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Conjunctivitis

The infamous condition known as “pink eye” is actually medically called *conjunctivitis*. What it truly means is an inflammation of the mucous membrane on the inner side of the eyelids. Although it is one of the most common pediatric illnesses, it is usually not a serious condition. Parents understandably become anxious when their child develops symptoms such as bright pink eyes and yellow-green pus that can make the eyelids stick together, particularly upon awakening in the morning. However, when I examine patients with conjunctivitis at my office I pay more attention to two other factors. Firstly, to the overall condition of the child (lethargy, high fever or shortness of breath), and secondly, to the swelling and color of the upper and lower eyelids.

Causes of Conjunctivitis

Bacterial causes of conjunctivitis include non-typeable H. Influenza, staphylococcus and streptococcus. Viruses and allergies are also very common causes of conjunctivitis. Both the bacterial and viral infections are contagious, so make sure your child does not share towels, washcloths, and pillows with other family members. Careful hand washing is the most important preventive measure.

Treatment

The most important take home message this week comes again through a lesson I learned from my father Dr. Eliyahu Simai: “You must respect the danger bacteria poses – proper hygiene is the key for healing”. As a pediatrician, I noted that most complicated cases of conjunctivitis occurred when parents used unsanitary tissues or washcloths to wipe the mucus of their children’s eyes. This method introduces very potent and dangerous bacteria to the eyes. So my advice this week is to take the following steps when treating conjunctivitis:

- First, wash your hands with soap and water or use a hand sanitizer before touching your child’s face.
- Second use either sterile gauze or tea bags (Lipton or chamomile only!!!) dipped in warm, *boiled* water to perform a compress on the eyes and to wipe off the mucus. Please perform the warm compress only *before* administering any eye drops prescribed by your doctor, otherwise, the warm compress will dilute the drops that you worked so hard to instill into the child’s eyes.

Viral infections tend to clear up on their own in a few days. Your doctor may prescribe an antibiotic—either eye drops or an ointment—for bacterial conjunctivitis; make sure your child uses the antibiotic for the prescribed time period, even if the symptoms disappear.



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Two adults may be needed to administer the drops: one to hold the eye open and reassure the child while the other adult actually puts the drops in the eye. Please follow the hand washing guidelines mentioned above prior to administering the drops.

Over The phone Treatment of Conjunctivitis

Many parents call and ask for antibiotic eye drops over the phone. As primary care physicians, we try to accommodate our patients' lives as much as we could. However, treating conjunctivitis over the phone is risky. First, the over treatment of conjunctivitis with antibiotics may lead to the emergence of "super-bugs" in your child's eyes - resistant bacteria that will not respond to conventional antibiotics and may be life threatening. Second, many times a child with conjunctivitis has other illnesses associated with the eye infection and only a physician could correctly diagnose these diseases. For example, *Kawasaki Disease* is a life threatening illness that presents with high fevers, rashes, enlarged glands and *conjunctivitis*. If a parent asks for over the phone treatment of the eyes and doesn't realize that their child has a mild rash or enlarged glands (which are usually not noticed by most caregivers) this condition may lead to Aortic Aneurysms and severe, chronic and debilitating conditions. From my experience in diagnosing Kawasaki Disease patients, the eye findings were a crucial part of my decision making in those situations.

So the next time your child presents with a pick eye, please take the responsible approach and see your doctor promptly.

Wishing you a healthy winter,

David Elazar Simai M.D.