

# Case CWLmUwGjsKmqdrcm5004 — Questions

## Case Details

**Demographics** 18-year-old white female; student

**Chief complaint** red eyes

**History of present illness**

**Secondary complaints/symptoms** none

**Patient ocular history** last eye exam 2 years ago; wears glasses for reading

**Family ocular history** mother: strabismus

**Patient medical history** unremarkable

**Medications taken by patient** oral contraceptives

**Patient allergy history** fluoroquinolones, macrolides, penicillin

**Family medical history** mother: pituitary adenoma, father: gout, hyperlipidemia

**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**

**Preauricular nodes:** negative lymphadenopathy (bilaterally)

**IOPs:** OD: 17 mmHg, OS: 17 mmHg @ 12:00 pm by Goldmann applanation tonometry

**Fundus OD**

**Fundus OS**

**Blood pressure:** 113/74 mmHg, right arm, sitting

**Pulse:** 68 bpm, regular

- Character/signs/symptoms: eyes are red and irritated; discharge
- Location: OD, OS
- Severity: moderate
- Nature of onset: acute; started in right eye first, then moved to left eye yesterday
- Duration: 3 days
- Frequency: constant
- Exacerbations/remissions: worse in the morning
- Relationship to activity or function: none
- Accompanying signs/symptoms: wakes up with eyelids stuck shut in the morning
- 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: distance: 20/20
- OS: distance: 20/20
- lids/lashes/adnexa: see image 1 OD, OS similar to OD
- conjunctiva: see image 1 OD, OS similar to OD
- 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: 0.25 H/0.25 V
- macula: normal
- posterior pole: normal

- periphery: unremarkable
- C/D: 0.25 H/0.25 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable



### Question 1 / 6

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

- A) Allergic conjunctivitis
- B) Gonococcal conjunctivitis
- C) Bacterial conjunctivitis
- D) Epidemic keratoconjunctivitis (EKC)
- E) Superficial punctate keratitis

### Question 2 / 6

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

- A) Polytrim® q.i.d. OU for 7 days
- B) AzaSite® b.i.d. for 2 days then q.h.s. for 5 days
- C) Erythromycin ung b.i.d. OU for 7 days
- D) Preservative-free artificial tears q.i.d. OU for 7 days
- E) Moxeza® q.i.d. OU for 7 days
- F) Pataday® q.d. for 2 weeks

### Question 3 / 6

After the initiation of treatment, when is an appropriate time to follow up with the patient?

- A) 3 days
- B) Annually
- C) 2 weeks
- D) 1 day
- E) 6 weeks
- F) 1 month

### Question 4 / 6

What patient education should be included during the initial visit with the patient?

- A) The patient needs to avoid dairy products while using the prescribed medication as calcium will interfere with its effectiveness
- B) The condition is contagious and precautions (i.e. frequent hand washing) must be taken to ensure that it is not spread to others
- C) The patient cannot eat iron-rich foods while taking the prescribed medication
- D) The patient should not wear glasses as the lenses can serve as reservoirs for the pathogens
- E) The patient should be evaluated by her primary care physician for associated systemic disease

### Question 5 / 6

This patient's diagnosis is frequently observed in children in conjunction with which of the following conditions?

- A) Pharyngitis
- B) Frequent nose bleeds
- C) Otitis media
- D) Atopy
- E) Onycholysis

**Question 6 / 6**

The patient returns to your office for a follow-up examination and you notice a new presentation of several peripheral subepithelial marginal infiltrates in both eyes. Which of the following medications would be the MOST appropriate addition to your original treatment plan?

- A) Sulfacetamide
- B) Trifluridine
- C) Fluorometholone
- D) Ketorolac
- E) Olopatadine