

Case VMqnaMcTYuQfwKXx8369 — Questions

Case Details

Demographics 22-year-old Asian male; auctioneer

Chief complaint blurred vision

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 3 years ago; was told glasses wouldn't help

Family ocular history mother: presumed ocular histoplasmosis, father: retinitis pigmentosa

Patient medical history Unremarkable

Medications taken by patient fish oils, multivitamin

Patient allergy history penicillin

Family medical history mother: Grave disease, father: cardiovascular disease

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: PERRL; 1+ APD OS

EOMs: full, no restrictions OU

Cover test: full to finger counting OD, superior restriction OS

Subjective refraction

Slit lamp

IOPs: OD: 11 mmHg, OS: 12 mmHg @ 1:12 pm by Goldmann applanation tonometry

Fundus OD

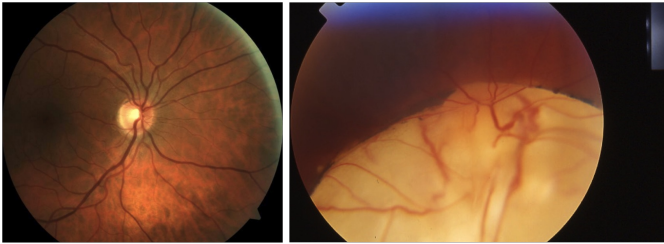
Fundus OS

Blood pressure: 107/70 mmHg, right arm, sitting

Pulse: 65 bpm, regular

- Character/signs/symptoms: blurred vision; would like another opinion to see if glasses can improve vision
- Location: OS
- Severity: severe
- Nature of onset: unsure
- Duration: for as long as he can remember
- Frequency: constant
- 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: denies
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: distance: 20/25
- OS: distance: 20/250 (PHNI)
- OD: -0.25 -0.25 x 035; VA distance: 20/20
- OS: +0.50 -0.75 x 015; VA distance: 20/250
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, OS
- cornea: clear OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, inferior notch OS
- lens: clear OD, OS
- vitreous: clear OD, OS
- C/D: see image 1

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



Question 1 / 5

Given the patient's fundus images, what is the MOST likely diagnosis of his left eye retinal condition?

- A) Posterior staphyloma
- B) Chorioretinal coloboma
- C) Degenerative myopia
- D) Morning glory anomaly
- E) Retinal detachment

Question 2 / 5

Which of the following represents the MOST appropriate treatment for this patient's retinal condition?

- A) No treatment is necessary at this time; recommend glasses for protection purposes only
- B) Prescribe low-vision aids such as a hand-held telescope for distance spotting tasks
- C) Refer to a retinal specialist for the implantation of a scleral buckle
- D) Prescribe gas permeable contact lenses to slow down the progression of myopia
- E) Refer for cryotherapy of the affected area

Question 3 / 5

Which of the following ocular complications is MOST likely to develop secondary to this patient's retinal condition?

- A) Inferior perforation of the globe
- B) Iris prolapse
- C) Lens subluxation
- D) Rhegmatogenous retinal detachment
- E) Primary open-angle glaucoma

Question 4 / 5

Which of the following other ocular conditions is MOST frequently observed in conjunction with this patient's retinal findings?

- A) Microphthalmia
- B) Iridocorneal endothelial syndrome
- C) Posterior subcapsular cataract
- D) One and a half syndrome
- E) Keratoconus

Question 5 / 5

Which of the following compounds may be added to amoxicillin in order to increase its effectiveness against bacteria that have demonstrated resistance to penicillin?

- A) Potassium clavulanate
- B) Hydrochloride
- C) Dichromic acid
- D) Etabonate
- E) Chlorthalidone