Ophthalmia neonatorum and the role of primary care

We thank Maqsood and Mahmood for their article on herpes simplex keratitis in neonates,1 which includes pointers on distinguishing HSV keratitis from other infective causes. While this is an interesting clinical point, we feel that it lacks a primary care perspective. 'Sticky eye' is a common presentation in newborns, and is usually due to immature nasolacrimal duct formation, which requires no treatment unless it fails to improve by 1 year of age.

Ophthalmia neonatorum, whether bacterial or viral, requires urgent secondary care input for full assessment and treatment.2 As discussed in the article by Maqsood and Mahmood, eye infections in the newborn are unlikely to present with features that clearly distinguish benign infections from more significant causes. While the frequency with which HSV causes eye infections in newborns is not stated, we presume that it is uncommon enough that many GPs will not see a case during their career. It is difficult to have a high index of suspicion for such a specific yet infrequently occurring event.

We therefore suggest that primary care practitioners need only to distinguish infective from non-infective causes of ocular discharge in neonates, and urgently refer all neonates with suspected infection, while avoiding unnecessary treatment for a newborn with a blocked tear duct.

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