An Update on Eye Pain for the Neurologist

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KEYWORDS

- Eye pain • Headache syndromes • Ophthalmic neurologic syndromes
- Ocular and orbital disorders

KEY POINTS

- The practicing neurologist should be aware of the common causes of primary or referred eye pain.
- These entities include (1) ocular and orbital disorders that produce eye pain with a normal examination, (2) neurologic syndromes with predominantly ophthalmologic presentations, and (3) ophthalmologic presentations of selected headache syndromes.
- The neurologist should screen for specific symptoms and signs that should prompt ophthalmologic consultation.

INTRODUCTION

Pain in and around the eye with or without an associated headache is a relatively common presenting complaint to the neurologist. Although the main causes for eye pain are easily diagnosed by simple examination techniques that are readily available to a neurologist, sometimes the etiology is not as obvious and may require a referral to an ophthalmologist. This article summarizes and updates our prior review in *Neurologic Clinics*[1] on this topic and includes (1) ocular and orbital disorders that produce

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Box 1
Red flags prompting ophthalmic referral for a patient who has eye pain

- New visual acuity, color vision defect, or visual field loss
- Relative afferent pupillary defect
- Extraocular muscle abnormality, ocular misalignment, or diplopia
- Proptosis
- Lid retraction or ptosis
- Conjunctival chemosis, injection, or redness
- Corneal opacity
- Hyphema or hypopyon
- Iris irregularity or nonreactive pupil
- Fundus abnormality (eg, retinal hemorrhages, optic disc edema, or optic atrophy)
- Recent intraocular surgery (<3 months)
- Recent ocular trauma

eye pain with a normal examination; (2) neurologic syndromes with predominantly ophthalmologic presentations; and (3) ophthalmologic presentations of selected headache syndromes.

A basic eye history and simple eye examination are critical for appropriate triage and referral purposes for the neurologist confronted by eye pain Box 1.[1] Box 2 lists the common red flags that should prompt ophthalmologic referral.[1] In addition, specific characteristics of the eye pain, including onset, duration, timing, frequency, severity, and quality. Box 3 lists some potentially urgent or emergent ocular conditions in the medical history that should prompt consideration for ophthalmologic referral.[1]

Most of the basic outpatient eye examinations for eye pain can be performed by the neurologist with a minimum of additional specialized equipment and the goal is to determine if any specific findings are present that should prompt ophthalmologic

Box 2
Specific history taking in eye pain

- Onset (acute, subacute, or chronic)
- Location (intraocular, retrobulbar, periocular, or frontal)
- Severity (on a scale of 1–10)
- Exacerbating or precipitating (eg, eye movement, sounds, lights, or position) factors
- Palliating factors (eg, lying down in a dark room)
- Radiation
- Quality and description of pain (eg, throbbing, sharp, or dull)
- Duration (seconds, minutes, hours, or days)
- Associated symptoms (eg, tearing, loss of vision, double vision, photophobia, discharge)
- Frequency (eg, once per day or once per year)

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