ANGRY EYES (MANAGING RED EYE WITH CASE EXAMPLES)

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RED EYE MANAGEMENT: ANATOMICAL APPROACH

- Lids
- Conjunctiva
- Sclera
- Cornea
- Iris/Anterior Chamber

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LIDS CASE#1

- 48 y.o. AAF with two week history of painful bump on right upper eyelid.

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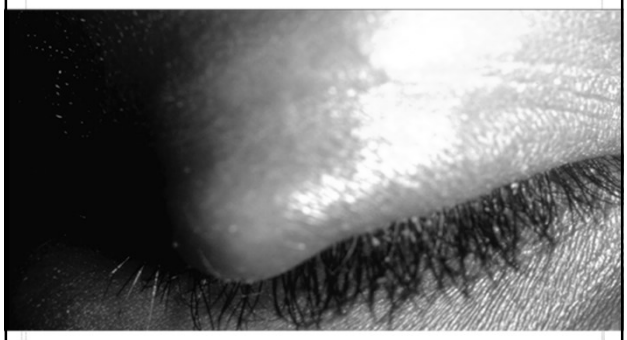

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DIAGNOSIS AND CLINICAL PEARLS

- Think Hordeolum
  - Occurs anterior to the lash line, Acute(<2 weeks duration), PAINFUL.
  - Respond well to topical and oral antibiotics. Emycin(bacteriostatic), Bacitracin(Bacteriocidal) Only recommend orals with cellulitis
  - Causes from trauma, blepharitis, immune suppression

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DIAGNOSIS AND CLINICAL PEARLS

- Think Chalazion
  - Posterior to lash line/internal (MGD), sub-acute-chronic(>1 month), TENDER/PAINLESS.
  - POOR response to antibiotics, if small may resolve if aggravating factors treated, I &D for large or persistent ones, steroid inj near punctum.
  - Treat aggravating factors(blephritis, rosecea) with oral doxycycline, compresses, lid scrubs.

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LIDS CASE#2

- 39 yo white male with 3 month history of red, itchy eyes who has failed tobra/dex drops x 2 weeks and pazeo x 1 month.

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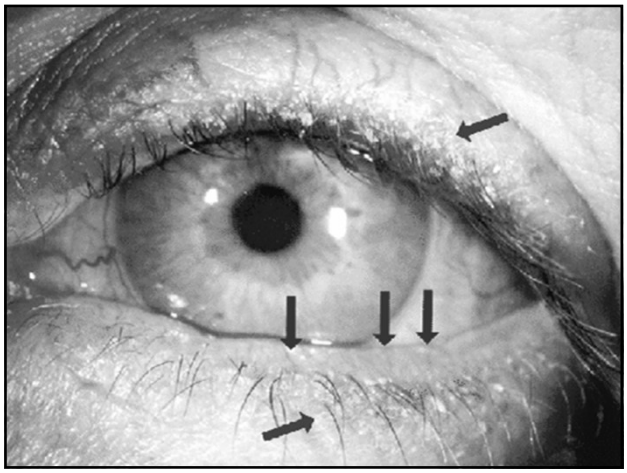

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OCULAR ROSACEA

- Think Rosacea
  - Blephritis/Blepharoconjunctivitis(blue) WITH teleangectasias(red) on lid margin(ocular) and or nose and malar(classic).
  - Treatment with long-term (months to chronic doxycycline/tetracycline), emycin oint, metronidazole gel 0.75%, lid scrubs.
  - Avoid exacerbating factors
    - Alcohol, spicy foods, caffeine products(coffee, tea, chocolate) and stress.

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CONJUNCTIVITIS CASE#3

- 27 yo WF with hx of CL use(out for 1 month) with redness, tearing and white stringy discharge from both eyes x 3 months. Placed on tobra/dex x 2 weeks 3 separate times in last 3 months and told to d/c CL use each time. Stops tobra/dex and symptoms return within 2-3 days.

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DIAGNOSIS AND CLINICAL PEARLS

- Allergic Conjunctivitis
  - Looks for subtle skin folds of lower eyelids(edema), occ. periorbital darkening.
  - Typically a watery to stringy white discharge(dry eye), crusting(viral), severe discharge(bacterial/GC)
- Papillae vs Follicles
  - Red vascular core(Allergy) vs White Core with vessels on top of the follicles(Infectious)
- Treated with Pazeo qday, claratin PO qday, PFAFTs QID,1 week of lotemax BID then qday x 1week then d/c.

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HIGH IOP-CASE#4

- 42yo WM presents as referral emergency referral for high IOP of 60. Concerned for angle closure sent over from O.D. who gave combigan prior to coming in. Patient has pain, decreased vision, redness, and photophobia. PMHx: Had some self limited eye pain twice in past 6 months; No Meds.

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CASE #4 CONTINUED

- VA 20/400; 20/20
- IOP 54; 17
- +APD OD,
- 1+ conj inc OD
- tr-1+ diffuse MCE OD, tr fine KP
- 1+ cell and Deep OD

- High IOP
- Fine KP
- Deep AC

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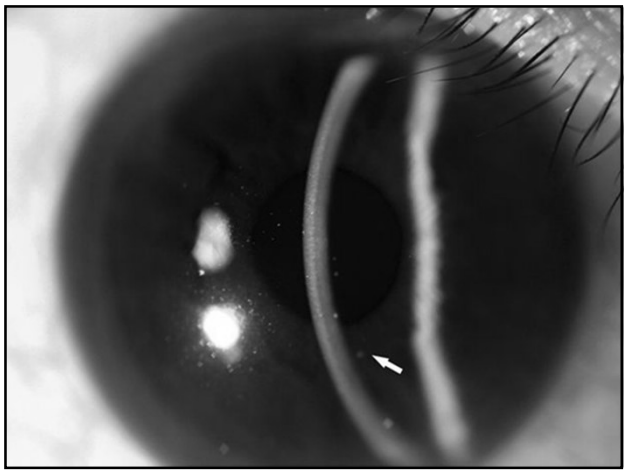

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POSNER-SCHLOSSMAN SYNDROME (GLAUCOMATOCYCLITIC CRISIS)

- Think about it in high IOP with deep angle.
- DDx- Fuch's Iridocyclitis- Iris heterochromia, transillumination defects and more AC reaction.
  - HSV/VZV component to it.
- Patient was treated with max drops (no PGA's) and diamox 500mg PO BID for IOP. Pred acetate 1% QID for inflammation. IOP day 1 to 38mmHg then by day 4 to 26. Resolved to 16mmHg by day 9. All drops tapered off.

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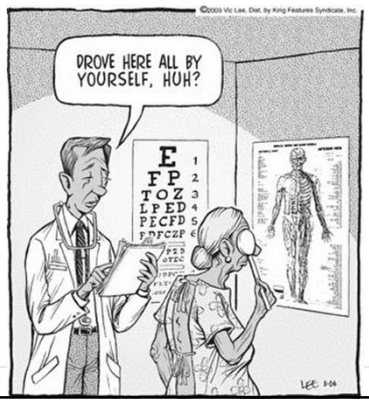
THANK YOU



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