STD in the mother with a high rate of transmission during delivery.

Causes**Bacterial**

Subacute onset between days 4 and 28. Causes include Gonorrhoea & Chlamydia.

- *Neisseria gonorrhoea* (<1%) - typically 1-5 days after birth but it may occur later.
- *Chlamydia trachomatis* (2-40%) - 5-14 days after birth.
- Non-sexually transmitted bacteria (30-50%) - *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus* species and other Gram-negative bacteria.

Viral

1-14 days after birth. Most commonly Herpes Simplex.

Presentation

- Gonorrhoea

Hyperacute conjunctival injection and chemosis, lid oedema and severe purulent discharge. There may be associated corneal ulceration and perforation. Can progress rapidly to corneal damage and permanent visual impairment. May also cause systemic complications.

- Chlamydia

Uni or bilateral watery discharge that becomes purulent and copious. There may be associated preseptal cellulitis. The eyes are usually less inflamed than in gonorrhoea. Rarer complications include rhinitis, otitis and pneumonitis.

- Viral

Uni or bilateral serosanguinous discharge with or without vesicular skin lesions. Other features may include keratitis, anterior uveitis, cataract, retinitis and optic neuritis. Uncommonly, systemic infection may occur causing jaundice, hepatosplenomegaly, pneumonitis, meningoencephalitis and DIC.



CRANIAL NERVE PALSIES

CN III (Oculomotor)

Eye deviated down & out

Dilated pupil

Ptosis

Vertical and horizontal diplopia



CN IV

Compensatory position head tilt (towards contralateral side)

Facial asymmetry

Torsional diplopia worse on downward gaze



CN VI

Unable to abduct affected eye

Lateral gaze palsy

