

Allergic Conjunctivitis

Allergic Conjunctivitis in Children

Diagnosis and Assessment

- **Symptoms:** Allergic conjunctivitis typically presents with red, burning, itchy, watery eyes, and eyelid swelling; sometimes accompanied by a rhinitis or sneezing. Symptoms may worsen seasonally in spring and summer due to pollen.
- **Differential Diagnosis:** Need to differentiate allergic conjunctivitis from other causes eg viral or bacterial infections. Viral conjunctivitis often causes watery discharge, while bacterial conjunctivitis has a thicker, yellow-green discharge

Types of Allergic Conjunctivitis:

- *Seasonal allergic conjunctivitis (SAC):* Often due to pollen.
- *Perennial allergic conjunctivitis (PAC):* Triggered by allergens present throughout the year, such as house dust mites (HDM) or pet dander –cats, dogs, horses and rabbits.

Management

- **Avoidance of Allergens:** Avoiding or limiting exposure to known allergens is the best way to manage allergic conjunctivitis eg keeping windows closed during high pollen seasons and regular cleaning to reduce dust mites.
- **Cold Compresses:** Applying a cool, damp flannel to the closed eyelids or wearing glasses may help relieve itching and reduce swelling.

• Pharmacological Treatments

Antihistamine Eye Drops:

First-line treatment, recommended for mild to moderate cases. Drops like ketotifen (licensed from age 3 yrs –BD) or olopatadine (from age 3 yrs BD for a max of 4 months) may relieve itching and redness.

Over-the-counter antihistamine drops should generally not be used for prolonged periods without medical guidance in children.

Oral Antihistamines: Cetirizine or loratadine (available OTC) may help manage systemic allergy symptoms and may be appropriate in cases involving other allergic symptoms (e.g., allergic rhinitis).

Mast Cell Stabilizers: Sodium cromoglicate (QDS) and lodoxamide (QDS) eye drops are available otc and used in more persistent cases to help prevent release of histamine and other inflammatory substances. These can take a few days to become effective and are often used alongside antihistamines in chronic cases.

Steroid Eye Drops: In severe or resistant cases, a short course of corticosteroid eye drops may be prescribed by an ophthalmologist, though these are not routinely recommended due to potential side effects.

Referral to Secondary Care

Referral to an ophthalmologist is recommended if symptoms are severe, persistent, or resistant to treatment, or if there is diagnostic uncertainty. In cases with severe eye discharge or vision changes more urgent assessment is needed.

Follow-Up Children with ongoing symptoms require periodic follow-up if symptom changes or potential complications.