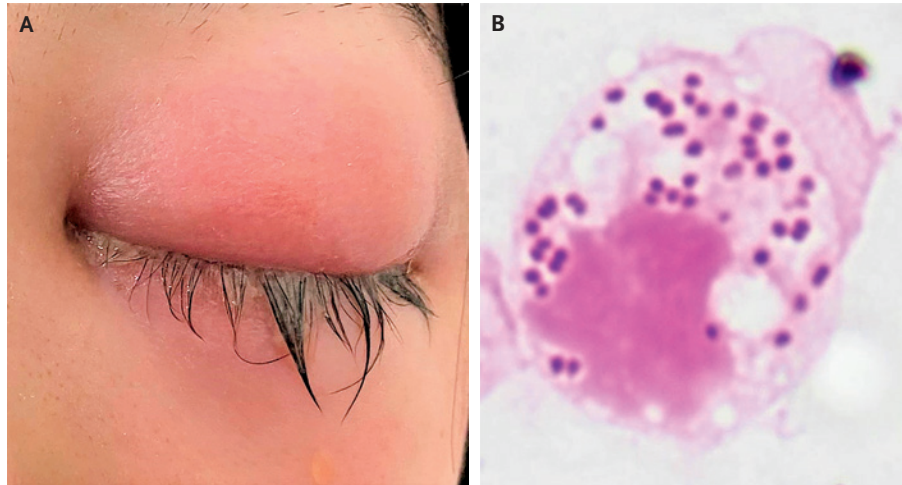


IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Ocular Gonorrhea



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A 24-YEAR-OLD WOMAN PRESENTED TO THE EMERGENCY DEPARTMENT with a 2-day history of redness, pain, blurry vision, and yellow discharge in her left eye. She reported no sore throat, dysuria, vaginal discharge, abdominal pain, rash, or joint pain. On examination, she was unable to open the left eye. Periorbital swelling, proptosis, and purulent discharge were noted (Panel A). The conjunctiva was hyperemic, swollen, and purulent. Extraocular movements were intact. Computed tomography of the orbits performed without the administration of contrast material showed postseptal inflammation of the left orbit that extended to the extraconal and intraconal fat. Gram's staining of the discharge showed gram-negative intracellular diplococci (Panel B), and cultures of the fluid grew *Neisseria gonorrhoeae*. A diagnosis of gonococcal conjunctivitis with preseptal and orbital cellulitis was made. A polymerase-chain-reaction assay of the urine was negative for gonorrhea; pharyngeal, rectal, and cervical samples were not collected. Screening tests for other sexually transmitted infections were negative. Her symptoms resolved with intravenous antibiotic treatment.

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