

QUESTION

1. A patient is brought to the emergency department with a 30-minute history of acute onset of severe, tearing pain in the right eye. The patient reports that the pain is worse with eye movement and is associated with nausea and vomiting. The patient has a history of hypertension and is currently on lisinopril. The patient also reports that the pain is similar to a previous episode that occurred several months ago. The patient is currently taking no eye medications. On physical examination, the patient is alert and oriented. The right eye is injected and shows a positive Heringberg sign. The pupil is 4 mm and reacts sluggishly to light. The intraocular pressure is 22 mmHg. The rest of the physical examination is unremarkable.

ANSWER

1. The patient has acute angle-closure glaucoma (AACG). AACG is a medical emergency characterized by a sudden increase in intraocular pressure (IOP) due to obstruction of the aqueous humor outflow pathway. The classic presentation is a severe, tearing pain in the eye, often associated with nausea and vomiting. The patient's history of a previous episode and the presence of a positive Heringberg sign (pupillary dilation with eye movement) are highly suggestive of AACG. The patient's hypertension and use of lisinopril are also relevant as they may contribute to the development of AACG. The physical examination findings, including a 4 mm pupil and a sluggishly reacting pupil, further support the diagnosis. The intraocular pressure of 22 mmHg is elevated, but the clinical picture is more important than the IOP measurement alone.

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