

# Case rTApOugDBDiiTgcZ4020 — Questions

## Case Details

**Demographics** 47-year-old white female; secretary

**Chief complaint** interested in blepharoplasty

**History of present illness**

**Secondary complaints/symptoms** occasional ocular allergies, uses Pataday® PRN

**Patient ocular history** last eye exam 2 years ago; wears PALs full time

**Family ocular history** father: macular degeneration

**Patient medical history** hypertension, smoker (30 years)

**Medications taken by patient** Lopressor®, Nicoderm®, Pataday®

**Patient allergy history** codeine, seasonal allergies

**Family medical history** father: hypertension

**Review of systems**

**Mental status**

**Clinical findings**

**Habitual spectacle Rx**

**Pupils:** OD: 8 mm in dim illumination, 5 mm in bright illumination, 4+ reaction to light; OS: 5 mm in dim illumination, 3 mm in bright illumination, 4+ reaction to light; (-) APD

**EOMs:** full, no restrictions OU

**Cover test:** distance: 4 exophoria, near: 4 exophoria

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

**Slit lamp**

**IOPs:** OD: 17 mmHg, OS: 15 mmHg @ 2:25 pm by Goldmann applanation tonometry

**Fundus OD**

**Fundus OS**

**Blood pressure:** 121/78 mmHg, right arm, sitting

**Pulse:** 76 bpm, regular

- Character/signs/symptoms: eyelid is droopy; she is bothered by cosmesis
- Location: OS upper eyelid
- Severity: mild
- Nature of onset: gradual
- Duration: 2 months
- Frequency: constant
- Exacerbations/remissions: none
- Relationship to activity or function: none
- Accompanying signs/symptoms: none; no recent history of trauma, no other neurological symptoms
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: shortness of breath when running
- 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: -2.00 -0.25 x 010 add: +1.50; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OS: -2.25 DS add: +1.50; VA distance: 20/20, VA near: 20/20 @ 40 cm
- lids/lashes/adnexa: see image 1 OD, OS
- conjunctiva: nasal pinguecula 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: see image 1
- macula: see image 1

- posterior pole: see image 1
- periphery: unremarkable
- C/D: see image 2
- macula: see image 2
- posterior pole: see image 2
- periphery: unremarkable



### Question 1 / 6

Which of the following represents the MOST likely diagnosis of this patient's eyelid and pupil findings?

- A) Pupil-involved third nerve palsy
- B) Physiological anisocoria
- C) Horner syndrome
- D) Argyll Robertson pupil
- E) Adie tonic pupil

### Question 2 / 6

Which of the following results would you expect to observe in this patient if 1% apraclonidine was instilled into each eye?

- A) Dilation of the left pupil, minimal to no change in right pupil size
- B) Dilation of the right pupil, minimal to no change in left pupil size
- C) Equal dilation of both pupils
- D) No dilation of either pupil

### Question 3 / 6

If you had access to 10% cocaine drops, which of the following results would you expect in this patient if the cocaine test were to be performed?

- A) Dilation of the right pupil, minimal to no change in left pupil size
- B) Dilation of the left pupil, minimal to no change in right pupil size
- C) No dilation of either pupil
- D) Equal dilation of both pupils

### Question 4 / 6

Furthermore, if you instilled 1% hydroxyamphetamine into each of this patient's eyes and BOTH eyes dilated, which of the following conclusions could you deduce from this result?

- A) The condition is genetic
- B) There is a pre-ganglionic lesion
- C) The condition is benign
- D) There is a post-ganglionic lesion

### Question 5 / 6

What is the MOST appropriate management for the patient's condition at this time?

- A) Send to emergency room immediately
- B) Refer for a chest x-ray
- C) Patch the right eye to ensure that amblyopia will not ensue
- D) Refer for VDRL and RPR laboratory testing
- E) No further testing or treatment is required at this time
- F) Refer for blepharoplasty as the patient requested

### Question 6 / 6

Which of the following side effects is MOST commonly associated with Pataday® use?

- A) Headache

- B) Photophobia
- C) Bradycardia
- D) Euphoria
- E) Diplopia
- F) Tinnitus