Traditionally, gram-negative pathogens have been the major cause of bacterial conjunctivitis. However, more recently, gram-positive pathogens have assumed a more prominent role in causing bacterial conjunctivitis in children. Although most symptoms are self-limiting and bacterial conjunctivitis will eventually resolve itself, it is important to stop the spread of bacterial conjunctivitis to others by killing as many pathogens as quickly as possible. Therefore, the goal of treating bacterial conjunctivitis is to kill both gram-positive and gram-negative pathogens quickly to stop possible spread and resolve infection. The eyedrop should be as comfortable as possible, especially when treating children. Also, the antibiotic should have a realistic dosing schedule.

In this issue of the *Journal of Pediatric Ophthalmology & Strabismus*, Lichtenstein et al. confirm that moxifloxacin kills pathogens in vitro faster than other antibiotics do. Therefore, moxifloxacin, by its own action on pathogens, will better prevent the spread of bacterial conjunctivitis to others. Moxifloxacin has a dosing schedule of three times a day for 7 days. Some investigators have even suggested that a schedule of two times a day for 3 to 4 days is just as effective. This scheduling is certainly better than that of the other available antibiotics. Finally, moxifloxacin has no preservatives and a comfortable near-neutral pH level.

Many pediatricians continue to prescribe antibiotics other than moxifloxacin that either are bacteriostatic or do not have broad-spectrum coverage. Because pediatricians are the physicians most commonly treating bacterial conjunctivitis in children, it is important that pediatric ophthalmologists provide them with the advances in its treatment.

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Editor