

OUTLINE

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References: Lecture Recording and Powerpoint Presentation

Legend

-  Audio from lecture recording
-  Nice-to-know
-  TG Notes
-  Important
-  Revised/Corrected from previous trans

I. RED EYE DEFINITION

- **Hyperemia or injection of the superficially visible vessels** of the conjunctiva, episclera, or sclera
-  Can be caused by disorders of the different structures like the cornea, iris, ciliary bodies, and ocular adnexa
-  Chief complaint of eye redness can have multiple differential diagnosis based on:
 - History of the patient
 - Physical exam findings



Figure 1. Red eye seen in a patient. Note the hyperemia of the ocular vessels

II. ACUTE ANGLE CLOSURE GLAUCOMA

-   Previously discussed in "Chronic Vision Loss" lecture
-  Acute angle closure glaucoma is **actually the one causing the eye redness** when a patient has AACG
-  **Presentations:**
 - Suggestive of **corneal edema** are: ( figure 2):
 - Irregular corneal reflection
 - Hazy cornea
 - Usually the pupil is dilated
 - Iris is anteriorly displaced
 - Shallowing of the anterior chamber ( figure 2.1)
-  Figure 2.2 shows a photo of a gonioscopy
 -  This shows a complete angle closure glaucoma (Shaffer grade 0 or closed angle)
- Usually we also:
 - **Check the intraocular pressure of these patients !**
 - **Do gonioscopy !**
 - **Check the optic nerve !**
- Findings:
 - Elevated intraocular pressure
- Management:
 - Depends on severity:
 - How high is the intraocular pressure?
 - What will be the conditions of the optic nerve or its function?
 - Conservative treatment:
 - Give topical medications or;
 - Systemic anti-glaucoma medications ex. acetazolamide or;
 -  Mannitol - used to decrease pressure in the eyes, as in glaucoma, and to lower increased intracranial pressure
 - Advanced glaucoma: laser procedures



Figure 2. Example of characteristic suggesting corneal edema (hazy cornea). A dilated, unreactive, vertically oval pupil is also observed in this patient.

Red Of Ophthalmology

Janice Gault



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