

## An overview on the ocular surface pain.

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### About the Study

Ocular surface irritation is a common reason for visits to an eye care provider and has a significant influence on healthcare costs; nevertheless, many eye clinics lack a thorough grasp of its aetiology and diagnostic tools. The cornea has the most sensory innervation of any organ in the human body and has the potential to be a formidable pain generator. Pain can be caused by a noxious stimulus or a disturbance in the eye surface architecture (nociceptive pain), or it might be caused by abnormalities in the ocular surface neurosensory apparatus itself (neurosensory pain) (neuropathic pain). Novel discoveries in neurobiology have aimed to distinguish between the two entities, particularly to determine when persistent dry eye symptoms are caused by neuropathic ocular discomfort.

Ocular surface discomfort has sparked increased interest in recent years, owing to the fact that it is a prevalent reason for presentation or referral to an eye care provider, has significant financial consequences, and has a negative influence on quality of life (QoL). A full eye examination must include a detailed pain evaluation. Dryness, discomfort, grittiness, itching, searing, stabbing, shooting, or throbbing pain are among subjective pain descriptions that can occur spontaneously or be worsened by environmental insults like wind, light, or temperature changes. Pain is usually temporary in the aftermath of an acute trauma, surgery, or infection, and it goes away quickly if the underlying problem is treated. However, discomfort may remain at times, either as a result of persistent tension on the ocular surface or as a result of other factors or to nerve abnormalities, or both.

Pain is typically divided into two groups: nociceptive and neuropathic pain, according to the International Association for the Study of Pain (IASP). Direct activation of nociceptors owing to actual or impending injury to non-neural tissue is referred to as nociceptive pain, and it suggests that the somatosensory nervous system is intact. This is usually connected with transitory discomfort in the eye after an accident, surgery, or infection. A lesion or illness of the intrinsic somatosensory nerve system causes neuropathic pain,

which commonly occurs in the absence of other tissue harm. In various common illness states, such as fibromyalgia, irritable bowel syndrome, vulvodynia, interstitial cystitis, and atypical facial pain, research into the pathogenesis of neuropathic pain is continuing. Many people with these co-morbidities also suffer from persistent ocular surface discomfort. In reality, Neuropathic Ocular Pain (NOP) commonly manifests with discomfort that is out of proportion to clinical symptoms, much like many chronic pain syndromes outside the eye.

Ocular surface pain is one of the key symptoms of Dry Eye (DE), and it is characterized not only by dryness, but also by discomfort, burning, itching, irritation, and photophobia (evoked sensitivity to light), to mention a few. Dry eye symptoms, such as discomfort, are a common reason for visits to eye clinics and high ophthalmic healthcare expenses.

### Conclusion

Ocular surface discomfort has a significant influence on one's quality of life, affecting both physical and mental function. It's been linked to sleeplessness, poor coping skills, and poor social functioning, with repercussions that extend to everyday activities like reading, driving, and internet use, as well as lower occupational productivity and missed work. Fortunately, recent advances are made for understanding of the pathophysiology and neurology of ocular surface discomfort may lead to new treatments that reduce individual and community suffering.

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