Case tiFUJaTIMJAUnNP13906 — Questions

Case Details

Demographics 76-year-old white male; retired military officer

Chief complaint visual hallucinations

History of present illness

Secondary complaints/symptoms worsening vision in both eyes with his current glasses

Patient ocular history cataracts, dry age-related macular degeneration OU

Family ocular history mother: macular degeneration

Patient medical history hypertension, hyperlipidemia, history of myocardial infarction

Medications taken by patient Lipitor®, Coumadin®, Zestril®

Patient allergy history NKDA

Family medical history mother: type II diabetes, father: hypertension

Review of systems

Mental status

Clinical findings

Habitual spectacle Rx

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Confrontation fields: full to finger counting OD, OS

Subjective refraction

Slit lamp

IOPs: OD: 18 mmHg, OS: 19 mmHg @ 9:45 am by Goldmann applanation tonometry
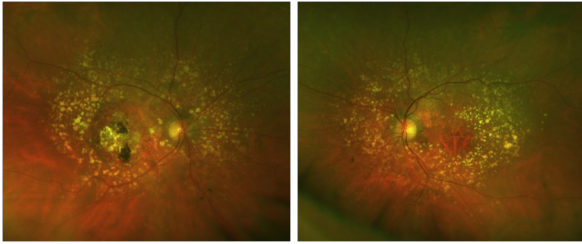
Fundus OD

Fundus OS

Blood pressure: 128/84 mmHg, right arm, sitting

Pulse: 64 bpm, regular

- Character/signs/symptoms: patient has been experiencing visual hallucinations; sees faces in plants on his patio and cartoon-like animals in his house; he is not afraid of these images and he knows that they are not real
- Location: OD, OS
- Severity: mild-moderate
- Nature of onset: gradually increasing in frequency
- Duration: 3 months
- Frequency: once per week; lasts for about 1 minute
- Exacerbations/remissions: none
- Relationship to activity or function: none
- 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: visual hallucinations
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: -4.00 -1.75 x 165 add: +3.00; VA distance: 20/400 (PHNI)
- OS: -3.50 -1.00 x 020 add: +3.00; VA distance: 20/200 (PH 20/150)
- OD: -4.50 -1.25 x 165 add: +3.00; VA distance: 20/400, VA near: 20/400 @ 33 cm
- OS: -4.00 -1.50 x 020 add: +3.00; VA distance: 20/150, VA near: 20/150 @ 33 cm
- lids/lashes/adnexa: 2+ dermatochalasis OD, OS
- conjunctiva: normal OD, OS
- cornea: 2+ arcus OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: 2+ nuclear sclerosis OD, OS
- vitreous: PVD OD, OS

- C/D: 0.25 H/0.25 V
- macula: see image 1
- posterior pole: see image 1
- periphery: unremarkable
- C/D: 0.25 H/0.25 V
- macula: see image 2
- posterior pole: see image 2
- periphery: unremarkable

Question 1 / 6

Which of the following diagnoses BEST describes the etiology of the patient's visual hallucinations?

  A) Charles Bonnet syndrome

  B) Anton syndrome

  C) Schizophrenia

  D) Delirium

  E) Alzheimer disease

  F) Acute psychosis

Question 2 / 6

Which of the following ocular conditions has the HIGHEST association with these types of visual hallucinations?

  A) Glaucoma

  B) Diabetic retinopathy

  C) Optic neuritis

  D) Age-related macular degeneration

  E) Corneal scars

  F) Cataracts

Question 3 / 6

What is the MOST common type of visual hallucination in a patient with this diagnosis?

  A) Buildings

  B) Shapes

  C) Trees

  D) Animals

  E) Faces

Question 4 / 6

Which of the following is LEAST likely to cause visual hallucinations?

  A) Recreational drug use

  B) Parkinson disease

  C) Intracranial tumors

  D) Lack of exercise

  E) Sleep deprivation

Question 5 / 6

Which 2 of the following images can be considered simple visual hallucinations? (Select 2)

  A) Striped cat

  B) Floating bubbles

  C) Redwood tree

  D) Checkerboard pattern

  E) Cartoon character

What can be included in the education of patients with this condition to help reduce the appearance of visual hallucinations when they occur?

A) Walk toward the hallucination

B) Decrease lighting conditions

C) Relaxation

D) Rapid blinking