

Case asLtMVfxsnDYuACc9218 — Questions

Case Details

Demographics 25-year-old white male; mail carrier

Chief complaint itchy eyes

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 2 years ago; does not wear correction

Family ocular history unremarkable

Patient medical history unremarkable

Medications taken by patient none

Patient allergy history caffeine

Family medical history father: hypertension

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: 13 mmHg, OS: 14 mmHg @ 12:00 pm by Goldmann applanation tonometry

Fundus OD

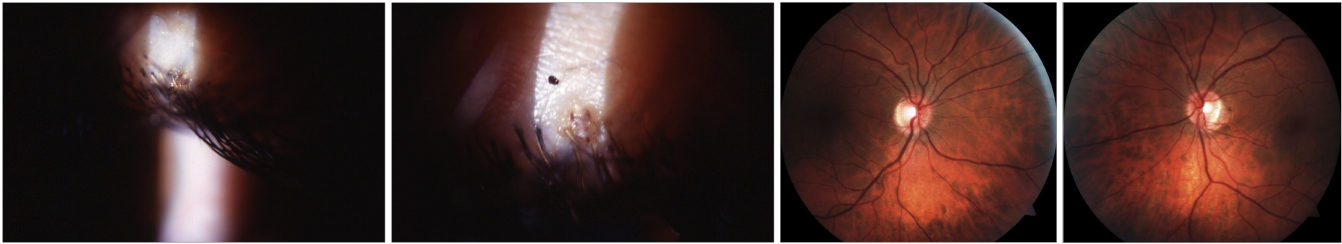
Fundus OS

Blood pressure: 100/75 mmHg, right arm, sitting

Pulse: 66 bpm, regular

- Character/signs/symptoms: eyelids are itchy and irritated
- Location: OD, OS
- Severity: mild
- Nature of onset: gradual
- Duration: 3 weeks
- Frequency: constant
- Exacerbations/remissions: worse at night
- Relationship to activity or function: none
- Accompanying signs/symptoms: mild redness and tearing
- 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: distance: 20/20; near: 20/20 @ 40 cm
- OS: distance: 20/20; near: 20/20 @ 40 cm
- OD: +0.25 -0.25 x 013; VA distance: 20/20
- OS: +0.25 DS; VA distance: 20/20
- lids/lashes/adnexa: see image 1 OD, see image 2 OS
- conjunctiva: 1+ injection with palpebral follicles 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 3

- macula: see image 3
- posterior pole: see image 3
- periphery: unremarkable
- C/D: see image 4
- macula: see image 4
- posterior pole: see image 4
- periphery: unremarkable



Question 1 / 5

What is the MOST appropriate diagnosis of the patient's ocular condition?

- A) Phthiriasis
- B) Ticks
- C) Demodex
- D) Mites

Question 2 / 5

What is the MOST appropriate initial treatment for this ocular condition?

- A) Application of Kwell® shampoo to the lid margins and surrounding ocular structures
- B) Exposure of the organisms to extreme heat
- C) Removal of the organisms with jeweler's forceps
- D) Application of petroleum jelly ophthalmic ointment q.h.s. to the eyelid margins
- E) Cleansing of the eyelid margins with diluted tea tree oil

Question 3 / 5

What other counseling should be included in your patient education considering this patient's ocular condition?

- A) All clothes, bath towels, and bedding must be laundered and dried on high heat and then sealed in a bag for 14 days
- B) He is required to wear sunglasses and bandage contact lenses to ensure that this condition fully resolves
- C) The condition can lead to severe permanent corneal damage if he is not compliant with the treatment
- D) It is essential that he stays in isolation for two weeks given the extremely contagious nature of his condition

Question 4 / 5

After the initiation of treatment, when should the patient return to your office for a follow-up visit?

- A) 7 days
- B) 6 months
- C) 1 month
- D) 14 days
- E) 1 day

Question 5 / 5

Given this diagnosis, what additional referrals should be made to ensure optimal results?

- A) Referral to a neurologist
- B) Referral to an ophthalmologist
- C) Referral to his primary care physician
- D) Referral to the centers for disease control and prevention (CDC)
- E) Referral to a dermatologist