



5/25/20 Morning Report with @CPSolvers



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CC: 48-yo woman with L eye pain and blurred vision
Setting: (video urgent care)

HPI:
-L eye pain x 3 months → acutely worsened over last 2 weeks with significant pain and pressure
-Seen one wk ago in person for the same symptoms; that visit was notable for L eye pain and blurry vision, visual acuity intact
-photophobia of L eye only
-decreased peripheral vision in bottom L field of vision when covering her R eye
-flashes and sparkles in the L eye
-no personal hx glaucoma, no changes in visual acuity
-during video visit the following was noted: no redness/swelling; no worsening of pain w/ movement; L eye “felt harder” to patient; reporting intermittent vision loss during video visit

PMH:
?HTN (systolics in 150s-180s at home)

Meds:
Ibuprofen PRN

Fam Hx:
No family hx of glaucoma

Soc Hx:
NA

Health-Related Behaviors:
Tobacco use (<0.5ppd)

Allergies:
penicillin

Vitals: T: 36.8 HR: 81 BP: 138/84 RR: 18 SpO₂: 98 on RA

Exam: (done upon referral to ER)
Gen: NAD
HEENT: no temporal tenderness; no discharge/redness; EOM intact, no worsening pain w/ movement, 20/20 vision on R, 20/30 vision on L; 20mm R eye; 30mm L eye
Ophtho Exam: slit lamp exam w/ normal retinas; fundoscopic exam unremarkable
Neuro: unremarkable outside of ophtho exam as above

Notable Labs & Imaging:

Hematology:
WBC: Hgb: Plt:

Chemistry:
Na: K: Cl: CO2: BUN: Cr: glucose: Ca: Phos: Mag:
AST: ALT: Alk-P: T. Bili: Albumin:

Imaging:
EKG:
CXR:
MRI brain w/wo contrast: normal

Follow-Up with neuro/ophtho → final diagnosis of ocular migraine as a diagnosis of exclusion; further history revealed other symptoms consistent with migraine (headache, flashes of white light/aura)

Problem Representation:
48yo woman presenting with 3 months of L eye pain and blurred vision with acute worsening over the last 2 weeks with a reassuring ophtho exam. MRI imaging was unremarkable and patient was diagnosed with an ocular migraine

Teaching Points (Smitha):
Approach to blurred vision: Is this an issue w refraction? Use the pinhole test: If vision improves, likely refractory issue. if vision doesn't improve → use anatomical approach:

- Anterior structures: cornea, conjunctiva, anterior uvea, anterior sclera, lens
- Posterior structures: posterior uvea, posterior sclera, retina, optic nerve
- Consider orbit and cavernous sinus as part of the eye

Eye Pain: elevated pressures → acute angle glaucoma. Ocular diseases that affect anterior structures are painful, but also red.

- Is it really eye pain or referred from ear/head?
- Anterior involvement = painful, red
- Posterior structures = not painful, not red
- Are there posterior versions of anterior structures that could give +pain, -red? Yes! Posterior uvea, posterior sclerae

CRP: Normal anterior/posterior structures on exam → convert eye pain to headache

Approach to headache: 1) migraine - high base rate, 2) secondary causes look for red flag signs (Systemic signs, Neurologic signs, Onset abrupt, Older than 50, Positional changes)

- Intracranial: brain parenchyma, layer around brain, ventricles, vasculature (venous sinus thrombosis, carotid/cavernous fistula), Extracranial: GCA