Trachoma: Clinical Phase and Methods of Diagnosis

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ABSTRACT

The neglected disease is little studied or even that is not on the agenda of research and development of large pharmaceutical industries. According to the World Health Organization (WHO) is the set of diseases caused by infectious or parasitic agents, endemic in poor populations. One of them is trachoma, caused by the bacterium Chlamydia trachomatis, which causes recurrent keratoconjunctivitis producing scarring on the upper palpebral conjunctiva, which can lead to the formation of entropy (eyelid with the margin facing the eye) and trichiasis (inverted lashes touching the eye). It is important for the health professional to identify early trachoma, detecting the first clinical phases of the disease through a quality diagnosis, avoiding the most severe phase of blindness. Describe the clinical phases and the form of trachoma diagnosis.Integrative review. We used the following guiding question: "What are the clinical phases of trachoma and the forms of diagnosis? "The search was performed in October 2016 in the MEDLINE, LILACS and CINAHL. Articles in the English, Spanish and Portuguese languages, published from 2012 to 2016 were included and excluded review articles, critical reviews, and articles that did not respond to the guiding question. The clinical phases are inflammatory and sequelae. The first includes follicular inflammatory trachoma (five or more follicles in the upper tarsal conjunctiva with a half millimeter of diameter) and intense inflammatory trachoma (large inflammatory thickening of the conjunctiva of the upper eyelid and red tarsal conjunctiva, rough with several follicles). The second phase includes trachoma cicatricial (scars on the conjunctiva of the upper eyelid shiny and fibrous); Trachomatous trichiasis (eyelashes rubbed the eyeball, inverted lashes or eyelashes removed) and corneal opacification (opacity of the easily visible concave on the pupil decreases visual acuity). The clinical diagnosis is sovereign, in this way it is necessary to obtain information on the symptoms presented by the patient and to observe the eyelids, eyelashes, conjunctivae and corneas with the aid of the binocular lens and adequate illumination. Laboratory diagnosis uses conjunctival scraping of the upper eyelid and detects Chlamydia trachomatis and also direct immunofluorescence for Chlamydia trachomatis. To avoid the sequelae phase of the disease, which can lead to total blindness, it is necessary to identify the early stages of trachoma in an early manner, using clinical diagnosis, laboratory diagnosis and / or direct immunofluorescence diagnosis. For this, it is important for the nurse to be aware of the various forms of presentation of this pathology, which unfortunately is still neglected, thereby reducing or even eradicating it.