Case jsFwxpQzgrjpYHybsn56 — Questions

Case Details

Demographics 10-year-old white male; student

Chief complaint red eyes

History of present illness

Secondary complaints/symptoms none

Patient ocular history 1st eye exam; saw pediatrician in the past for similar symptoms (was given drops- unknown)

Family ocular history Mother: glaucoma suspect

Patient medical history asthma

Medications taken by patient albuterol inhaler

Patient allergy history sulfa-based medications, dust, pollen

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

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Confrontation fields: full to finger counting OD, OS

Slit lamp

IOPs: OD: 11 mmHg, OS: 12 mmHg @ 1:32pm by non-contact tonometry

Fundus OD

Fundus OS

- Character/signs/symptoms: red, itchy, swollen eyes
- Location: OD, OS
- Severity: severe
- Nature of onset: sudden
- Duration: 5 days
- Frequency: constant
- Exacerbations/remissions: had similar episodes the past 2 summers
- Relationship to activity or function: none
- Accompanying signs/symptoms: tearing and ropy discharge
- Constitutional/general health: denies
- Ear/nose/throat: frequent runny nose
- Cardiovascular: denies
- Pulmonary: occasional shortness of breath
- Dermatological: itchy skin
- 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: 20/20
- OS: 20/20
- lids/lashes/adnexa: see image 1 OD, OS similar to OD
- conjunctiva: 2+ injection, 1+ conjunctival chemosis OD, OS
- cornea: see image 2 OD, OS similar to OD
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS
- C/D: 0.30 H/0.25 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: 0.25 H/0.25 V
- macula: normal
- posterior pole: normal

- periphery: unremarkable

Question 1 / 6

Given the above findings, what is the MOST likely diagnosis for this patient?

A) Epidemic keratoconjunctivitis

B) Keratoconjunctivitis sicca

C) Vernal keratoconjunctivitis

D) Herpes simplex keratitis

E) Superior limbic keratoconjunctivitis

Question 2 / 6

Which of the following represents the MOST appropriate initial treatment option, given the above diagnosis?

A) Natamycin suspension q.4h

B) Zymaxid® solution q.i.d.

C) Erythromycin ointment b.i.d

D) Viroptic® solution q.2h

E) FML® suspension q.i.d.

F) Betadine ophthalmic prep solution in-office treatment

Question 3 / 6

Given the above treatment, what MUST be included in your patient education?

A) Calcium-rich foods must be avoided while using the medication

B) The medication will blur vision for approximately 30 minutes

C) The medication can darkening of the iris

D) The medication must be shaken well just before each use

E) The medication must be kept in the refrigerator

F) The medication must be taken with food

Question 4 / 6

Which of the following ocular conditions MOST commonly occurs in association with the above diagnosis?

A) Lattice corneal dystrophy

B) Posterior polymorphous dystrophy

C) High axial myopia

D) Limbal stem cell deficiency

E) Keratoconus

F) Glaucoma

Question 5 / 6

Patients diagnosed with the above condition also frequently suffer from which of the following systemic conditions?

A) Diabetes

B) Atopy

C) Systemic lupus erythematosus

D) Rheumatoid arthritis

E) Sjogren syndrome

F) Gastroesophageal reflux disease

Question 6 / 6

You decide to evaluate if there is any lymph node involvement in this patient by examining the preauricular area. What would

you expect to observe and feel when palpating these nodes?

    A) Visible, tender, palpable nodes
    B) Non-visible, non-tender, palpable nodes
    C) Non-visible, tender, palpable nodes
    D) Visible, non-tender, palpable nodes
    E) Non-visible, non-tender, non-palpable nodes