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**Figure 1.** Initial presentation.



**Figure 2.** Five minutes after complete removal of purulent material. Used with permission of Benjamin P. Donham, MD, University of Cincinnati, Department of Emergency Medicine, Cincinnati, OH.

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An 18-year-old man presented to the emergency department with a chief complaint of left eye drainage and pain for 2 days (Figure 1). The patient reported localized pain to the left eye but stated that visual acuity was intact. There was no history of trauma, and the patient denied double vision or blurry vision. To examine the eye, the purulent secretions were removed. Ocular examination revealed intact pupillary response and extraocular movements. The patient had normal visual acuity but severely inflamed conjunctiva. After a short period of time, the ocular discharge reaccumulated (Figure 2).

*For the diagnosis and teaching points, see page 16.*

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### DIAGNOSIS:

*Gonococcal conjunctivitis.* Gonococcal conjunctivitis is a rare but devastating infection of the eye. There are 2 distinct forms, one affecting neonates and the other affecting sexually active adults. Transmission is by contact with infected urine or genital secretions, with the incubation period ranging from 3 to 19 days. There is a documented increase in infections during spring and summer.<sup>1</sup> The infection is characterized by a hyperpurulent discharge that some have described as a "fountain of pus."<sup>2</sup> Culturing ocular discharge makes the definitive diagnosis, but treatment must be instituted before culture results, given the aggressive nature of the infection. Gonococcal conjunctivitis can result in corneal perforation and vision loss in 24 hours. Treatment involves parenteral antibiotics, in addition to ocular irrigation and topical antibiotics. Given the emergence of *Neisseria gonorrhoeae* strains that are resistant to the quinolones, this patient was treated with intravenous ceftriaxone. If patients are treated before corneal destruction, outcomes are good, with preserved visual acuity.<sup>1</sup>

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