

## INTRODUCTION

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It is well-known that different regions of the world are characterized by specific endemic infections, the predominating organisms vary throughout the world. This is dramatically demonstrated by the frequency of conjunctivitis and trachoma infection in Egypt. These regional differences of causative organisms in microbial diseases are clinically important because they influence the methods and media used for isolation as well as the initial and more definitive therapy.

Recently, ocular microbiology laboratories have evolved systems capable of recovering almost all possible organisms that produce microbial eye diseases. It is reported that the main pathogenic microbial flora of eyes with acute bacterial conjunctivitis, corneal ulceration, dacryocystitis, discharging sockets and post-operative infections have been investigated as Staphylococci, Streptococci, Pneumococci and non-fermenting gram negative Bacilli including Pseudomonas aeruginosa. ocular symptoms were reported to occur in about 20-40% of diabetic patients at the clinical onset of the disease; they were discovered most commonly as affecting refractive change while 7% of these diabetic cases were discovered during complaining of iritis, conjunctivitis, dacryocystitis or ocular injury.

The aim of this work is:

a) To study some microbial causes of conjunctivitis, corneal ulceration, post-operative infection and many other variable eye infections in non diabetic and in diabetic patients in order to determine the relation between the type of the pathogenic organisms and diabetes mellitus.

b) Isolation and identification of fungal infections of the eye;

c) In vitro susceptibility of the isolates to commonly used antibiotics;

d) Relation of the age and sex of the patients to the severity of the eye infection with different pathogens.

REVIEW OF LITERATURE