INTRODUCTION

A "red eye" is a common presenting complaint. Some patients with red eyes need urgent ophthalmic referral and treatment, although the vast majority can be treated by the primary care clinician. There are little epidemiologic data on the red eye, nor are there evidence-based data to guide us in the management of these patients. Conjunctivitis (allergic or viral) is probably the most common cause of red eye in the community setting, but a number of more serious conditions can also occur [1,2].

This topic review will present an approach for distinguishing patients with red eye who must be referred to an ophthalmologist, such as those with angle-closure glaucoma, from patients who can be managed by the primary care clinician, such as those with allergic conjunctivitis (table 1 and table 2). Some distinguishing features of conditions presenting as a red eye are summarized in a table (table 3). The specific diagnosis and treatment of these disorders are discussed separately. (See "Eyelid lesions" and "Conjunctivitis" and "Corneal abrasions and corneal foreign bodies: Clinical manifestations and diagnosis" and "Uveitis: Etiology, clinical manifestations, and diagnosis" and "Angle-closure glaucoma" and "Photokeratitis" and "BLEPHARITIS").

PATIENT EVALUATION

Measurement of visual acuity and findings on penlight examination are central features in determining management of the red eye. The history and overall patient assessment are useful and confirmatory in the decision to manage or refer. Performance of the slit lamp examination is discussed separately. (See "Slit lamp examination".)

History — Many patients with a red eye call to inquire whether they need to be seen by a clinician. Certain historical features or presenting complaints signal the need for clinician examination and possibly patient referral. The following questions should be asked in all patients:

- Is vision affected? — Can you still read ordinary print with the affected eye? Patients with impaired vision cannot be managed over the phone; they require a clinician examination and may, depending upon the findings, require ophthalmic referral.

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