



## IMAGES IN PAEDIATRICS

## A suspicious wink

## Un guiño poco inocente

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A neonate presented at 7 days post birth with eyelid swelling and epiphora in the left eye. The physical examination revealed conjunctival hyperaemia and a yellowish exudate (Fig. 1). She had received ophthalmic prophylaxis with chlortetracycline eye drops at birth.

A sample of the exudate was obtained for culture and a 7-day course of erythromycin prescribed, and the symptoms resolved. Penicillin-sensitive *Neisseria meningitidis* was isolated from the culture. Given the potential for progression to invasive meningococcal disease (IMD), the patient received treatment with oral amoxicillin for 10 days and the parents a single dose of ciprofloxacin for pharmacological prophylaxis. The patient was vaccinated against meningococcal disease with the ACWY vaccine (first dose at 6 weeks post birth) and the meningococcal B vaccine (first dose at 2.5 months post birth). She remained asymptomatic in the 4 months of follow-up.

*Neisseria meningitidis* is rarely the causative agent involved in ophthalmia neonatorum, but it carries the risk of severe disease, as the infection may progress to IMD (10%–29% of cases of primary meningococcal conjunctivitis).<sup>1</sup> Systemic antibiotic therapy is recommended, as the risk of developing IMD in patients with primary meningococcal conjunctivitis treated solely with



**Figure 1** Female neonate with swelling of the left eyelid at 7 days post birth.

topical antibiotics is 19 times greater compared to those who receive systemic antibiotics.<sup>2</sup> Given the probability of IMD in close contacts, chemoprophylaxis and vaccination (in the case of infection by group A, C, W or Y meningococcus) are also recommended.<sup>3</sup>

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## References

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