Case ykOLFrbLBresqwd10270 — Questions

Case Details

Demographics 28-year-old Asian female; human resource director

Chief complaint itchy, red eyes

History of present illness

Secondary complaints/symptoms none

Patient ocular history last comprehensive eye exam 5 years ago; no vision correction

Family ocular history father: fundus albipunctatus

Patient medical history unremarkable

Medications taken by patient oral contraceptives

Patient allergy history pollens and ragweed; NKDA

Family medical history mother: melanoma

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

Subjective refraction

Slit lamp

IOPs: OD: 19 mmHg, OS:19 mmHg @ 4:45 pm by Goldmann applanation tonometry

Fundus OD Fundus OS

Blood pressure: 108/78 mmHg, right arm, sitting

Pulse: 68 bpm, regular

· Character/signs/symptoms: eyes are often itchy, red, and watery

Location: OD, OS
Severity: moderate
Nature of onset: acute
Duration: 2 weeks
Frequency: daily

• Exacerbations/remissions: worse towards the end of the day

Relationship to activity or function: none

· Accompanying signs/symptoms: swollen eyelids due to frequent eye rubbing

• Constitutional/general health: denies

Ear/nose/throat: deniesCardiovascular: deniesPulmonary: deniesDermatological: denies

Gastrointestinal: deniesGenitourinary: deniesMusculoskeletal: denies

Neuropsychiatric: deniesEndocrine: deniesHematologic: denies

Immunologic: denies

• Orientation: oriented to time, place, and person

Mood: appropriate Affect: appropriate

OD: distance: 20/20, near: 20/20 @ 40 cm
OS: distance: 20/20, near: 20/20 @ 40 cm
OD: plano -0.50 x 175; VA distance: 20/20
OS: -0.25 -0.25 x 010; VA distance: 20/20

• lids/lashes/adnexa: trace erythema and edema of upper eyelid OD, OS

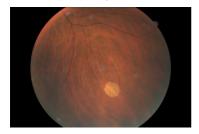
• conjunctiva: 1+ bulbar injection and chemosis, 1+ inferior palpebral papillae OD, OS

• 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: 0.15 H/0.15 V

- · macula: normal
- posterior pole: normal
- periphery: see image 1
- C/D: 0.15 H/0.15 V
- macula: normal
- posterior pole: normal
- · periphery: unremarkable



Question 1/5

What is the MOST appropriate diagnosis of the patient's retinal condition as observed in image 1?

- A) Gyrate atrophy
- B) RPE window defect
- C) Atrophic retinal hole
- D) Geographic atrophy
- E) Cobblestone degeneration

Question 2 / 5

What is the MOST appropriate treatment for the patient's retinal condition?

- A) Refer for genetic testing
- B) Start AREDS II vitamin supplements
- C) Refer for cryotherapy
- D) Refer for laser photocoagulation
- E) Monitor annually

Question 3 / 5

Given your suspected diagnosis based on the patient's chief complaint and examination findings, which of the following topical ophthalmic preparations would be appropriate for once a day use?

- A) Zaditor®
- B) Patanol®
- C) Alrex®
- D) Lastacaft®
- E) Cromolyn sodium
- F) Acular®

Question 4 / 5

If preauricular nodes were to be evaluated on this patient, which of the following results would you expect to observe?

- A) Unilateral, tender, palpable node
- B) Bilateral, non-tender, palpable nodes
- C) Bilateral, tender, palpable nodes
- D) Bilateral, tender, non-palpable node
- E) Unilateral, non-tender, palpable node
- F) Bilateral, non-palpable, non-tender nodes

Question 5 / 5

If an optometrist has completed a residency in contact lenses, which of the following statements is TRUE regarding the standards of professional conduct adopted by the American Optometric Association?

- A) The optometrist does not have to release a written copy of a specialty contact lens prescription
- B) Because the optometrist is more advanced in contact lenses, he or she may NOT charge insurance plans for medically necessary contact lenses
- C) The optometrist may advertise that he or she specializes in contact lenses

- D) Only optometrists who completed a residency in contact lenses should fit specialty contact lenses
- E) The optometrist may charge a higher fee for a difficult contact lens fitting