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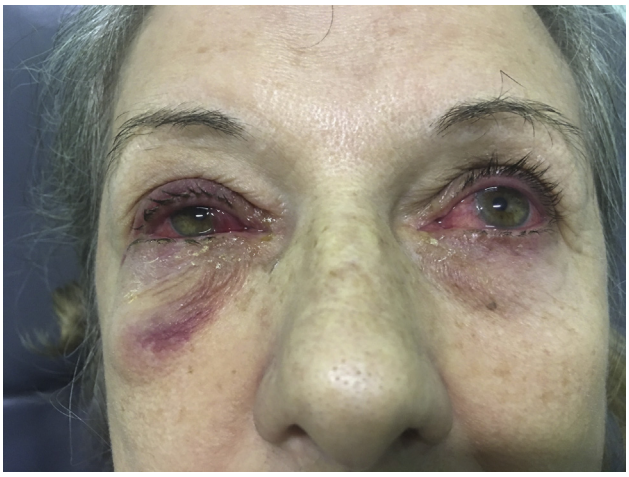

Figure 1. Redness of sclerae, bilateral palpebral edema, and mucopurulent discharge.

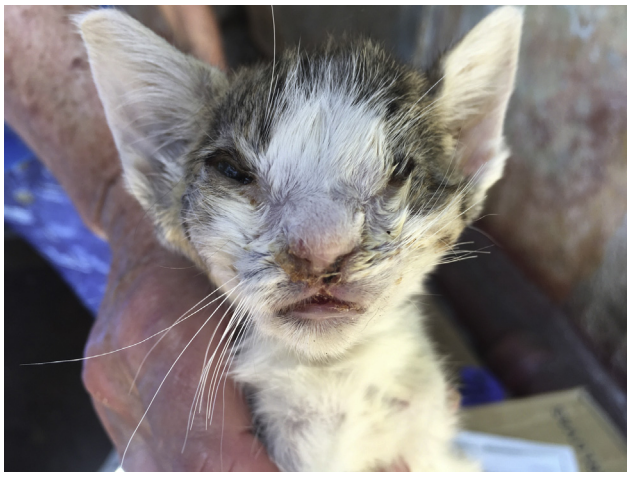

Figure 2. Kitten with severe conjunctivitis, blepharospasm, and nasal discharge.

[Ann Emerg Med. 2019;73:685.]

A 69-year-old woman presented with a 15-day history of persistent conjunctivitis, unresponsive to topical antibiotics. On physical examination, bilateral eyelid edema, mucopurulent discharge, and redness of both sclerae (Figure 1) were observed. During a site visit to the patient's home, sick kittens with rhinitis, nasal discharge, and lethargy were observed (Figure 2). The patient often fed street cats. Four months previously, she had adopted 3 abandoned stray pregnant cats. On delivery, all kittens were born with disease and some died. Ocular swab samples were collected from the patient and cat.

For the diagnosis and teaching points, see page 687.
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My reaction startled me. The intensity behind this response had been growing since the last time I had felt threatened.

My outburst finally led me to reflect on my experience in that curtained room in the ED. Small woman. Large man. His hands around my throat.

I can't breathe.

I was terrified.

I write this to start a discussion on how we handle the assault of clinicians in the ED, how we can protect our staff in situations that are rife with emotion, intoxication, and complicated power dynamics.

I don't have the answers to these questions, but one thing is certain: assault *cannot* be part of this job.

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DIAGNOSIS:

Zoonotic conjunctivitis caused by Chlamydophila felis. *Chlamydophila felis* infection was diagnosed with polymerase chain reaction. The patient was treated with doxycycline 100 mg/day for 30 days, and public authorities were alerted to supervise care of the cats. At follow-up 2 months later, she was asymptomatic.

C felis is a common cause of conjunctivitis in cats, and there is evidence that it may occasionally cause keratoconjunctivitis in human beings.[1] The zoonotic transmission of *C felis* to people occurs through respiratory (nasal and pulmonary) secretions from sick cats and also through fomites.[2,3] The diagnosis of *C felis* infection can be performed by direct methods (culture, polymerase chain reaction, chlamydial antigen tests using enzyme-linked immunosorbent assay, and Giemsa's staining to look for inclusions) and indirect methods (antibody detection using immunofluorescence and enzyme-linked immunosorbent assay techniques).[2,4] *C felis* human conjunctivitis has rarely been described, and this zoonosis may be underreported.[3,4] Unambiguous identification of the causal agent is key to successful management, and rapid identification of *Chlamydia* species by polymerase chain reaction can identify the zoonotic route of infection.

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