

Case yjLJWjGydLjMtpbB6196 — Questions

Case Details

Demographics 50-year-old white male; media director

Chief complaint referred by local optometrist for a glaucoma evaluation due to elevated intraocular pressure in the left eye

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 1 month ago; wears SV reading glasses only

Family ocular history father: cataract surgery

Patient medical history unremarkable

Medications taken by patient multivitamins

Patient allergy history macrolides

Family medical history mother: heart disease

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: 22 mmHg, OS: 27 mmHg @ 1:15 pm by Goldmann applanation tonometry

Fundus OD

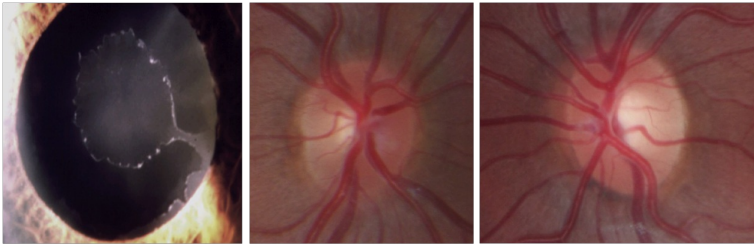
Fundus OS

Blood pressure: 130/84 mmHg, right arm, sitting

Pulse: 68 bpm, regular

- Character/signs/symptoms: none; patient is asymptomatic
- Location: OS
- Severity: IOP was 20 mmHg OD and 29 mmHg OS at last exam
- Nature of onset: unknown
- Duration: unknown; was told by OD at his exam last month
- Frequency: unknown
- Exacerbations/remissions: unknown
- Relationship to activity or function: unknown
- Accompanying signs/symptoms: none
- 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: 20/25
- OS: VA distance: 20/25
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, OS
- cornea: 1+ pigment deposition on endothelium OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, loss of pupillary ruff, iridodonesis OS
- lens: clear OD, see image 1 OS
- vitreous: clear OD, OS
- C/D: see image 2
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: see image 3

- macula: normal
- posterior pole: normal
- periphery: unremarkable



Question 1 / 5

Which of the following represents the MOST appropriate diagnosis based on the patient's clinical examination findings?

- A) Pseudoexfoliation syndrome
- B) Ocular hypertension
- C) Pigment dispersion syndrome
- D) Normal tension glaucoma
- E) Primary open-angle glaucoma

Question 2 / 5

Iridodonesis observed in the left eye is MOST likely indicative of which of the following?

- A) Weak lens zonules, causing the lens to move against the iris
- B) Disinsertion of iris from the scleral spur
- C) Weak iris sphincter muscles
- D) Weak iris dilator muscles

Question 3 / 5

Which of the following conditions is a possible secondary complication of the patient's ocular condition of the left eye?

- A) Central serous chorioretinopathy
- B) Epiretinal membrane
- C) Posterior subcapsular cataract
- D) Acute angle closure
- E) Retinal detachment

Question 4 / 5

If this patient is referred for cataract extraction with an intraocular lens implant, what should the patient be warned about that can occur at a higher rate than the average population?

- A) Increased risk of post-surgical neuralgia
- B) Increased risk of post-surgical macular edema
- C) Increased risk of retinal detachment
- D) Increased risk of posterior capsular opacification
- E) Increased risk of dislocation of the lens implant

Question 5 / 5

Which one of the following statements is TRUE regarding the intraocular pressure (IOP) findings commonly observed in patients with this condition?

- A) Intraocular pressure is elevated due to faster rates of aqueous production
- B) The intraocular pressure typically undergoes large diurnal fluctuations
- C) The intraocular pressure usually responds well to topical treatment
- D) Intraocular pressure is always asymmetric between the eyes