

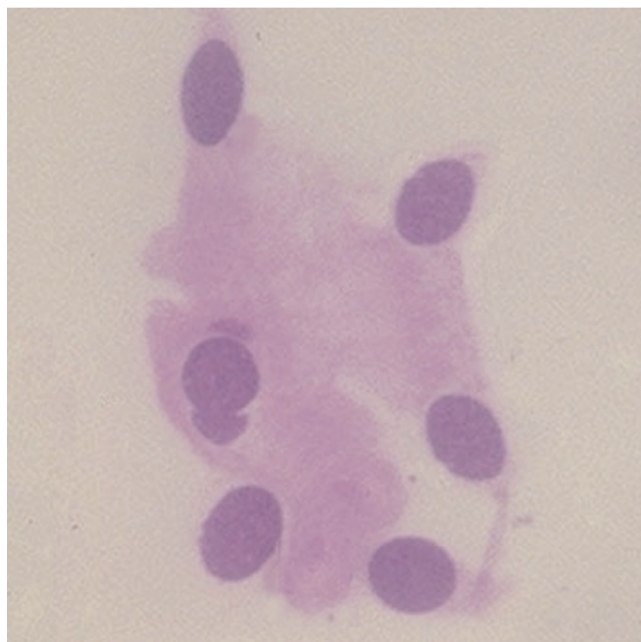
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**Figure 1.** An infant with right-sided copious and purulent eye discharge.



**Figure 2.** A Giemsa stain showing intracytoplasmic inclusion bodies from epithelial cells of the conjunctiva. Used with permission of Barry Hahn, MD, Department of Emergency Medicine, Staten Island University Hospital, Staten Island, NY.

[Ann Emerg Med. 2007;49:823.]

A 14-day-old female infant presented to the emergency department with a unilateral eye discharge for 2 days. The eyes and lids had become more swollen throughout the past day. Although the discharge was initially watery, it was now copious and purulent (Figure 1). He was feeding well and was afebrile. There was no history of lethargy, irritability, or respiratory distress.

Vital signs were stable and the child was afebrile. Moderately hyperemic conjunctiva with thickened palpebral conjunctiva was noted. There were no corneal ulcerations. Pupils were equal, round, and reactive to light. Extraocular movements were intact. The remainder of the examination results was normal. Giemsa stain of conjunctival scraping revealed basophilic intracytoplasmic inclusion bodies within epithelial cells (Figure 2).

*For the diagnosis and teaching points, see page 831.  
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book stresses the importance of telling the “who, what, where, why, and how” of what was done. Good reporting is good reporting, regardless of the subject matter. Although the emphasis of Part I is descriptive and frequentist statistics, it is balanced by a chapter on the reporting of Bayesian statistics.

Parts II and III of the book provide recommendations for specific types of papers: randomized trials, prospective studies, case-control studies, surveys, meta-analyses, cost-effectiveness analyses, decision analyses, and practice guidelines. While these chapters draw heavily on existing reporting guidelines such as CONSORT, they address many topics not covered by existing guidelines and provide additional material justifying all of the recommendations that are made.

In Part IV of the book the authors consider Tables, Charts, and Graphs. These topics were not considered in the first edition. The chapters are a superb addition to the book and should be mandatory reading for anyone using these devices to present data. A glossary of statistical terms, an excellent primer on the difference between statistical significance and clinical

importance, and a number of useful technical appendices round out the text.

Over the past 15 years I have reviewed the methods and statistics of 1,500 manuscripts submitted to *Annals of Emergency Medicine*. I fantasize about how much shorter my reviews could have been had authors heeded this book when constructing their papers. I hope that authors will do so in the future. I know that I will be liberally citing this book in my reviews.

In summary, this is an outstanding work that makes a huge contribution to field. It is well organized with coded headers that inform readers of the purpose of each entry. I could quibble with a few of the recommendations in the text but that would be an unnecessary distraction from my main message. Read this book, your papers will be better for it.

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## IMAGES IN EMERGENCY MEDICINE

*(continued from p. 823)*

### **DIAGNOSIS:**

*Chlamydia conjunctivitis.* Chlamydia conjunctivitis infects roughly 50% of infants born vaginally to mothers infected with chlamydia and has been identified as the most common infectious cause of neonatal conjunctivitis. The incubation period is 5 to 14 days. Infants usually present with hyperemic conjunctiva, mucopurulent discharge, pseudomembrane formation, swollen eyelids, and chemosis. Diagnosis is made with Giemsa staining, which identifies intracytoplasmic inclusion bodies from the epithelial cells of the conjunctiva. Tissue culture, direct fluorescent antibody, polymerase chain reaction, or enzyme immunoassay is an alternative for diagnosis.

Topical therapy alone is insufficient, though hospitalization is not required. Erythromycin is adequate systemic therapy to treat ocular and other potential systemic infections. Neonates born to mothers with untreated chlamydia during delivery should be treated for 14 days. Because the efficacy of systemic erythromycin therapy is approximately 80%, a second course sometimes is required.