

**Short Report**

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**An acute eye condition masquerading as a flu-like syndrome: A potential pitfall in general practice***Evita Evangelia Christou<sup>1</sup>; Xenophon Bazoukis<sup>2\*</sup>; Alexandra Papoudou-Bai<sup>3</sup>; Maria Stefanidou<sup>1</sup>*<sup>1</sup>Department of Ophthalmology, Faculty of Medicine, School of Health Sciences, University of Ioannina, Ioannina, Greece.<sup>2</sup>Obstetrics and Gynaecology Clinic, Makarios III Hospital, Nicosia, Cyprus.<sup>3</sup>Department of Pathology, Faculty of Medicine, School of Health Sciences, University of Ioannina, Ioannina, Greece.**\*Corresponding Author: Xenophon Bazoukis**Obstetrics and Gynaecology Clinic, Makarios III Hospital,  
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Acute primary angle closure glaucoma may masquerade a systemic condition. Proper differential diagnosis is requisite.

A 52-year-old female visited the general practitioner due to her progressively worsening headache accompanied by gastrointestinal symptoms. This condition presented acutely while reading a book at semiprone position in a not well illuminated room.

From her medical history, she referred episodes of migraine for which she was occasionally under topiramate. She mentioned mild respiratory symptoms during the ongoing week and use of over-the-counter cold/flu medication. On physical examination, migraine-like headache and unilateral intermittent mild vision symptoms were accompanied by persistent gastrointestinal symptoms. Following counselling, she continued her medication, as her condition was attributed to the flu-like syndrome.

During re-examination after 2 days, there was no recession of the systemic symptoms. The patient referred to markedly decreased vision, thus glaucoma was suspected.

The ophthalmological examination confirmed the decline in visual acuity and revealed an elevation of intraocular pressure over 50 mmHg. Slit-lamp examination findings were suggestive of acute primary angle closure. A history of hyperopia of 1 dioptre was mentioned to the ophthalmologist. Our patient was submitted to treatment including intravenous administration of mannitol 1 gr/kg over 45 minutes and yag laser peripheral iridotomy that aborted the episode.

Acute angle closure glaucoma refers to an emergent ophthalmic condition that leads to a sudden rise in intraocular pressure and consequently optic neuropathy if left untreated [1]. It should be considered and excluded by the general practitioner in cases of systemic conditions when associated with unilateral blurred vision [2,3]. The detailed medical history revealed the precipitating factors of this episode that were not evaluated properly at the first consultation [4,5].

An urgent referral to the ophthalmologist is mandatory whenever there is clinical suspicion of acute angle closure glaucoma, as immediate treatment is necessary for the outcome of the disease and vision preservation.

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