

Case RMTKmPzEkASaWtG12044 — Questions

Case Details

Demographics 24-year-old Hispanic male; software engineer

Chief complaint droopy eyelids; was brought to his attention by his girlfriend after looking at old photos

History of present illness

Secondary complaints/symptoms none

Patient ocular history last comprehensive eye exam 5 years ago; does not wear corrective lenses

Family ocular history unknown (patient adopted)

Patient medical history anxiety

Medications taken by patient Xanax®

Patient allergy history NKDA

Family medical history unknown

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: PERRL, negative APD

EOMs: mildly depressed ductions in all fields of gaze OU

Cover test: distance: orthophoria, near: orthophoria

Confrontation fields: mild superior field restriction OD, OS

Subjective refraction

Slit lamp

IOPs: OD: 17 mmHg, OS: 16 mmHg @ 7:50 am by Goldmann applanation tonometry

Fundus OD

Fundus OS

Blood pressure: 115/76 mmHg, right arm, sitting

Pulse: 67 bpm, regular

- Character/signs/symptoms: progressive drooping of upper eyelids
- Location: OD, OS
- Severity: mild-moderate
- Nature of onset: gradual
- Duration: 2 years
- Frequency: constant
- Exacerbations/remissions: none
- Relationship to activity or function: none
- Accompanying signs/symptoms: facial muscles occasionally feel weak
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: denies
- Dermatological: denies
- Gastrointestinal: denies
- Genitourinary: denies
- Musculoskeletal: facial muscle weakness
- Neuropsychiatric: trouble sleeping, anxiety
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place and person
- Mood: appropriate
- Affect: appropriate
- OD: distance: 20/20, near: 20/20 @ 40 cm
- OS: distance: 20/20, near: 20/20 @ 40 cm
- OD: +0.25 -0.25 x 098; VA distance: 20/20
- OS: -0.25 DS; VA distance: 20/20
- lids/lashes/adnexa: see image 1 OD, OS
- conjunctiva: normal OD, OS
- cornea: clear OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS

- C/D: 0.30 H/0.30 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: 0.30 H/0.30 V
- macula: normal
- posterior pole: normal
- periphery: 3 DD choroidal nevus superior temporal



Question 1 / 5

Which of the following represents the patient's MOST likely diagnosis given his history and exam findings?

- A) Kearns-Sayre syndrome
- B) Chronic progressive external ophthalmoplegia
- C) Ophthalmoplegic migraine
- D) Myasthenia Gravis
- E) Oculopharyngeal dystrophy
- F) Horner's syndrome

Question 2 / 5

What is the MOST appropriate treatment for this patient's ocular condition?

- A) Refer for an electrocardiogram
- B) Monitor the condition every six months
- C) Refer for blepharoplasty
- D) Refer for magnetic resonance imaging
- E) Refer for thyroid function tests

Question 3 / 5

Which of the following describes the MOST common inheritance pattern for this patient's ocular condition?

- A) Mitochondrial
- B) X-linked recessive
- C) X-linked dominant
- D) Autosomal recessive

Question 4 / 5

If 4% cocaine was instilled into each eye, which of the following results would you expect to observe for this patient?

- A) Dilation of the right pupil, no dilation of the left pupil
- B) Minimal to no dilation of either pupil
- C) Equal dilation of both pupils
- D) No dilation of the right pupil, dilation of the left pupil

Question 5 / 5

You notice that this patient's choroidal nevus may appear to be elevated and you wish to refer the patient to a retinal specialist for further evaluation. Which of the following should be included in your explanation to the patient of your need to refer?

- A) The patient should understand the high mortality rate associated with a melanoma that is left untreated
- B) The patient should be informed that there is a high likelihood of the need for a needle biopsy and he should be prepared for an invasive exploratory procedure
- C) The patient should be made aware that there is a very high risk of the nevus developing into a melanoma, especially without careful observation and follow-up
- D) The patient should be made aware that more testing is necessary and he must be sure to show up for his appointment with the specialist

