

Patients profile:

- Name of the patient
- Age
- Sex
- Residence

- ❖ History is important for many reasons:
 - Focuses your attention to the patient's problem
 - Narrows down your differential diagnosis
 - Screen the patient for other disease, the patient might not be aware of.
 - Protect other people from harmful events inflicted on others, because of the patient's problem.

→ Chief complaint and the main Symptoms:

- Blurring of vision.

1. Scotoma



areofpartiallyalteration in field of vision

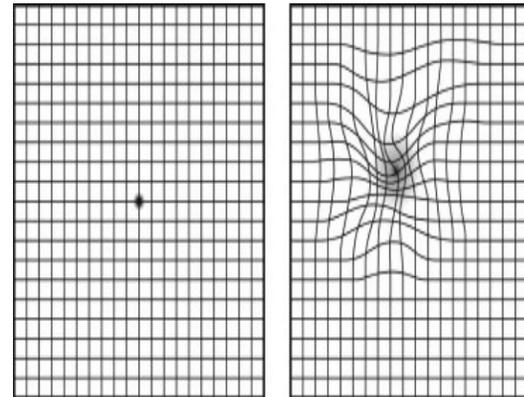
(partiallyorentirelydegeneratedvisualacuity)



2. Metamorphopsia



syndrome in which the shape
of objects appears distorted



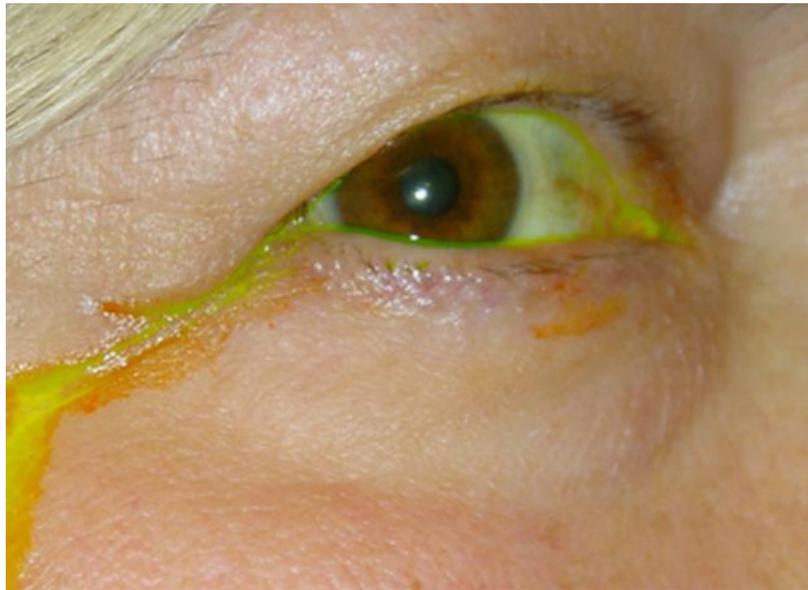
A

B



- Eye pain
- Eye itching
- Eye redness

- Eye lacrimation And discharge



Common Causes For EYE REDNESS

The infographic illustrates 12 common causes for eye redness, each with a corresponding illustration of the eye's appearance:

- Injury:** Shows a dark, bruised area around the eye.
- Pink eye:** Shows a generally red and swollen eye.
- Blepharitis:** Shows red, inflamed eyelids with crusting.
- Uveitis:** Shows a red eye with a hazy or cloudy appearance.
- Allergies:** Shows a red eye with yellowish discharge and itchy eyelids.
- Corneal ulcers:** Shows a red eye with a white spot on the cornea.
- Dry eyes:** Shows a red eye with a dry, irritated appearance.
- Cold:** Shows a red eye with a watery discharge.
- Eyelid stye:** Shows a red eye with a small, red bump on the eyelid.
- Acute glaucoma:** Shows a red eye with a cloudy appearance and a fixed pupil.
- Scleritis:** Shows a red eye with a white, inflamed area on the sclera.
- Subconjunctival hemorrhage:** Shows a red eye with a bright red, blood-filled area under the conjunctiva.
- Overuse of contact lenses:** Shows a red eye with a white spot on the cornea and a hand holding a contact lens.

healthline



Vision related symptoms

✓ Ask:

-Did the change in vision start suddenly or gradually?

-How is the vision affected exactly? (is it loss of vision? Cloudy vision? Floaters?)

-Unilateral or bilateral?

-Whole or part of the visual field affected?

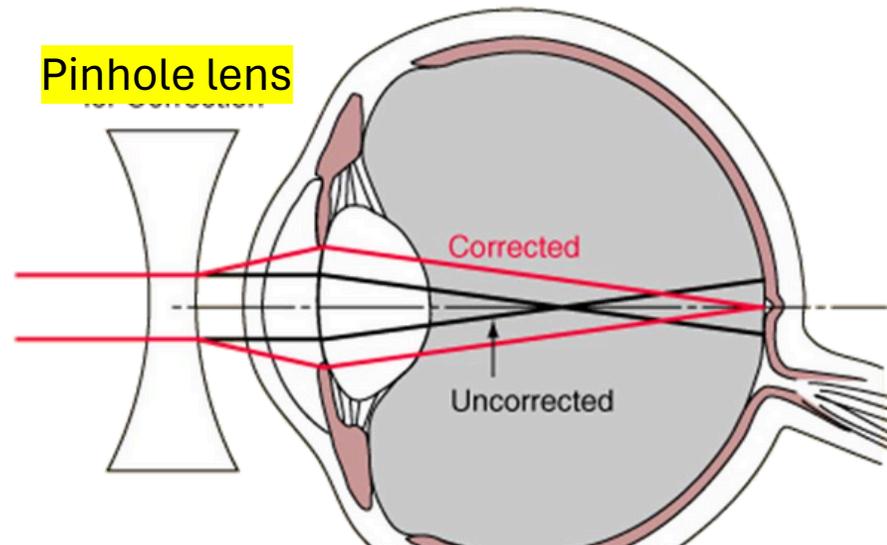
-If partial, which part of the visual field affected?

Blurring of vision:

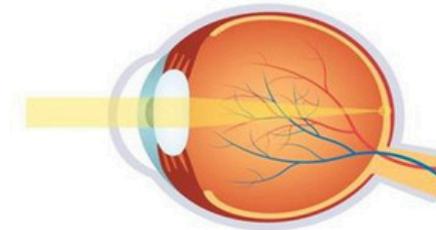
- Refractive error.
- Organic problem in the eye (conrea, lens, retina, vitreous, optic nerve disease)

➤ How to differentiate:

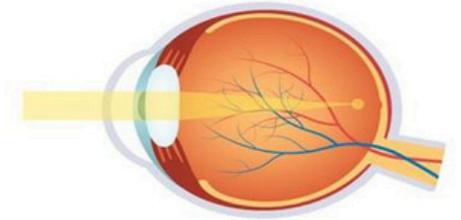
- ✓ Pinhole test: (the test can correct +/- 4 Diopters)



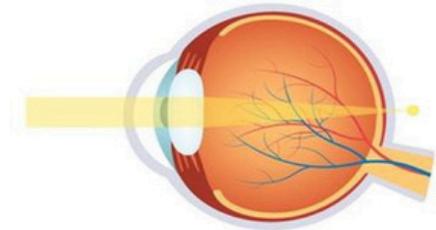
VISION DISORDERS



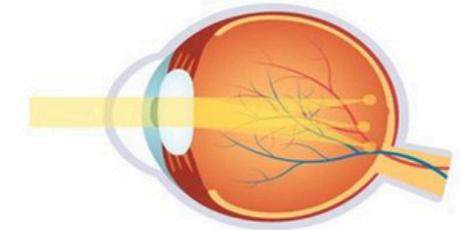
Normal vision



Myopia



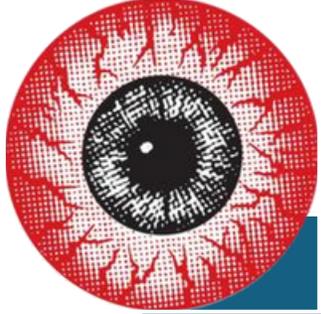
Hyperopia



Astigmatism



Blurred vision:



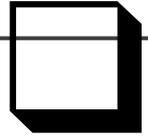
With pain

- Closed angle glaucoma
- endophthalmitis
- Keratitis
- Uveitis
- Optic neuritis!!



Without pain

- Macular edema
- Retinal detachment
- Retinal hemorrhage
- Retinal artery occlusion
- Retinal vein occlusion



Ocular pain:

- Site of pain
- Severity
- Aggravating factors
- Relieving factors
- Radiation
- Associated symptoms, Nausea, vomiting, fever, weakness, headache.
- History of associated trauma!!

□ Diplopia (double vision)

- perception of two images of a single object that may be displaced horizontally or vertically in relation to each other.

- Causes:

Abscess

Antipsychotics (haloperidol, fluphenazine, chlorpromazine etc.)

Brain tumor

Damaged third, fourth, or sixth cranial nerves, which control eye movements

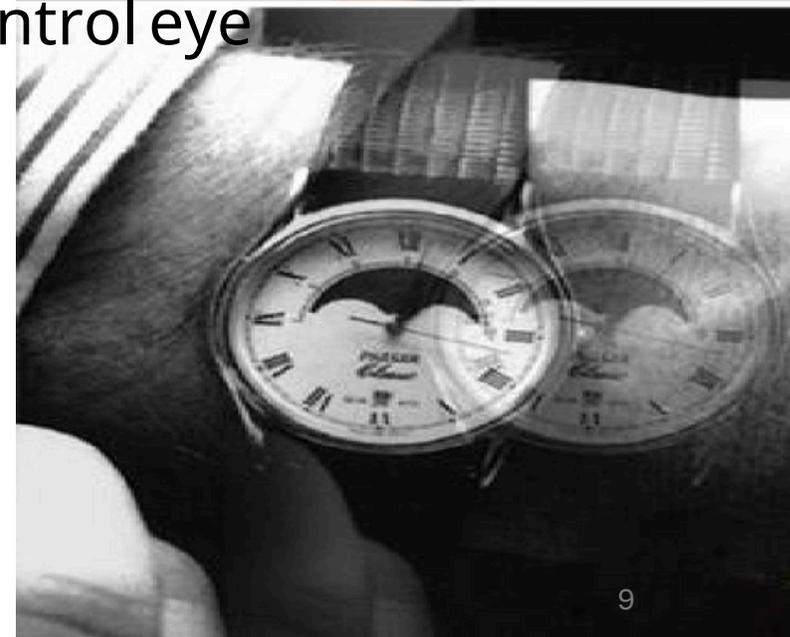
Drunkenness

Lasik complications

Opioids

Trauma

Increased intracranial pressure



📄 Eye itching:

Irritation, provokes the desire to rub the eye.

Causes

Allergic conjunctivitis → bilateral, seasonal, itching predominant, watery discharge.

Dry eye disease → burning + itching, worse with screen time.

Blepharitis → lid margin itching, worse in morning, with crusting.

Infectious conjunctivitis → itching + discharge (viral watery, bacterial mucopurulent).

Contact lens–related (giant papillary conjunctivitis) → itching with lens wear

Eyelid mass (ex: sclerosing basal cell carcinoma)



Duration→ acute (allergy/infection) vs chronic (dry eye, blepharitis).

Laterality → bilateral (allergy/dry eye) vs unilateral (foreign body, infection).

Timing → morning (blepharitis) vs seasonal (allergy).



Photophobia

Discomfort or pain of eye with light exposure (anterior segment inflammation)

Likely Causes

Corneal disease (abrasion, keratitis, ulcer) → acute, severe photophobia.

Conjunctival: severe pain

Uveitis/iritis → moderate to severe pain.

Acute angle closure glaucoma → sudden severe pain, halos, headache, nausea.

Migraine → photophobia with headache ± aura, no ocular signs.

Meningitis/encephalitis → photophobia + fever, neck stiffness, systemic symptoms.

Ocular surface disorders (dry eye, blepharitis) → mild to moderate photophobia.

Post operative, or Post traumatic eye

Congenital/hereditary → bilateral, long-standing (albinism, aniridia, cone dystrophy).

Herpetic uveitis , Toxoplasmosis

HLA-B27 uveitis: ankylosing spondylitis, inflammatory bowel disease,

floaters

small moving spots, or threads across the visual field result from opacities within the vitreous that cast shadows on the retina.

floaters change position with eye movement

Causes

Age-related vitreous degeneration and liquefaction

Posterior vitreous detachment (PVD)

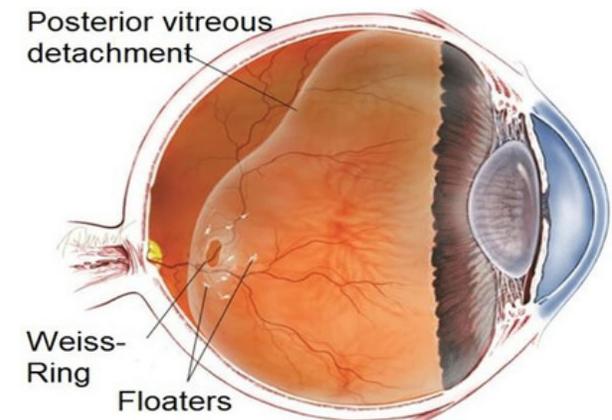
Retinal tear or retinal detachment

Vitreous hemorrhage

Inflammatory cells in vitreous (posterior uveitis, intermediate uveitis)



Number & pattern → single vs multiple, stable vs increasing.



Lacrimation and discharge

Lacrimation :Excessive tearing

Causes:

Overproduction: dry eye, irritation (foreign body, allergy).

Reduced drainage: nasolacrimal duct obstruction, punctal stenosis

Ocular Discharge:Abnormal fluid from the eye (other than tears).

Types & Causes:

Mucoid/stringy: allergic conjunctivitis, dry eye.

Mucopurulent: bacterial conjunctivitis.

Purulent, copious, thick: hyperacute bacterial conjunctivitis (e.g., gonococcal).

Bloody: trauma, severe infection, tumor.

→ Past medical history:

Systemic Diseases: Any history of diabetes, hypertension, thyroid disorders, or autoimmune diseases

Neurological Conditions: multiple sclerosis, stroke or myasthenia gravis.

Previous Eye Diseases: Any history of glaucoma, cataract, retinal diseases, or uveitis

Allergies: Any known drug or environmental allergies

Drug history :

- **Medications:** List all current medications, including eye drops and over-the-counter drugs.

Systemic Medications with Ocular Side Effects:

- **Hydroxychloroquine:** Used for lupus and RA, can cause irreversible retinal toxicity

· **Amiodarone:** corneal deposits (vortex keratopathy).

· **Alpha-blockers (e.g., Tamsulosin/Flomax) for prostate issues:** Can cause Intraoperative

Floppy Iris Syndrome (IFIS)

· **Anticholinergics:** Can worsen dry eye.

assess adherence to treatment (e.g., for glaucoma)

Steroids > (Acute : Glaucoma , Chronic Use : cataract)

Past Ocular History

Previous Surgeries, Eye Injuries or trauma

Previous use of eyeglasses

Eye Infections: conjunctivitis or keratitis

Visual Acuity or any eye symptoms

Family History

Genetic Eye Diseases, Systemic Diseases

→ Social history:

o Socioeconomic status: example strabismus is more prevalent in the poor . Gout is more prevalent in the rich

o Occupation:

- certain occupations are more likely to get injured in the eye more than others. Example: the act of welding, carpenters, black smiths, Welders

certain professions, including drivers of heavy goods and pilots, require specific visual acuity criteria.

Visual impairment has a wide range of effects on daily life.

Ask about:

o Daily activities requiring good vision: reading, television, sport, hobbies and so on.

o Driving.