

## Letter to the Editor

# Viral conjunctivitis; a rising threat for Karachites amid Monsoon

Sir,

Viral conjunctivitis (VC), now renowned as red eye, is the most recent addition to the trend of frequent viral infections amid Karachi's rainy season. Conjunctivitis affects approximately 20-40% of the population worldwide.<sup>1</sup> However, the endemic rise of VC in Karachi is alarming and of great concern.<sup>2</sup>

Conjunctivitis, an infection of the conjunctiva, is the chief cause of Red-eye. Conjunctiva is the thin, clear membrane that lines the inside of the eyelids and covers the white, outer sclera. It is a transparent mucous membrane that lubricates the surface of the eyeball and the inside of the eyelid. Conjunctivitis may have an infectious or non-infectious etiology.<sup>3</sup> Numerous factors, including bacteria, viruses, chlamydia, fungi, and parasites, can result in infectious conjunctivitis. Allergens, toxins, and irritants are some of the noninfectious conjunctivitis causes.<sup>3</sup>

VC accounts for 75% of infectious conjunctivitis cases, the causative agent being Adenovirus. Adenovirus is a group of viruses responsible for various infections including; conjunctivitis, respiratory infections, gastroenteritis and pneumonia.<sup>4</sup> Therefore patients coming to the OPD with complaints of conjunctivitis often present with a history of common cold. The recent surge in VC is due to the abrupt change in weather conditions in Karachi. The humid environment during monsoon favors the growth and spread of microbes. Individuals confined to crowded spaces are more prone to catching VC; including school-going children, those commuting through public transport, in local bazaars and all those working in warm/humid environments.

VC's presenting complaints are as follows; itching and burning sensation in the eye, redness and inflammation of the eyelids or the eye, watery discharge from eyes, light sensitivity, formation of lumps near the ears or on eyelids, and in some cases visual acuity is affected due to involvement of cornea.<sup>5</sup>

VC is a self-limiting infection that usually resolves in up to 3 weeks. Treatment includes artificial tears for lubrication four to ten times a day. Compressing the periocular area with a wet washcloth may aid in providing relief. Peeling membrane or pseudo membrane, using jeweler forceps or topical anesthetic-soaked cotton swabs can improve patient comfort and prevent scar

formation. Topical steroids could be a potential option for treatment in patients with decreased vision due to their sub epithelial infiltrates or severe conjunctivitis infection. Another new promising treatment for adenoviral conjunctivitis is povidone-iodine, a non-specific disinfectant widely available as an antiseptic solution used in antiseptic preparation of ocular surgery. It has an extracellular effect in killing microorganisms but has no intracellular effects. Furthermore, it does not induce drug resistance because its mechanism is not immunologically dependent.<sup>4</sup>

Owing to the virulent nature of adenovirus, treatment mainly aims to relieve symptoms. Preventive measures are mandatory to limit its spread. Patients suffering from VC must; avoid contact with healthy individuals due to its ability to spread via physical contact, observe good hand hygiene, avoid sharing towels or linens and abstain from touching their eyes frequently. Using contact lenses without proper hygiene and frequent swimming pool visits should be avoided.<sup>4</sup>

In conclusion, we aim to warn and educate the masses regarding VC to counter its rapid spread amongst the population. We suggest holding different seminars entailing details about VC, discussing all possible treatment plans and the necessary preventative measures that should be immediately brought into effect.

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