

Hyperacute Conjunctivitis Associated with Superinfection by *Neisseria elongata*

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Neisseria elongata has been found to cause serious diseases such as infective endocarditis, septicaemia, and osteomyelitis, and has the potential to cause hyperacute conjunctivitis. This report is of a 34-year-old woman with unilateral hyperacute conjunctivitis. Gram stain showed Gram-negative intracellular and extracellular diplococci as well as Gram-negative rods. Culture and sensitivity revealed *Neisseria elongata*. She was treated with intramuscular ceftriaxone 1 g daily and responded well.

Key words: Bacterial conjunctivitis, *Neisseria elongata*

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Introduction

Hyperacute conjunctivitis is the most severe and devastating form of all conjunctivitis. Treatment for *Neisseria gonorrhoea* must be initiated without delay for all patients with hyperacute conjunctivitis. *Neisseria elongata* has been reported to cause infective endocarditis, septicaemia, and osteomyelitis. This report is of a patient with hyperacute conjunctivitis associated with superinfection by *N elongata*.

Case Report

A 34-year-old woman presented in 2008 with painless left eyelid swelling associated with copious purulent discharge for 2 days. One day prior to presentation, she sought treatment from a general practitioner. She was given gutta chloramphenicol 4 times daily, but her ocular symptoms progressed rapidly. Her right eye was unaffected. She had no history of recent ocular trauma, contact with patients with red eye or conjunctivitis, or contact lens use.

Her husband was sexually promiscuous, and was treated for gonorrhoea 2 weeks before the onset of the patient's left eye symptoms. She had no fever or vaginal or rectal discharge, or skin lesions, joint pain, rhinitis, oral ulcer, ear discharge, or cough. She had no significant past ophthalmic, medical, or surgical history.

Examination of her left eye showed periorbital oedema. The upper and lower lids were erythematous and swollen, but there was no tenderness. There was copious purulent discharge (Figure 1), but no pseudomembrane. The conjunctiva was diffusely injected and chemotic (Figure 2). There were midstromal infiltrates at the cornea at the 1, 2, and 10 o'clock positions. Fluorescein staining of the cornea revealed no epithelial defect (Figure 3). The anterior chamber was quiet. The pupils were equal and reactive bilaterally. There was no restriction of extraocular movement and no pain during ocular movement.

Figure 1. Painless left eyelid swelling associated with copious purulent discharge at presentation.



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