

Case dHGtZbPmBtyhTioL8578 — Questions

Case Details

Demographics 46-year-old Filipino male; nurse

Chief complaint red, irritated eye

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 2 years ago; pterygium OD; wears single vision distance glasses (removes for near vision)

Family ocular history unremarkable

Patient medical history unremarkable

Medications taken by patient multivitamin

Patient allergy history NKDA

Family medical history father: hypertension

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

Slit lamp

IOPs: OD: 29 mmHg, OS: 17 mmHg @ 10:15 am by Goldmann applanation tonometry

Fundus OD

Fundus OS

Blood pressure: 116/74 mmHg, right arm, sitting

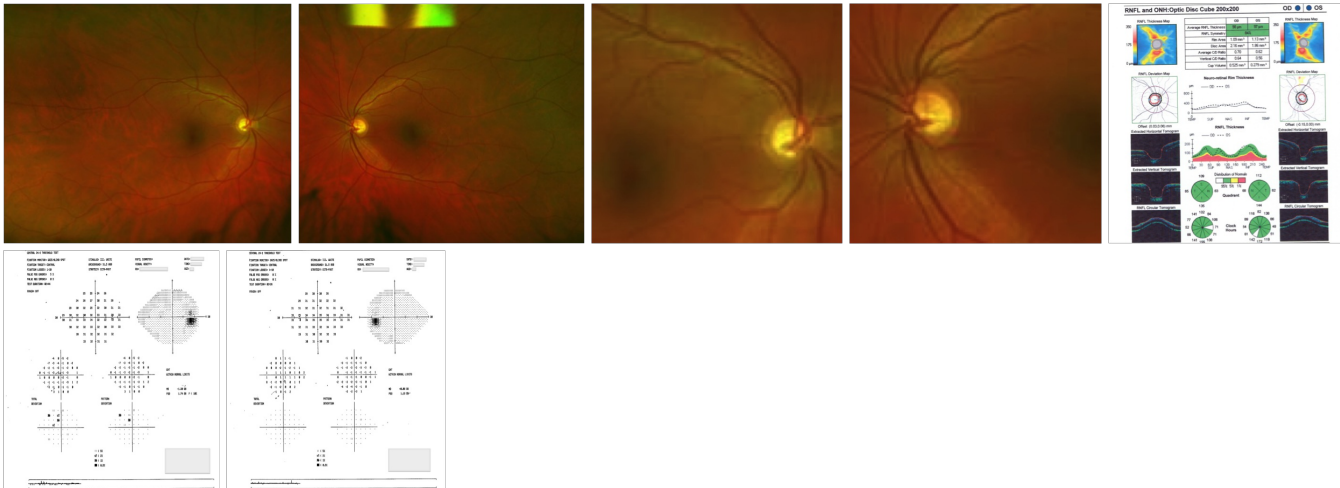
Pulse: 68 bpm, regular

Optical coherence tomography (OCT)

Threshold visual fields:

- Character/signs/symptoms: right eye is constantly red, irritated, and dry
- Location: OD
- Severity: mild/moderate
- Nature of onset: gradual
- Duration: 1 year
- Frequency: constant, but severity waxes and wanes
- Exacerbations/remissions: co-worker gave him steroid drops to help with symptoms; has been using them 2x per day for the past month in the right eye which has significantly helped the redness and irritation
- Relationship to activity or function: flares up in dry or windy weather conditions
- Accompanying signs/symptoms: intermittent blurry vision that improves with blinking
- 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: -1.00 -1.50 x 165; VA distance: 20/20
- OS: -0.75 -0.50 x 165; VA distance: 20/20
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: 1+ injection nasal OD, normal OS
- cornea: nasal pterygium 1.5 mm onto cornea OD, clear OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS

- C/D: see images 1 and 3
- macula: see image 1
- posterior pole: see image 1
- periphery: unremarkable
- C/D: see images 2 and 4
- macula: see image 2
- posterior pole: see image 2
- periphery: unremarkable
- OD: see image 5
- OS: see image 5
- OD: see image 6
- OS: see image 7



Question 1 / 6

Considering the patient's history and examination findings, what is the MOST likely diagnosis?

- A) Steroid-induced glaucoma
- B) Steroid-induced ocular hypertension
- C) Acute angle-closure glaucoma
- D) Primary open-angle glaucoma

Question 2 / 6

Which of the following MOST closely represents the typical amount of time that it takes for a topical ocular corticosteroid to cause an elevation in the intraocular pressure?

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

Question 3 / 6

Which of the following BEST describes the reasoning for the need to taper topical ocular corticosteroids?

- A) Avoid signs and symptoms of rebound ocular inflammation
- B) Minimize the risk of adrenal insufficiency due to decreased production of natural cortisol
- C) Decrease the risk of posterior subcapsular cataract formation
- D) Minimize the risk of developing steroid-induced elevation of IOP
- E) Prevent possible secondary ocular infections

Question 4 / 6

Patients with significantly elevated intraocular pressures are at a higher risk of developing which of the following retinal vascular conditions?

- A) Central retinal vein occlusion
- B) Ocular ischemic syndrome
- C) Branch retinal artery occlusion
- D) Central retinal artery occlusion

E) Branch retinal vein occlusion

Question 5 / 6

Which of the following describes the BEST initial treatment for this patient?

- A) Refer for peripheral iridotomy
- B) Prescribe a prostaglandin analog
- C) Refer for laser trabeculoplasty
- D) Begin a taper of the corticosteroid medication
- E) Refer for anterior chamber paracentesis
- F) Prescribe oral capsules of acetazolamide

Question 6 / 6

The patient returns to your office for a follow-up visit and presents with signs of acute iritis in the right eye. Which of the following topical corticosteroids is LEAST likely to increase intraocular pressure and why?

- A) Dexamethasone; because it is a ketone-based steroid
- B) Dexamethasone; because it is an ester-based steroid
- C) Prednisolone acetate; because it is an ester-based steroid
- D) Loteprednol; because it is a ketone-based steroid
- E) Prednisolone acetate; because it is a ketone-based steroid
- F) Loteprednol; because it is an ester-based steroid