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Moon migraines or intermittent angle closure glaucomas

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Objective: To document subacute angle closure glaucomas mimicking moon migraines.

Background: Intermittent angle closure episodes with headache, nausea, vomiting and blurring of vision can mimic migraine with or without auras. The traditional concept among many people in this part of the world is that any recurrent unilateral head pain with nausea and vomiting is migraine and if symptoms manifest after sunset, it is named Moon migraine and early morning onset as Sun migraine. It is also well known that early on in the course of painful eye disorders, including narrow angle glaucoma and uveitis, the eye may be “white” or “quiet” and the disease often misdiagnosed. Subacute angle closure glaucoma is intermittent and difficult to diagnose between attacks without gonioscopy. SACG may present with intermittent headache (with or without eye discomfort) or with amaurosis fugax.

Methods: 17 patients aged 42 to 74 with recurrent late evening headaches were prospectively evaluated over a period of 19 years. All were diagnosed in the past as late onset migraines or moon migraines. A thorough history of headaches applying ICHD 3 beta migraine with and without aura diagnostic criteria applied to diagnose migraine or probable migraine (duration less than 4 hours). Full ophthalmic work up including gonioscopy done in all.

Results: Eleven fulfilled probable migraine without aura criteria; four with definite migraine without aura and 2 with probable aura migraines. Clinching diagnostic evidence from history was redness/halos/blurring (lasting more than one hour) at the time of headache attacks and absence of past or family history of migraines. Well known angle closure triggers other than dark surroundings were noted in 7 people. Nausea/vomiting were present in most of them but not considered diagnostic as they are common in both the disorders. Intraocular pressure, slit lamp biomicroscopy and gonioscopy findings were confirmative of subacute angle closure attacks in all.

Conclusion: When elderly patients present with history of recurrent unilateral headaches in the late evenings/night time or with a past or self diagnosis of moon migraine and if the pain doesn't conform to a well defined headache syndrome, a carefully taken ophthalmic history and meticulous eye examination including gonioscopy to be done to rule out intermittent angle closure glaucomas. Subacute angle closure glaucoma (SACG) is difficult to diagnose between attacks without gonioscopy. This study concludes that ophthalmologists must be aware that headaches can be a prominent feature of SACG and that gonioscopy, which is not part of a routine ophthalmology exam, is necessary.

Biography

M V Francis is a highly experienced Ophthalmologist from Kerala specializing in Neuro Ophthalmology, Headache and Ocular Allergy. He has 24 years of rich expertise in Clinical Research in Neuro-Ophthalmology and Headache. He has accomplished his Medical Graduation (MBBS) & Post Graduation (MS) and has been in practice since 1999. He is currently associated with Teresa Eye Migraine Centre in Alleppey, Kerala.

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