

Eye pain, periorbital and retro-orbital pain, and headache or facial pain referred to the orbital region are common presenting complaints.

In a review, Brazis et al. discuss the etiologies of eye pain in the quiet eye, which is defined clinically as one with a clear cornea without redness or irritation of the conjunctiva or sclera.

The causes of eye pain may be divided into two groups: (1) those associated with abnormal localizing ophthalmologic and neuro-ophthalmologic findings (including trigeminal neuropathies); (2) those with a normal ophthalmologic and neurologic examinations. The latter group is further divided into the following subgroups: (1) specific short-lasting or long-lasting headache or eye pain syndromes; (2) pain referred to the eye from other pathologic processes (secondary eye pain) sometimes distant from structures concerned with vision; and (3) pain from orbital, superior orbital fissure, cavernous sinus, or intracranial infiltrative, neoplastic, or inflammatory disease processes with normal ophthalmologic and neuro-ophthalmologic exam. Unfortunately, in some patients, no etiology for the pain syndrome is discerned and one is left with a diagnosis of idiopathic eye pain, eye strain, or atypical facial pain ¹⁾.

¹⁾

Brazis PW, Lee AG, Stewart M, Capobianco D. Clinical review: the differential diagnosis of pain in the quiet eye. *Neurologist*. 2002 Mar;8(2):82-100. PubMed PMID: 12803694.

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