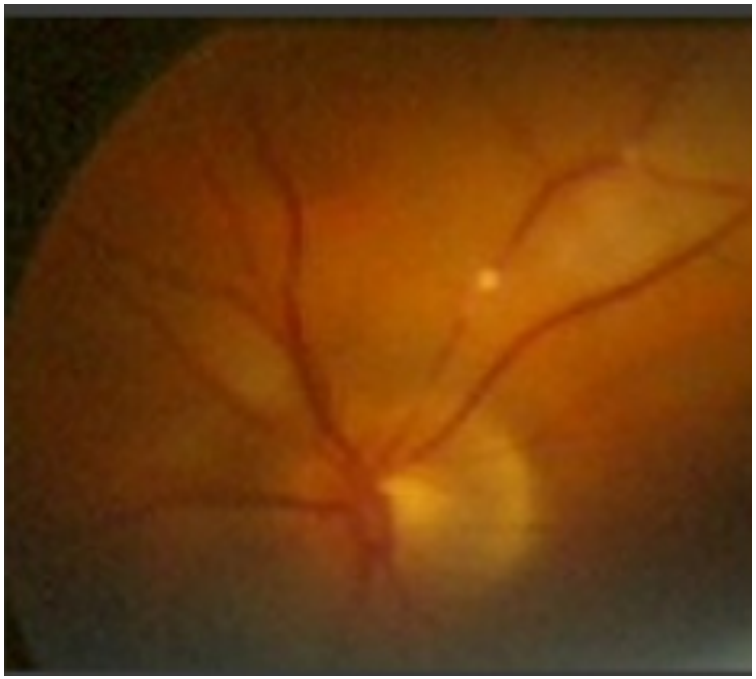
EYE complaints 1

DR ALEX NOVAK

- 65 year old man
- PMH hypertension, coronary artery disease, diet-controlled type 2 diabetes
- Presents with transient visual loss in left eye lasting 10 minutes
- Normal opthalmological examination including VA

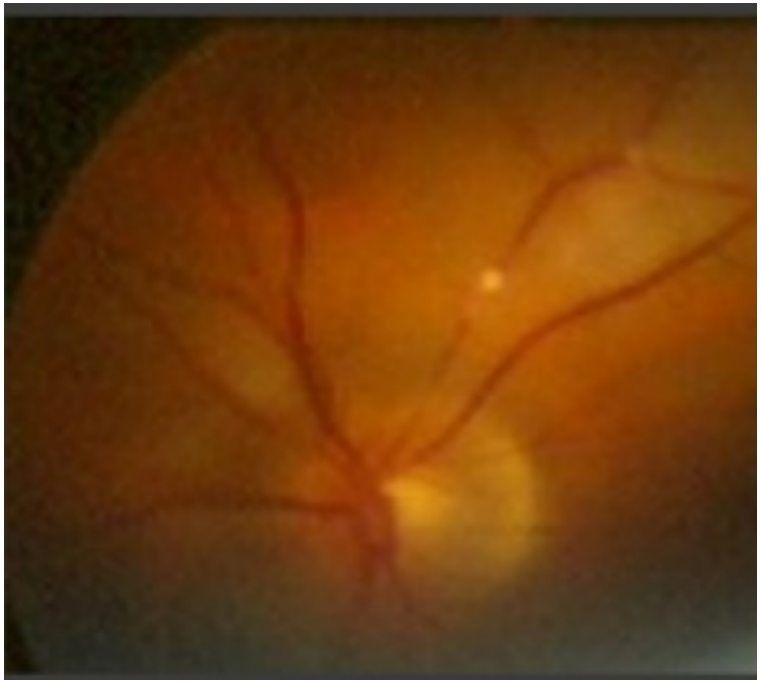
Amaurosis fugax

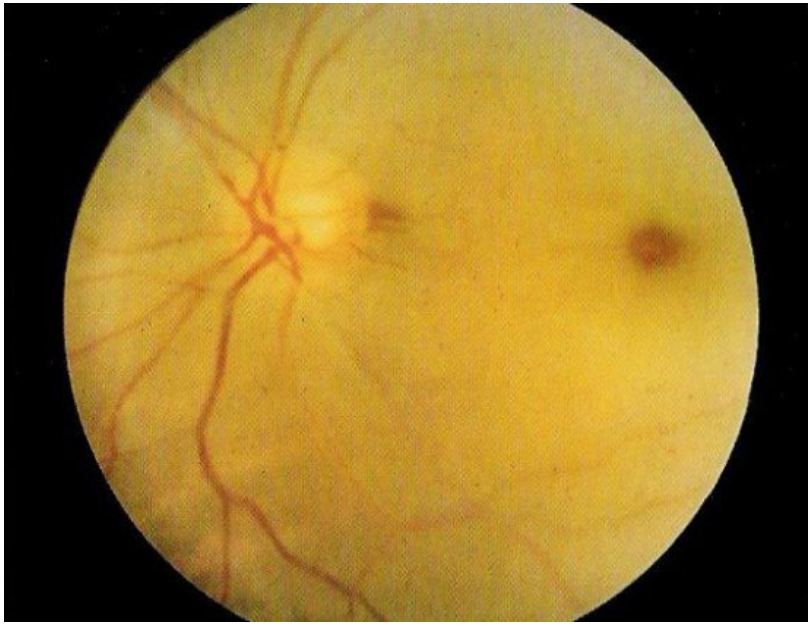
- Transient ischaemia of the retina
- usually embolic or thrombotic; can occur secondary to hypoperfusion states, hyperviscosity or vasospasm
- DDx includes migraine, papilloedema, giant cell arteritis, impending central retinal vein occlusion, glaucoma, dissection



Amaurosis fugax

- Manage as per TIA:
  - Aspirin
  - TIA clinic
  - Manage cardiovascular risk factors
- NB may need further acute imaging and investigation if suspicion OF other cause e.g. Dissection

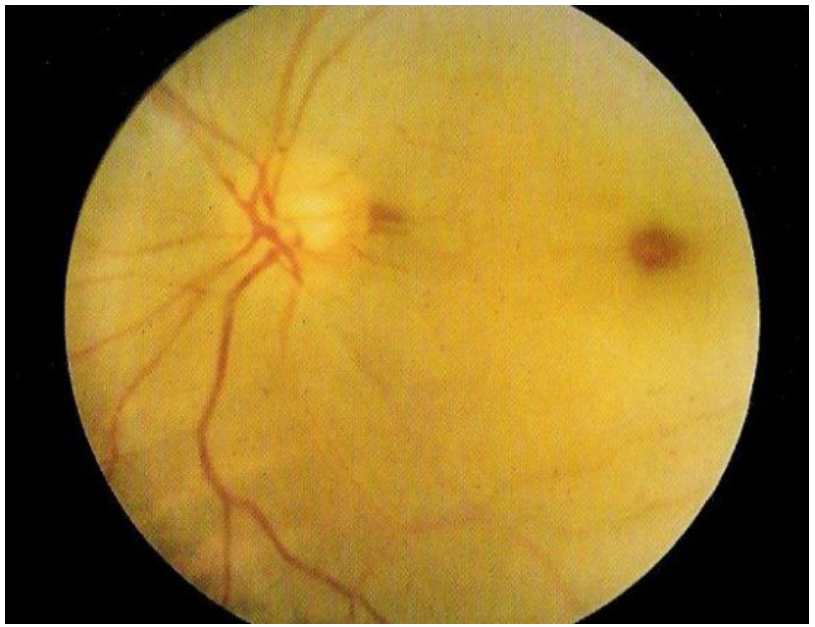




- 62 year old man
- PMH diabetes, angina
- Sudden Painless onset loss of vision R eye
- o/e Just Able identify movement with R eye

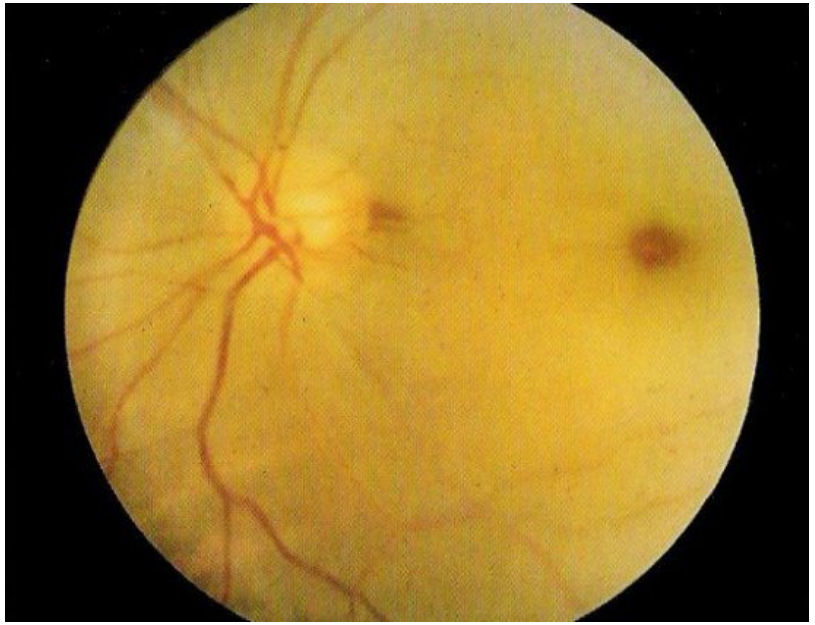
Central Retinal Artery Occlusion

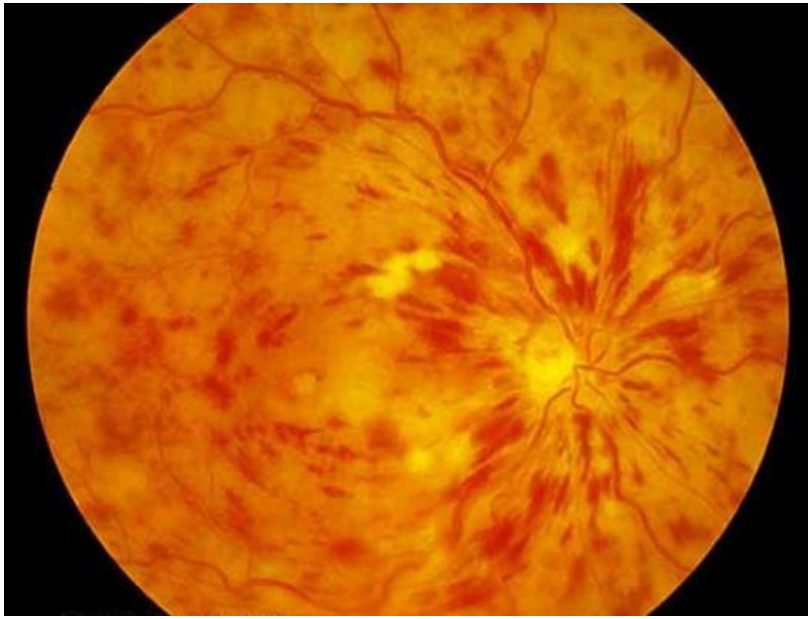
- Urgent ophthalmology referral
- Urgent ESR and CRP to exclude GCA
- TIA and vasculitis work up as per amaurosis fugax



Central Retinal Artery Occlusion

- immediate ocular massage
- anterior chamber paracentesis
- IOP reduction with acetazolamide (e.g. 500mg IV) or timolol (0.5% topical drops bd)
- Breathe into a paper bag (respiratory acidosis induces retinal vasodilation)

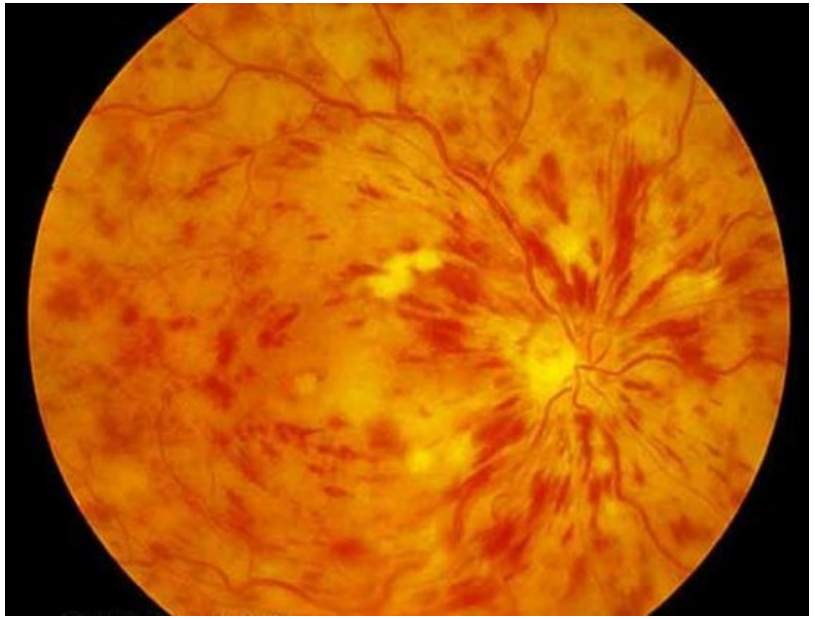




- 56 year-old female
- PMH diabetes, hypertension
- sudden onset PAINLESS loss of vision in her right eye

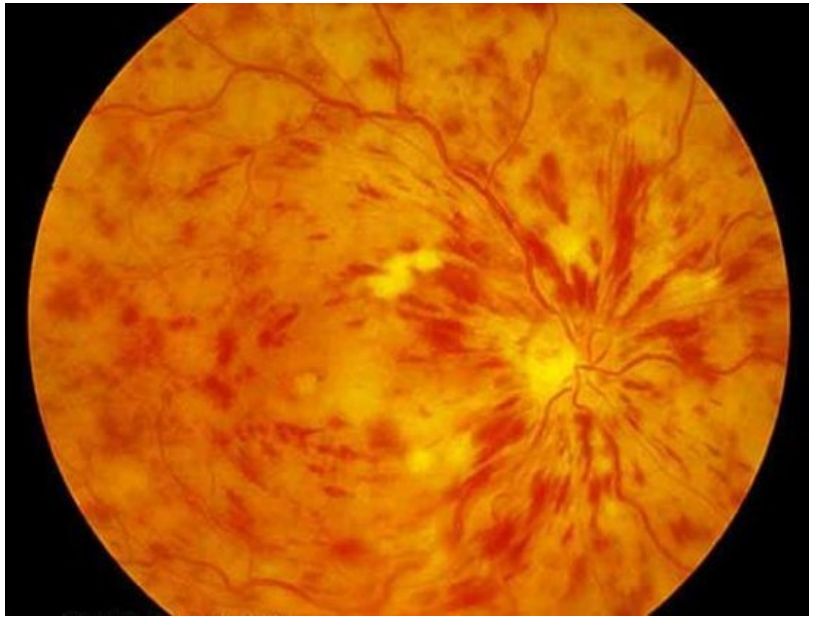
Central Retinal Vein Occlusion

- “Stormy Sunset”/“Blood and Thunder” appearance (in severe cases)
- Assoc: glaucoma, old age, hypertension, diabetes, hypercoagulable state, atherosclerosis, vasculitis
- Visual acuity — variable depending on severity and duration since onset



Central Retinal Vein Occlusion

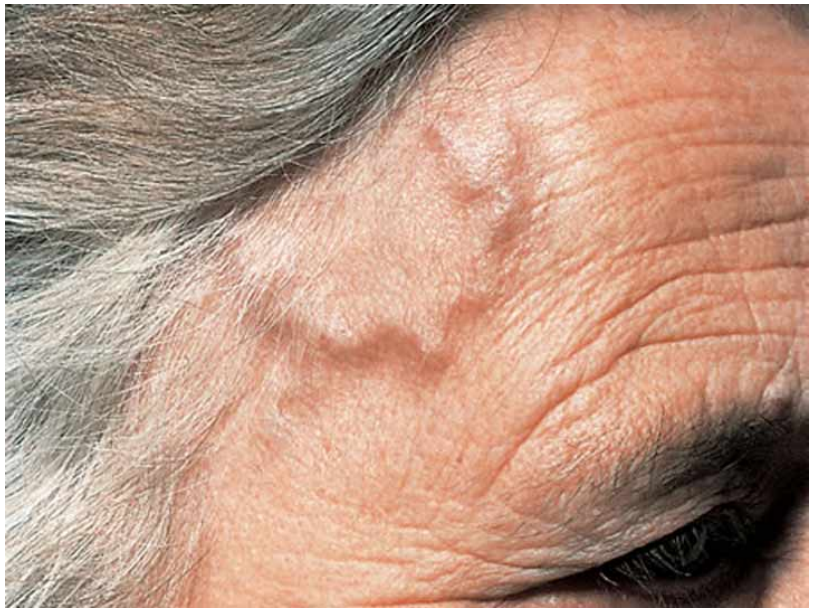
- Refer to an ophthalmologist — photocoagulation
- treat underlying causes
- Screen for risk factors
- aspirin



- 65 year-old female
- Blurred vision in left eye – gradual onset
- Associated left sided headache
- L sided scalp tenderness

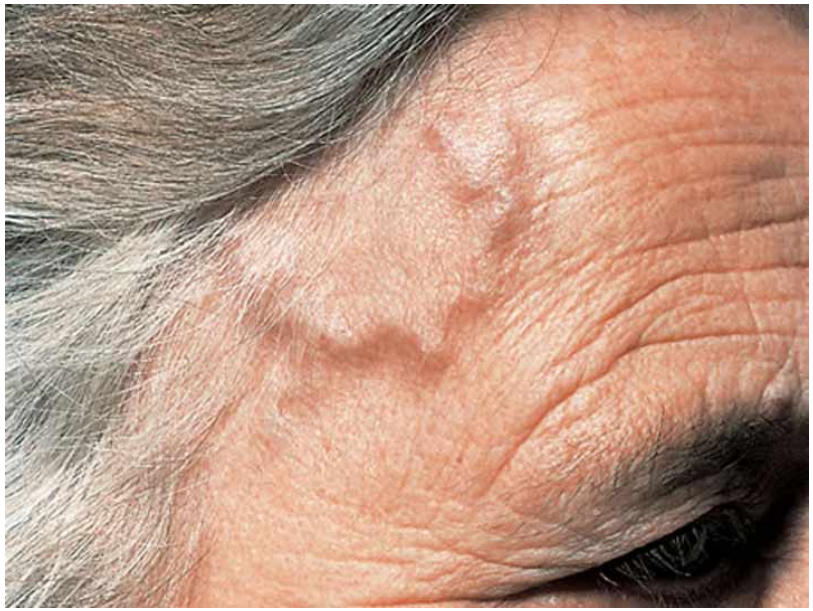
Temporal Arteritis

- Form of Giant cell arteritis = systemic immune-mediated vasculitis
- Symptoms: headache (85%), visual disturbances (50%), jaw claudication (50%)
- peak incidence occurs in patients aged 60-80 years



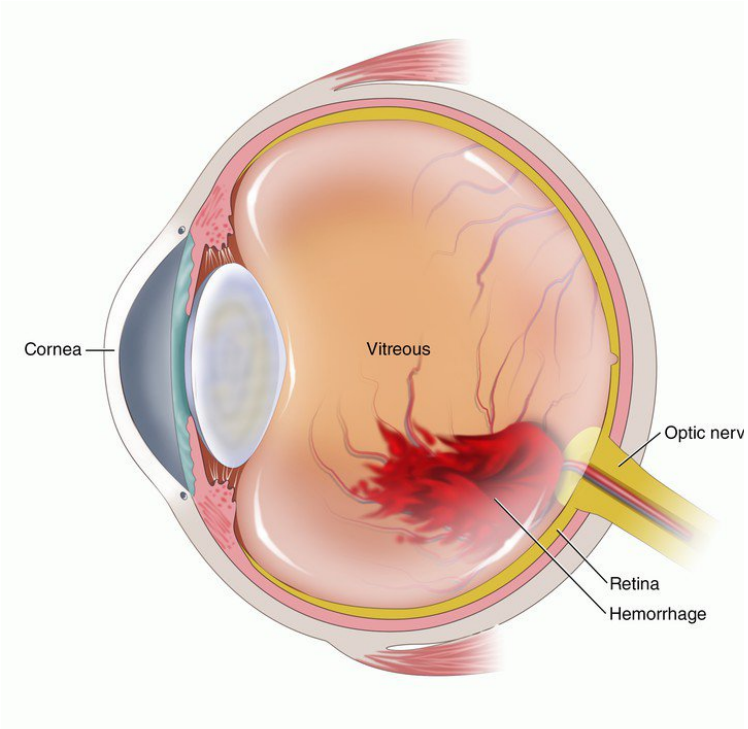
Temporal Arteritis

- ESR >50 in 85% cases
- Dx 3/5 criteria (Age >50, headache, abn Temp Art, ESR >50, Abn biopsy)
- Rx – high dose steroids
- Urgent referral for biopsy



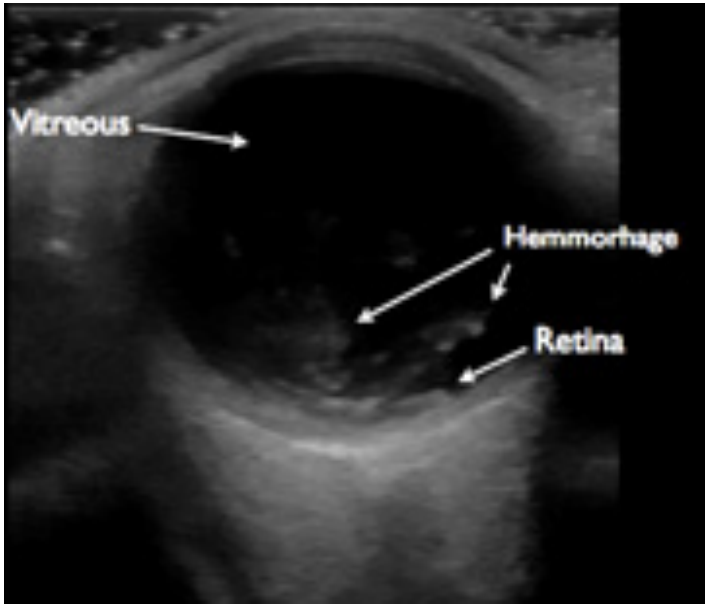
- 72 year old gentleman
- PMH hypertension, diabetes
- C/o flashing lights and black spots in left eye since this morning
- Otherwise Normal vision
- Otherwise feels well

Vitreous Haemorrhage/detachment



- vitreous gel pulls away from the retina
- Similar sx to retinal break/detachment

Vitreous Haemorrhage

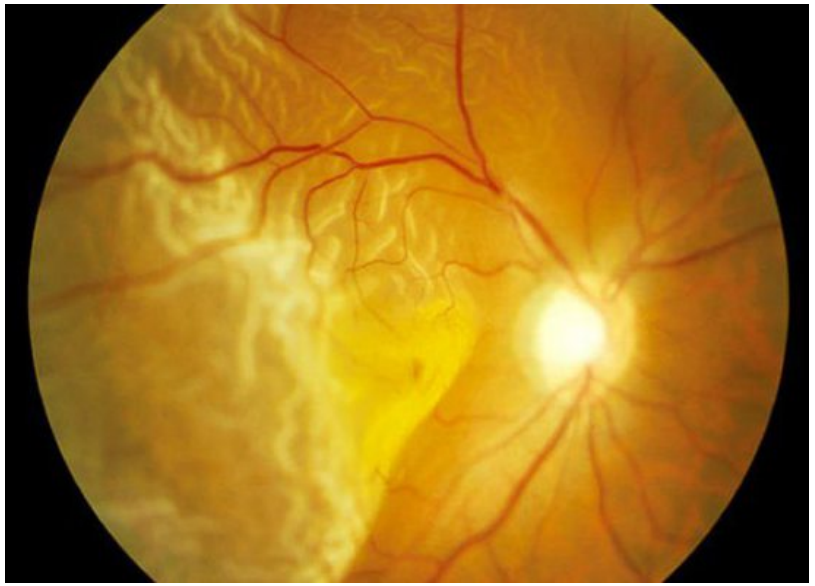


- Ultrasound - ‘Washing machine’ sign
- Opthalmology referral
- Bed rest/elevation
- Screen/treat underlying causes
- Stop anticoagulants

- 50 year-old man
- loss of vision - “curtain coming down”
- preceded by ‘flashes and floaters’

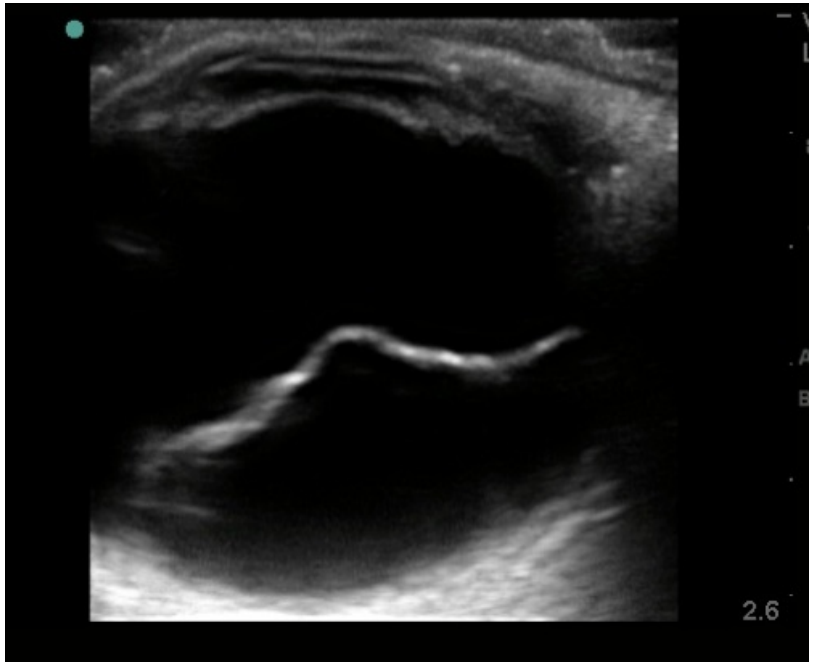
Retinal Detachment

- o/e:
  - Visual acuity — reduced if the macula is involved
  - Red reflex — abnormal
  - Visual fields — reduced
  - mild relative afferent pupillary defect



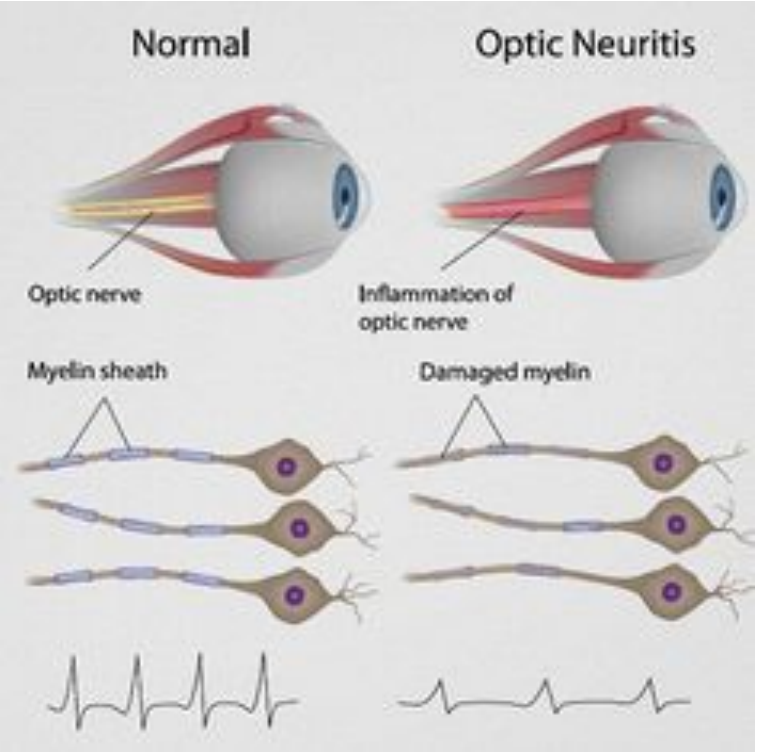
Retinal Detachment

- Direct fundoscopy in the ED cannot rule out retinal detachment
- Ultrasound…
- Urgent ophthalmology referral



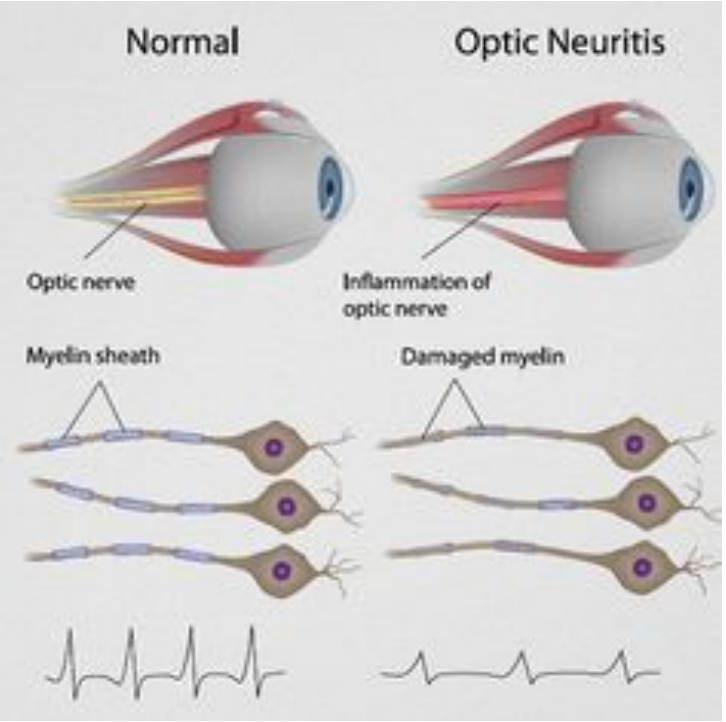
- 35 year-olD Lady
- 5/7 hx Pain and deteriorating vision left eye
- Vision blurry
- Loss of colour vision
- VA 6/6 R, 6/9 L

Optic Neuritis

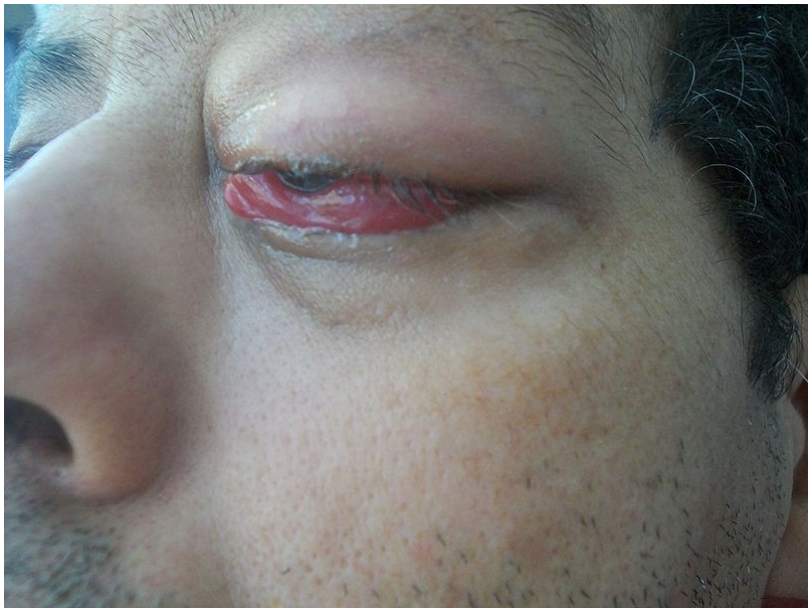


- Inflammation of optic nerve
- TRIAD: reduced vision, eye pain (ESP movement) and impaired colour vision
- Association witH MS

Optic Neuritis

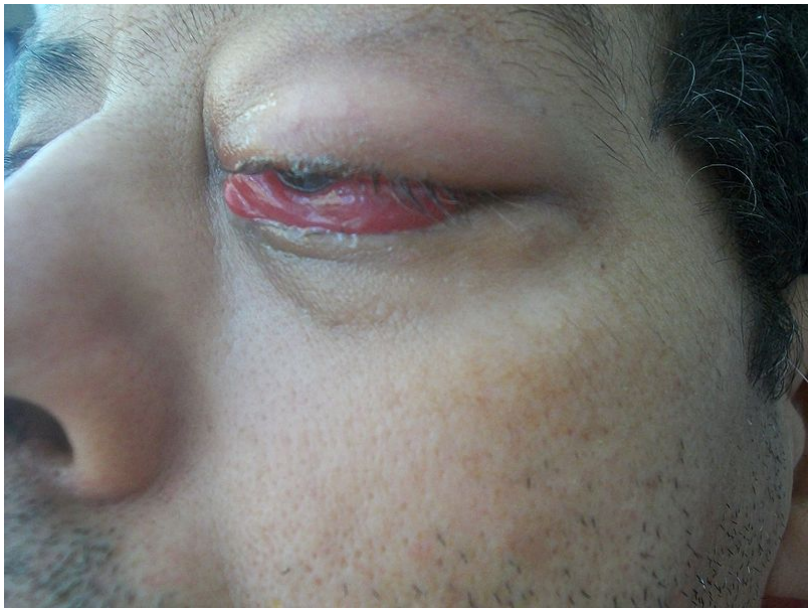


- URGENT ophthalmology referral
- Consider neurology referral
- Corticosteroids - methylprednisolone



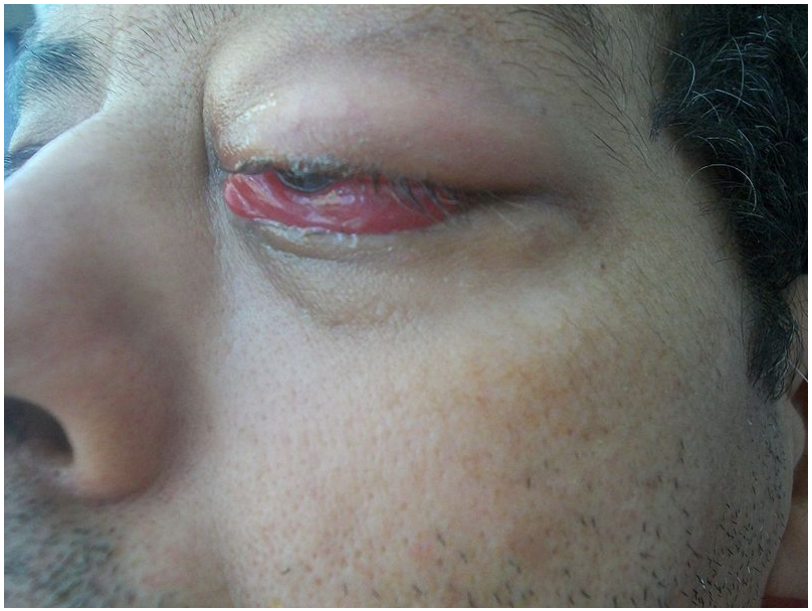
- 45 year old male
- 6/7 history left eye pain, fever, malaise
- Reduced visual acuity
- Pain on eye movement

Orbital cellulitis

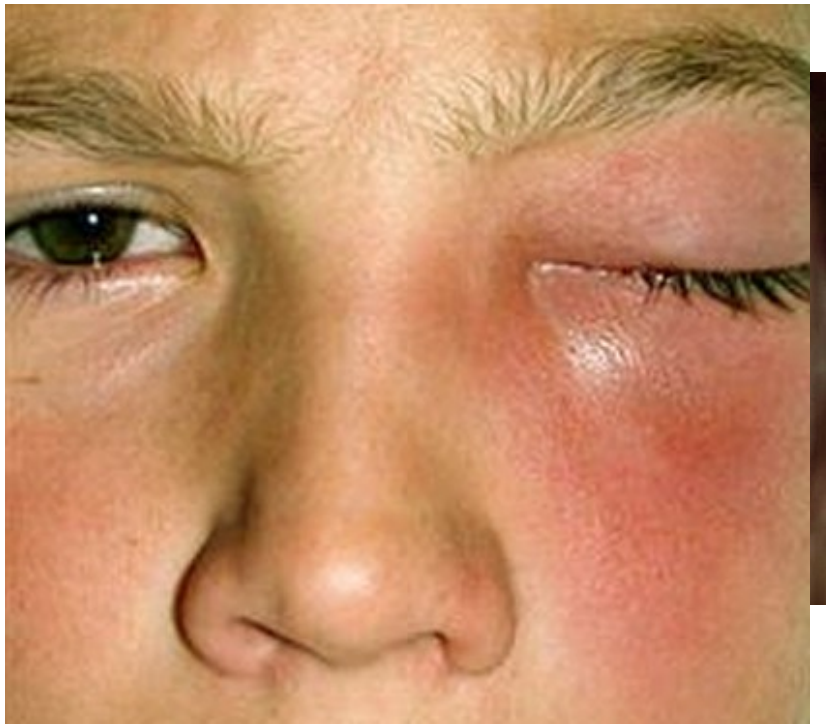


- Common causes include Staph, strep, gram –ves, mixed anaerobes
- Appearance as per image
- Reduced eye movements
- May be systemically unwell

Orbital cellulitis

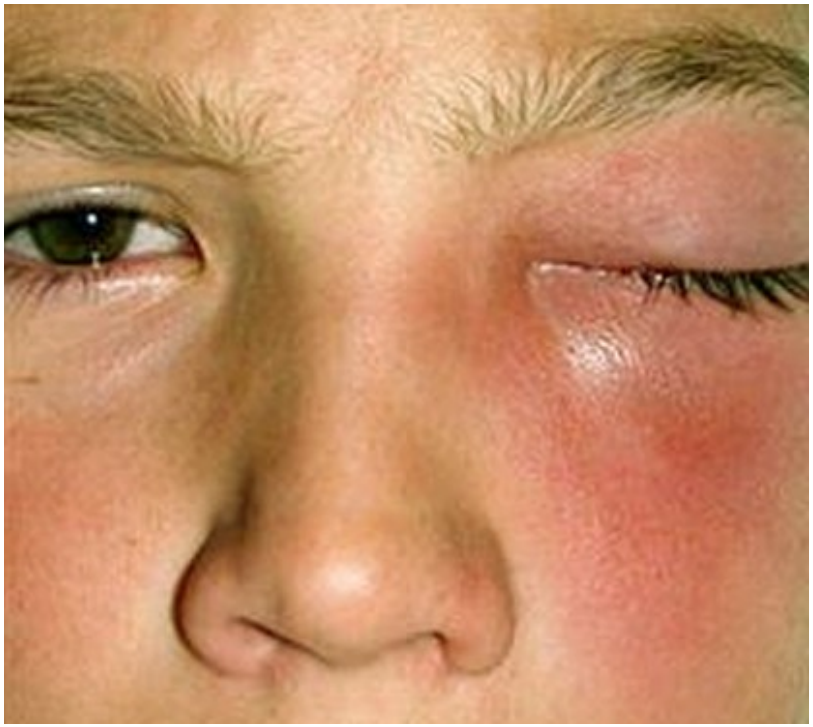


- Ophthalmology referral
- Lab bloods
- CT to investigate extent/thrombosis
- IV abx – micro advice



- 7 yr-old boy c/o pain and redness left eye for last 5/7
- Normal vision but increasing difficulty on opening eye
- NormaL eye movements

Preseptal Cellulitis



- Infection anterior to orbital septum
- Similar causative agents as orbital cellulitis (staph/strep/etc)
- Normal ocular exam – no proptosis, no pain on movement, normal VA

Preseptal Cellulitis

- Can treat with oral abx – flucloxacillin (adults), Augmentin (<5yrs)
- Consider CT +/- IV ABX if extent uncertain or if systemically unwell