

Case rJRHhhZfsFyVNJTQ6421 — Questions

Case Details

Demographics 10-year-old black male; student

Chief complaint blurry vision

History of present illness

Secondary complaints/symptoms parents also report his eyelids are often swollen and he complains of itchy eyes

Patient ocular history 1st eye exam

Family ocular history mother: glaucoma suspect

Patient medical history unremarkable

Medications taken by patient childrens multivitamin, Singulair®

Patient allergy history seasonal allergies; NKDA

Family medical history father: hypertension

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Cover test: distance: orthophoria, near: orthophoria

Confrontation fields: full to finger counting OD, OS

Stereo test: 200 (via Lang II)

Color test: 12/12 OD, OS (Ishihara color plates)

Subjective refraction

Accommodative system

Wet refraction:

Slit lamp

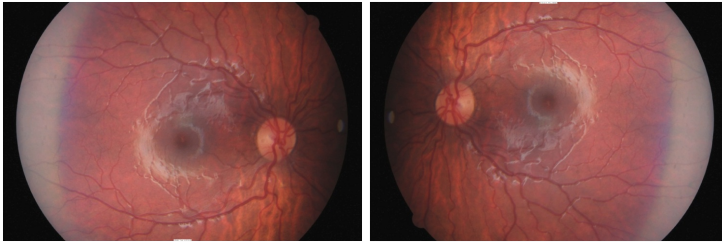
IOPs: OD: 17 mmHg, OS: 17 mmHg @ 2:30 pm by Tonopen

Fundus OD

Fundus OS

- Character/signs/symptoms: parents report that the patient has been complaining of blurred vision at near
- Location: OD, OS
- Severity: moderate
- Nature of onset: gradual (since he began 5th grade)
- Duration: 6 months
- Frequency: intermittent
- Exacerbations/remissions: worse at the end of the day or after prolonged near work; better on weekends
- Relationship to activity or function: playing video games, doing homework, reading
- Accompanying signs/symptoms: occasional headaches above and around the eyes
- Constitutional/general health: denies
- Ear/nose/throat: runny nose
- Cardiovascular: denies
- Pulmonary: denies
- Dermatological: eczema
- Gastrointestinal: denies
- Genitourinary: denies
- Musculoskeletal: denies
- Neuropsychiatric: denies
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: age appropriate orientation to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: distance: 20/20, near: 20/25 @ 40 cm
- OS: distance: 20/20, near: 20/25 @ 40 cm
- OD: plano -0.25 x 180; VA distance: 20/20; VA near: 20/25 @ 40 cm
- OS: plano DS; VA distance: 20/20, VA near: 20/25 @ 40 cm
- NRA/PRA: +2.75 / -0.75
- Monocular estimation method (MEM): +1.25 OD, OS
- OD: +1.25 DS; VA distance: 20/20
- OS: +1.25 DS; VA distance: 20/20

- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: trace conjunctival injection, 2+ papillae OD, OS
- 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: see image 1
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: see image 2
- macula: normal
- posterior pole: normal
- periphery: unremarkable



Question 1 / 6

Which of the following prescriptions would be the MOST appropriate to prescribe for this patient?

- A) OD: +0.50 DS; OS: +0.50 DS; for near activities only
- B) OD: +1.25 DS; OS: +1.25 DS; for full time wear
- C) OD: +1.00 DS; OS: +1.00 DS; for near activities only
- D) No spectacles are required for distance or near at this time
- E) OD: +0.50 DS; OS: +0.50 DS; for full-time wear
- F) OD: +1.75 DS; OS: +1.75 DS; for full time wear
- G) OD: +1.75 DS; OS: +1.75 DS; for near activities only
- H) OD: plano -0.25 x 180; OS: plano DS; for full-time wear

Question 2 / 6

After reviewing the patient's anterior segment findings, which of the following treatment options would be MOST appropriate in order to address his secondary complaint of itchy eyes?

- A) Pataday® q.d.
- B) Zirgan® q.5h
- C) Pred Forte® t.i.d.
- D) Moxeza® t.i.d.
- E) AzaSite® b.i.d.

Question 3 / 6

Which of the following is NOT a common finding associated with vernal keratoconjunctivitis?

- A) Preauricular lymphadenopathy
- B) Horner-Trantas dots
- C) Cobblestone papillae
- D) Corneal "shield ulcer"

Question 4 / 6

Which of the following topical ocular medications represents the MOST appropriate first line of treatment for the acute signs and symptoms associated with vernal keratoconjunctivitis?

- A) Timolol® b.i.d.
- B) Vigamox® t.i.d.
- C) Alrex® q.i.d.
- D) Pataday® q.d.
- E) Preservative-free artificial tears q.2h

Question 5 / 6

After initiating treatment, what is the MOST appropriate follow-up plan for this patient?

- A) Return for follow-up in 1 year for a annual eye examination
- B) Return for follow-up in 1 week to check patient symptoms and slit-lamp findings
- C) Return for follow-up in 1 week to check patients symptoms and IOP
- D) Return for follow-up in 6 weeks for a dilated fundus examination
- E) Return for follow-up in 1 month for repeat cycloplegic refraction

Question 6 / 6

If you were to perform a scraping of the conjunctival secretions in a patient suspected of having allergic conjunctivitis, the presence of which type of cell would confirm your diagnosis?

- A) Monocytes
- B) Lymphocytes
- C) Basophils
- D) Eosinophils
- E) Neutrophils