

Case yFFkiCAAwnCLQdEa8502 — Questions

Case Details

Demographics 58-year-old black male; security guard

Chief complaint blurred vision

History of present illness

Secondary complaints/symptoms none

Patient ocular history blunt ocular trauma OD (10 years ago), herpes simplex keratitis (unsure of eye, 5 years ago); last eye exam 4 years ago

Family ocular history mother: glaucoma suspect

Patient medical history hypertension, hyperlipidemia, sleep apnea

Medications taken by patient hydrochlorothiazide, Lipitor®

Patient allergy history sulfa-based medications

Family medical history mother: hypothyroidism, father: hypertension, hyperlipidemia

Review of systems

Mental status

Clinical findings

Habitual spectacle Rx

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Confrontation fields: full to finger counting OD, OS

Subjective refraction

Slit lamp

IOPs: OD: 22 mmHg, OS: 23 mmHg @ 9:10 am by Goldmann applanation tonometry

Fundus OD

Fundus OS

Gonioscopy: open to ciliary body band, 1+ pigment inferior, (-) peripheral anterior synechiae, (-) angle recession OD, OS

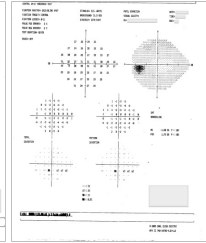
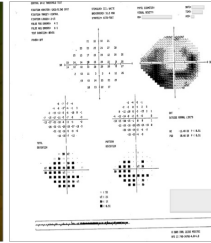
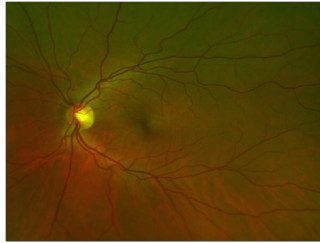
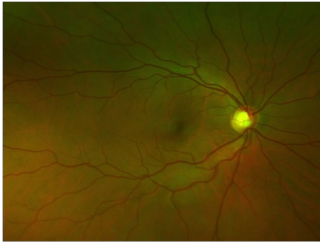
Blood pressure: 114/76 mmHg, right arm, sitting

Pulse: 58 bpm, regular

Threshold visual fields:

- Character/signs/symptoms: difficulty reading with current glasses; has to hold material too far away
- Location: OD, OS
- Severity: mild
- Nature of onset: gradual
- Duration: 2 years
- Frequency: constant
- Exacerbations/remissions: vision is clear if he pushes near material away
- Relationship to activity or function: only occurs with near tasks; distance vision is adequate
- Accompanying signs/symptoms: eyestrain and fatigue
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: sleep apnea (uses CPAP)
- 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: -3.25 -0.75 x 175 add: +1.50; VA distance: 20/20, VA near: 20/30 @ 40 cm
- OS: -2.50 -1.25 x 010 add: +1.50; VA distance: 20/20, VA near: 20/30 @ 40 cm
- OD: -3.25 -1.00 x 170 add: +2.00; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OS: -2.75 -1.00 x 008 add: +2.00; VA distance: 20/20, VA near: 20/20 @ 40 cm
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, OS
- cornea: 1+ arcus 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
- OD: see image 3
- OS: see image 4



Question 1 / 5

Considering the case history and examination findings, what is the MOST appropriate diagnosis for this patient?

- A) Pigment dispersion glaucoma
- B) Primary open angle glaucoma
- C) Traumatic glaucoma
- D) Physiologic optic nerve cupping
- E) Normal tension glaucoma
- F) Angle recession glaucoma
- G) Ocular hypertension

Question 2 / 5

Which of the following represents the MOST common early pattern of a glaucomatous visual field loss?

- A) Enlarged blind spot
- B) Inferior nasal step
- C) Inferior arcuate
- D) Paracentral scotoma
- E) Superior arcuate
- F) Superior nasal step

Question 3 / 5

Which of the following BEST describes the etiology of increased intraocular pressure in the classic presentation of this patient's condition?

- A) Deposition of pigment within the trabecular meshwork
- B) Increased aqueous production by active secretion
- C) Resistance of outflow within the trabecular meshwork
- D) Increased aqueous production through ultrafiltration
- E) Damage to the trabecular meshwork from a history of trauma

Question 4 / 5

After initiating treatment with topical IOP-lowering medications, when is the MOST appropriate time to follow-up with this patient?

- A) 1 month
- B) 3 months
- C) 6 months
- D) 1 day
- E) 1 week

Question 5 / 5

According to the American Optometric Association's Standards of Professional Conduct, "An optometrist has the duty to involve the patient in care and treatment decisions in a meaningful way, with due consideration of the patient's needs, desires, abilities, and understanding, while safeguarding the patient's privacy." Which of the following terms BEST describes this statement?

- A) Justice
- B) Non-maleficence
- C) Patient autonomy
- D) Beneficence