

Case VXxPREHSObwUUPB12816 — Questions

Case Details

Demographics 64-year-old white male; banker

Chief complaint loss of vision

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 2 years ago; wears PALs full time

Family ocular history father: wet macular degeneration

Patient medical history hypertension, hyperlipidemia, asthma, myocardial infarction (2 years ago)

Medications taken by patient Atenolol®, Lipitor®, albuterol, baby aspirin

Patient allergy history NKDA

Family medical history mother: hypertension, osteoarthritis, father: hypertension, hyperlipidemia

Review of systems

Mental status

Clinical findings

Habitual spectacle Rx

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Keratometry

Subjective refraction

Slit lamp

IOPs: OD: 14 mmHg, OS: 12 mmHg @ 1:30 pm by Goldmann applanation tonometry

Fundus OD

Fundus OS

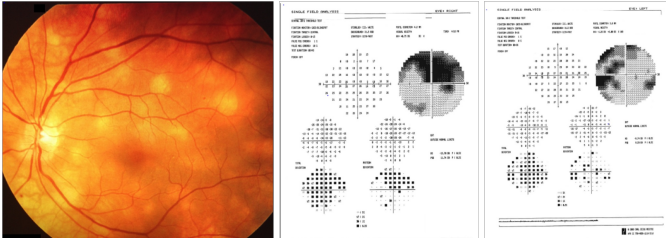
Blood pressure: 120/78 mmHg, right arm, sitting

Pulse: 74 bpm, regular

Threshold visual fields:

- Character/signs/symptoms: sudden decrease in vision
- Location: OD
- Severity: severe
- Nature of onset: acute
- Duration: 2 days
- Frequency: constant
- Exacerbations/remissions: vision appears worse at night
- Relationship to activity or function: none
- Accompanying signs/symptoms: floaters, diminished color vision
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: occasional shortness of breath
- 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: -1.75 -0.50 x 090 add: +2.25; VA distance: 20/200 (with eccentric viewing) PHNI
- OS: -3.00 -0.25 x 100 add: +2.25; VA distance: 20/40 PHNI
- OD: 42.50 @ 090 / 42.00 @ 180; no distortion of mires
- OS: 42.25 @ 110 / 42.00 @ 020; no distortion of mires
- OD: -2.00 -0.50 x 090 add: +2.50; VA distance: 20/200, VA near: 20/200 @ 40 cm
- OS: -3.25 -0.25 x 110 add: +2.50; VA distance: 20/40, VA near: 20/40 @ 40 cm
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: trace injection OD, OS
- cornea: clear OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS

- lens: 1+ nuclear sclerosis, trace posterior subcapsular cataract OD, 1+ nuclear sclerosis, 2+ posterior subcapsular cataract OS
- vitreous: 1+ cells, 2+ vitreous haze OD, OS
- C/D: 0.25 H / 0.25 V
- macula: choroidal neovascular membrane
- posterior pole: similar to OS (see image 1)
- periphery: unremarkable
- C/D: see image 1
- macula: see image 1
- posterior pole: see image 1
- periphery: unremarkable
- OD: see image 2
- OS: see image 3



Question 1 / 5

Given the examination findings, what is the MOST likely diagnosis of the patient's retinal condition observed in image 1?

- A) Vogt-Koyanagi-Harada syndrome
- B) Sarcoidosis
- C) Birdshot chorioretinopathy
- D) Serpiginous choroidopathy
- E) Neurosyphilis

Question 2 / 5

Which Human Leukocyte Antigen (HLA) is MOST likely associated with this patient's condition?

- A) HLA-B51
- B) HLA-A29
- C) This condition is not associated with HLA
- D) HLA-B27
- E) HLA-DR4

Question 3 / 5

Which of the following represents the BEST initial treatment option given this patient's diagnosis? (Select 2)

- A) Topical corticosteroids
- B) Oral corticosteroids
- C) Oral acyclovir
- D) No treatment is indicated
- E) Topical cyclopentolate
- F) Anti-VEGF injection
- G) Penicillin G injection

Question 4 / 5

What is the MOST likely cause of the patient's decreased best-corrected visual acuity in the left eye?

- A) Dry eye syndrome
- B) Keratoconus
- C) Dry age-related macular degeneration
- D) Cataract

Question 5 / 5

With appropriate treatment for the retinal condition and cataract surgery, what is the visual prognosis for this patient?

- A) Good OD and OS
- B) Good OD, limited OS

C) Limited OD, good OS

D) Poor OD and OS