Glaucoma Associated with Sinusitis: A Case Report

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Introduction

Acute rhinosinusitis is a commonly diagnosed illness frequently diagnosed in emergency departments and primary care settings across the United States. Patients commonly present with nasal and sinus congestion, including facial pressure and pain, as well as fever, and constitutional symptoms. They may also have co-existing pharyngitis, conjunctivitis or middle ear infections, pain or restriction. Risk factors for severe disease include deviated septum, smoking, and underlying nasal or paranasal sinus hypoplasia [1]. Although the most frequent cause of sinusitis, in addition to a more chronic form, acute bacterial sinusitis is frequently self-limited in thought that half to two percent of acute sinusitis develop a superimposed bacterial infection [2]. Fungal causes are rare in those without significant immunocompromise.

Most cases of sinusitis resolve within 7 days of illness with no complications [3]. When the illness persists for more than 10 days or has significant improvement with a previous antibiotic in condition, one must consider a bacterial superinfection [4]. Eighty percent of bacterial sinusitis cases are said to be caused by an initial viral illness [5]. Development of chronic rhinitis is another common complication. Various complications resulting from acute sinusitis are one in 100 cases [6]. Bacterial rhinosinusitis has potential to spread from the sinus to adjacent structures including the orbit and ethmoid cavities [7]. Some of the notable complications include, but not limited to, frontal, ethmoid, and sphenoid sinus. Other complications include, but not limited to, dacryocystitis, cavernous sinus thrombophlebitis, subdural empyema, and intracranial abscesses [8]. Friedman and colleagues described a case of orbital sinusitis that was complicated by a subdural abscess and cerebral abscess [9]. They have been published cases of sinusitis associated with acute glaucoma, the subject of this report.

Case Description

A 45-year-old female presented to the emergency department with the chief complaint of a left sided headache and blurry vision in her left eye, which began the evening prior to her presentation. She reported a frequent history of headaches that were often worse in the morning. She reported a frequent history of headaches that were often worse in the morning. She reported a frequent history of headaches that were often worse in the morning. She reported a frequent history of headaches that were often worse in the morning.

On presentation, she had a complaint of a left sided headache and blurry vision in her left eye. She had a normal extraocular movement. Visual acuity in the right eye was 20/20, and reactive to light. She had normal extraocular movement. She had normal extraocular movement. Visual acuity in the right eye was 20/20, and reactive to light.

Discussion

This case describes a case of concurrent sinusitis and AACG. Whether our patient’s AACG was the result of a coincidental relationship or a concurrent infection, it was not associated with any other chronic conditions. The patient in this report had no history of glaucoma, or any other ocular abnormalities. The patient reported a frequent history of headaches that were often worse in the morning. She also reported a frequent history of headaches that were often worse in the morning. She also reported a frequent history of headaches that were often worse in the morning. She also reported a frequent history of headaches that were often worse in the morning.

We have not identified any previous report of AACG in patients with rhinosinusitis. While the causal relationship between AACG and sinusitis in our case is not clear. The patient in this report had a family history of glaucoma, which may indicate a genetic and anatomical predisposition to AACG. Furthermore, we have found no case reports on the same side that the developed glaucoma. This may reflect a similar pathogenesis. All the cases reviewed for the syndrome of the sinusitis and AACG. Whether our patient’s AACG was the result of a coincidental relationship or a concurrent infection, it was not associated with any other chronic conditions. The patient in this report had no history of glaucoma, or any other ocular abnormalities. The patient reported a frequent history of headaches that were often worse in the morning. She also reported a frequent history of headaches that were often worse in the morning. She also reported a frequent history of headaches that were often worse in the morning. She also reported a frequent history of headaches that were often worse in the morning.

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References
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