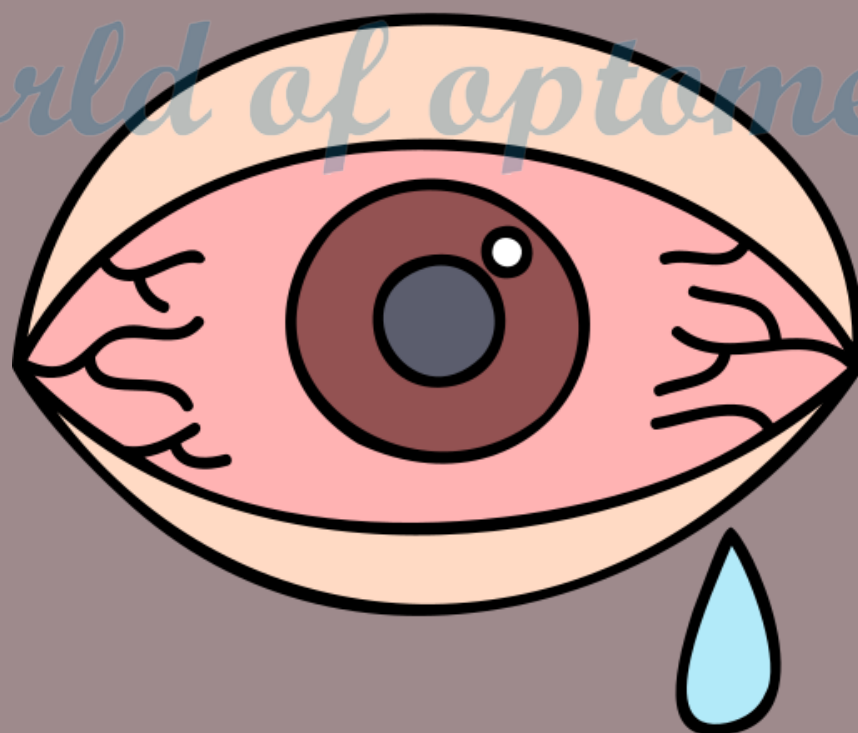




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Two Case Study

ALLERGIC CONJUNCTIVITIS



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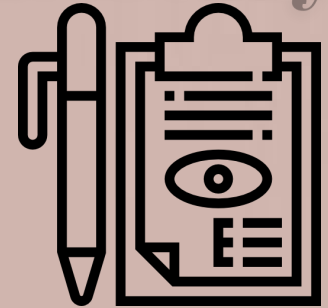
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Patient History



CHIEF COMPLAINTS: 13 year-old, Male patient came with the complaint of redness & itching for 4 days associated with clear watery discharge in the morning, It affected **Left eye** first then spread to the **Right eye**.

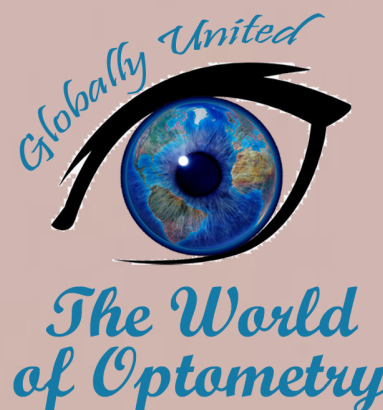
PAST OCULAR HISTORY: No history of spectacles or contact lenses wear. No history of eye trauma or any surgery. No history of Binocular Vision Anomalies.

OCULAR MEDICATIONS: No any topical medications.

PAST MEDICAL HISTORY: No any significant history (Healthy).

SURGICAL HISTORY: No history of surgery.

PAST FAMILY OCULAR HISTORY:
No significant ocular history.

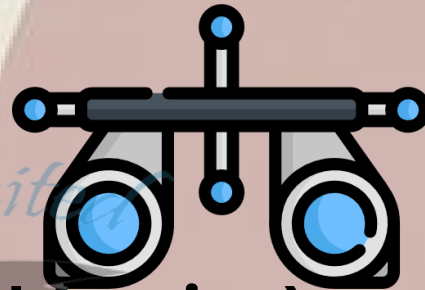


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Ocular Examination

Visual Acuity (Habitual):

- OD: 20/20
- OS: 20/20



Refraction (Objective & Subjective):

- Plano OU

Intraocular Pressure (GAT):

- OD: 17mmHg
- OS: 14mmHg



Slit Lamp Findings:

- Conjunctiva: Mild papillary reaction on the Palpebral Conjunctiva OU & Mild redness on Bulbar Conjunctiva OU.
- Cornea: Clear OU.
- Lids: Upper and Lower Lid edema OU.
- Lens: No Abnormalities Detected OU.



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Clinical Features

Symptoms:

- Intense itching and burning sensation.
- Clear watery discharge.
- Mild photophobia.

Signs:

- Bulbar Conjunctiva: Hyperaemia and chemosis.
- Palpebral conjunctiva: Mild papillary reaction.
- Lids: Edema of upper and lower lid.



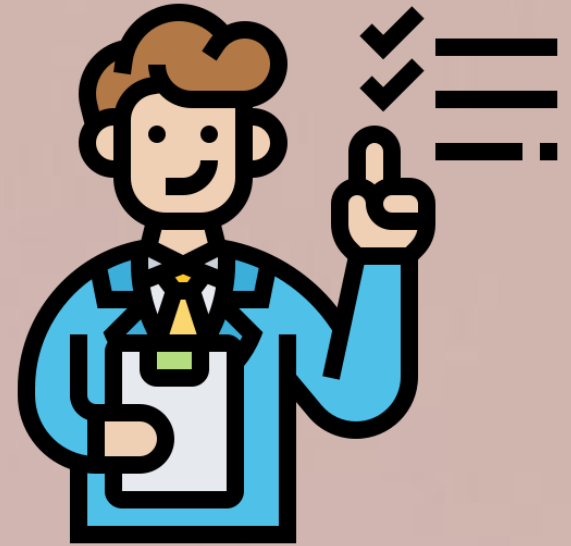
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DRAG TO THE SIDE
DRAG TO THE SIDE

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Diagnosis



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Treatment



1. **Elimination of allergens** if possible.
2. **Artificial Tears** and **cold compressions** for soothing effect.
3. **Mast cell stabilizers** to prevent recurrences (Sodium cromoglycate, Nedocromil sodium)
4. **Antihistamines** to control itching: tetrahydrozoline, naphazoline.
5. **Dual action antihistamines** and **mast cell stabilizers** to control for exacerbation (azelastine, olopatidine and ketotifen).



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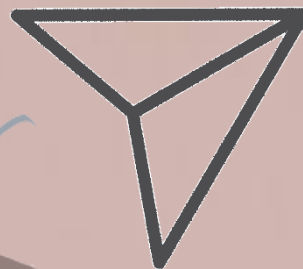
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