

# Case cnmalUrxszmaJsG12679 — Questions

## Case Details

**Demographics** 42-year-old white female; information technology consultant

**Chief complaint** red eye

**History of present illness**

**Secondary complaints/symptoms** none

**Patient ocular history** LASIK 9 years ago; last eye exam 2 years ago; wears soft contact lenses due to myopic regression, not compliant with replacement schedule and occasionally sleeps in lenses

**Family ocular history** mother: cataracts

**Patient medical history** unremarkable

**Medications taken by patient** multivitamins

**Patient allergy history** NDKA

**Family medical history** father: liver cirrhosis

**Review of systems**

**Mental status**

**Clinical findings**

**Uncorrected visual acuity**

**Pupils:** PERRL, negative APD

**EOMs:** full, no restrictions OU

**Confrontation fields:** full to finger counting OD, OS

**Slit lamp**

**IOPs:** OD: 14 mmHg, OS: 14 mmHg @ 10:15 am by Goldmann applanation tonometry

**Fundus OD**

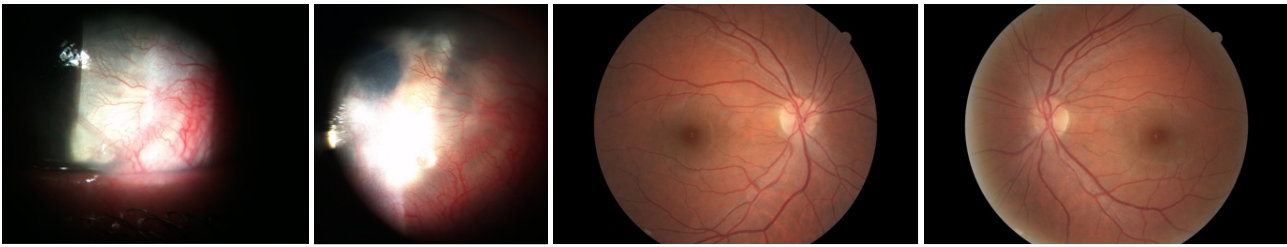
**Fundus OS**

**Blood pressure:** 120/80 mmHg, right arm, sitting

**Pulse:** 68 bpm, regular

- Character/signs/symptoms: redness, irritation, excessive lacrimation, and photophobia
- Location: OS
- Severity: moderate
- Nature of onset: acute
- Duration: 6 weeks; woke up with red, painful eye and went to urgent care; was directed to the emergency room, but she never went (worried about cost); symptoms have been ongoing since then, but pain has been gradually improving
- Frequency: constant
- Exacerbations/remissions: has been slightly improving since onset
- Relationship to activity or function: none
- Accompanying signs/symptoms: mildly blurred vision
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: denies
- Dermatological: denies
- Gastrointestinal: denies
- Genitourinary: denies
- Musculoskeletal: denies
- Neuropsychiatric: denies
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: VA distance: 20/40 (PH 20/20)
- OS: VA distance: 20/100 (PH 20/30)
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, 2+ injection OS
- cornea: clear OD, 1+ edema, fine keratic precipitates on endothelium, stromal neovascularization (see images 1 and 2) OS
- anterior chamber: deep and quiet OD, 1+ cells and flare OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS
- C/D: see image 3

- macula: see image 3
- posterior pole: see image 3
- periphery: unremarkable
- C/D: see image 4
- macula: see image 4
- posterior pole: see image 4
- periphery: unremarkable



### Question 1 / 5

What is the MOST likely diagnosis of the patient's anterior segment condition of the LEFT eye?

- A) Iritis
- B) Contact lens associated red eye
- C) Interstitial keratitis
- D) Pterygium
- E) Neovascular glaucoma

### Question 2 / 5

Although the patient denied any systemic medical history, what is the MOST likely etiology of this condition?

- A) Congenital syphilis
- B) Cogan syndrome
- C) Leprosy
- D) Lyme disease
- E) Herpes simplex

### Question 3 / 5

Which 3 of the following represent the MOST appropriate treatment for the patient's anterior segment condition of the left eye? (Select 3)

- A) Valtrex 1 gram p.o. t.i.d.
- B) Intravenous aqueous crystalline penicillin G q.4.h.
- C) Homatropine 2% ophthalmic solution t.i.d.
- D) Pred Forte® 1% ophthalmic suspension q.2.h.
- E) Doxycycline 100 mg p.o. b.i.d.
- F) Zirgan® 0.15% ophthalmic gel 5x per day
- G) Ofloxacin 0.3% ophthalmic solution q.i.d.

### Question 4 / 5

After the initiation of treatment, when should the patient return for a follow-up visit?

- A) 2 months
- B) 5 days
- C) 1 month
- D) 1 day
- E) 2 weeks

### Question 5 / 5

Which of the following glaucoma medications can cause black/brown palpebral conjunctival deposits?

- A) Timoptic®
- B) Lumigan®
- C) Pilocarpine
- D) Brimonidine

E) Epinephrine

F) Rocklatan®