

Case ZjPgvUvLfRORFUNM4862 — Questions

Case Details

Demographics 48-year-old Asian female; currently unemployed

Chief complaint blurred vision

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 4 years ago; unremarkable

Family ocular history mother: macular degeneration

Patient medical history hypertension, hyperlipidemia, type 2 diabetes (HbA1c: 6.5% 2 weeks ago, FBS: 102 mg/dL this morning), history of intravenous drug use

Medications taken by patient Lipitor®, amitriptyline, Actos®, lisinopril

Patient allergy history NKDA

Family medical history mother: scoliosis, father: hypertension

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Cover test: distance: 4 exophoria, near: 8 exophoria

Confrontation fields: full to finger counting OD, OS

Subjective refraction

Slit lamp

IOPs: OD: 14 mmHg, OS: 14 mmHg @ 4:50 pm by Goldmann applanation tonometry

Fundus OD

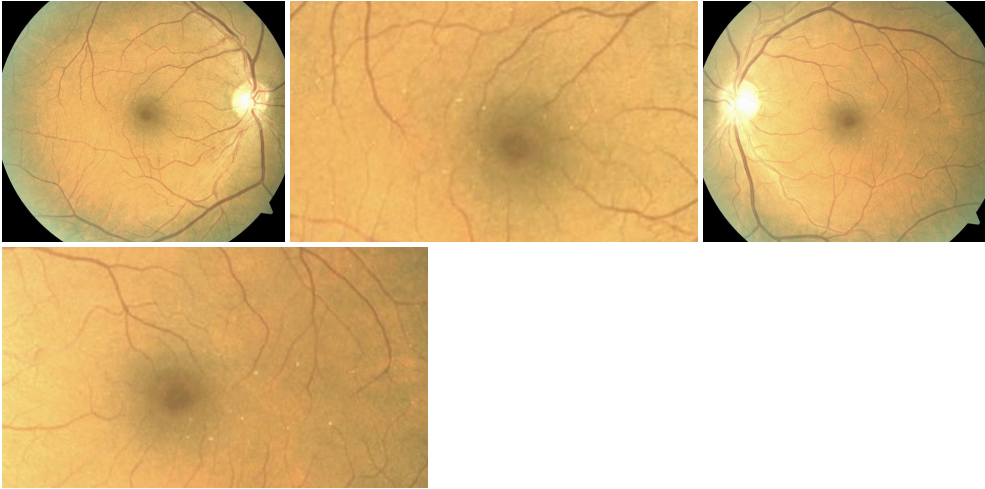
Fundus OS

Blood pressure: 120/78 mmHg, right arm, sitting

Pulse: 70 bpm, regular

- Character/signs/symptoms: vision is blurry when reading
- Location: OD, OS
- Severity: moderate
- Nature of onset: gradual
- Duration: 2 years
- Frequency: constant
- Exacerbations/remissions: worse in dim illumination, better if she holds things further away
- Relationship to activity or function: reading and computer use
- Accompanying signs/symptoms: headaches and eye fatigue with prolonged near work
- 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: 20/20, VA near: 20/40 @ 40 cm
- OS: VA distance: 20/20, VA near: 20/40 @ 40 cm
- OD: -0.25 DS add: +1.50; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OS: +0.25 -0.25 x 125 add: +1.50; VA distance: 20/20, VA near: 20/20 @ 40 cm
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: nasal pinguecula OD, OS
- cornea: 1+ arcus OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS

- vitreous: clear OD, OS
- C/D: see image 1
- macula: see image 2
- posterior pole: see image 1
- periphery: unremarkable
- C/D: see image 3
- macula: see image 4
- posterior pole: see image 3
- periphery: unremarkable



Question 1 / 5

Which of the following substances is MOST likely to have caused the retinal deposits observed in images 1 through 4?

- A) Talc
- B) Actos®
- C) Amitriptyline
- D) Lisinopril
- E) Lipitor®
- F) Cholesterol

Question 2 / 5

Which 2 of the following additional tests should be ordered given the patient's retinal findings? (Select 2)

- A) Serum cholesterol levels
- B) Chest x-ray
- C) Glycosylated hemoglobin
- D) Stool sample with culture
- E) Biopsy of retinal tissue
- F) Fluorescein angiography
- G) Electrocardiogram

Question 3 / 5

If the previous tests are performed and return with normal results, what immediate treatment should be recommended to the patient?

- A) Cryotherapy of the peripheral retina
- B) Vitrectomy
- C) No treatment is necessary
- D) Panretinal photocoagulation
- E) Consult with the patient's physician to adjust her systemic medications

Question 4 / 5

Which of the following retinal complications may arise from the deposits observed in this patient?

- A) Central serous chorioretinopathy
- B) Peripheral neovascularization
- C) Cystoid macular edema
- D) Choroidal neovascular membrane

- E) Papilledema
- F) Pigment epithelial detachment

Question 5 / 5

Which of the following ocular complications has been associated with the use of amitriptyline?

- A) Choroidal rupture
- B) Macular edema
- C) Peripheral neovascularization
- D) Optic nerve congestion
- E) Dry eyes
- F) Cataract formation