

# Case NiClqyQerUIUpVHTGO88 — Questions

## Case Details

**Demographics** 8-year-old Asian female; student

**Chief complaint** double vision

**History of present illness**

**Secondary complaints/symptoms** none

**Patient ocular history** 1st eye exam

**Family ocular history** mother: "lazy eye" and has worn glasses since age 5, maternal grandmother: glaucoma

**Patient medical history** allergies; normal birth history and developmental milestones

**Medications taken by patient** Claritin®

**Patient allergy history** grass and pollen, NKDA

**Family medical history** father: cardiovascular disease, type II diabetes

**Review of systems**

**Mental status**

**Clinical findings**

**Uncorrected visual acuity**

**Pupils:** PERRL, negative APD

**EOMs:** full, no restrictions OU

**Cover test:** distance: 6 esophoria, near: 8 esophoria

**Confrontation fields:** full to finger counting OD, OS

**Oculomotor system**

**Subjective refraction**

**Accommodative system**

**Vergence system**

**Sensory system**

**DEM test (percentile rank):** horizontal: 50%, vertical: 50%, ratio: 50%, errors: 99%

**Slit lamp**

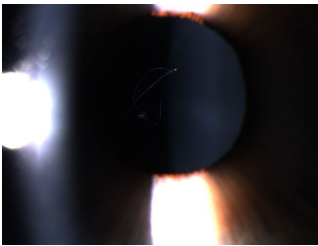
**IOPs:** OD: 16 mmHg, OS: 16 mmHg @ 4:10 pm by iCare tonometer

**Fundus OD**

**Fundus OS**

- Character/signs/symptoms: horizontal diplopia at both distance and near
- Location: OU
- Severity: moderate
- Nature of onset: gradual
- Duration: 6 months
- Frequency: intermittent
- Exacerbations/remissions: worse at the end of the day or when tired; better if she rests her eyes
- Relationship to activity or function: mostly notices when watching television and viewing the board in class, or reading for prolonged periods of time
- Accompanying signs/symptoms: headaches and eyestrain at the end of the day; is easily distracted when doing schoolwork
- 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: VA distance: 20/20
- OS: VA distance: 20/20
- Pursuits: normal
- Saccades: normal
- Fixations: normal

- OD: plano DS; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OS: plano DS; VA distance: 20/20, VA near: 20/20 @ 40 cm
- Amplitudes: OD: 14 D, OS: 14 D, OU: 13 D
- Facility (+/- 2.00): OD: 11 cycles/minute, OS: 12 cycles/minute, OU: 3 cycles/minute (difficulty clearing minus-powered lenses)
- NRA/PRA: +2.75 / -1.00
- Monocular estimation method (MEM): OD: +1.00, OS: +1.25
- NPC: 2 cm
- Vergences: NFV @ distance: x / 6 / 2, NFV @ near: x / 12 / 6, PFV @ distance: x / 20 / 15, PFV @ near: 18 / 32 / 24
- Facility: 8 base-out/8 base-in: 2 cycles/minute (difficulty fusing base-in prism)
- Worth 4 dot: far: no suppression, near: no suppression
- Stereopsis: far: 120", near: 80"
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, OS
- cornea: clear OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: see image 1 OD, normal OS
- lens: clear OD, OS
- vitreous: clear OD, OS
- C/D: 0.35 H/0.30 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: see image 1 OD, normal OS
- macula: normal
- posterior pole: normal
- periphery: unremarkable



### Question 1 / 5

Based on the patient's chief concern and examination findings, what is the MOST likely cause of her symptoms?

- A) Accommodative infacility
- B) Convergence excess
- C) Basic exophoria
- D) Accommodative insufficiency
- E) Basic esophoria
- F) Divergence insufficiency

### Question 2 / 5

What type of AC/A ratio is expected for this patient?

- A) High AC/A ratio
- B) Average AC/A ratio
- C) The AC/A ratio is not relevant to this case
- D) Low AC/A ratio

### Question 3 / 5

Which 3 of the following tests directly examine the accommodative system? (Select 3)

- A) Positive fusional vergence ranges
- B) Stereopsis
- C) Monocular amplitudes
- D) Monocular facility testing with +/- 2.00 D lenses
- E) Monocular estimation method
- F) Second-degree fusion

### Question 4 / 5

Which of the following represents an example of shallow suppression of the right eye while performing the red lens test (red lens over the right eye)?

- A) The patient reports seeing two lights, one red and one white, with the white light being to the left of the red light
- B) The patient reports seeing one white light in moderate illumination and one white light in dim illumination
- C) The patient reports seeing one red light in moderate illumination and one pinkish light in dim illumination
- D) The patient reports seeing two lights, one red and one white, with the white light being to the right of the red light
- E) The patient reports seeing one red light in moderate illumination and one red light in dim illumination
- F) The patient reports seeing one pinkish light in moderate illumination and one pinkish light in dim illumination
- G) The patient reports seeing one white light in moderate illumination and one pinkish light in dim illumination

### **Question 5 / 5**

Which of the following represents the MOST likely cause of the patient's right eye anterior segment findings?

- A) Posterior polymorphous dystrophy
- B) Epicapsular stars
- C) Persistent pupillary membrane
- D) Mittendorf dot
- E) Lattice dystrophy