

Case LhzDZhPKkIfIIYMQ8648 — Questions

Case Details

Demographics 76-year-old Asian female; retired

Chief complaint blurred vision

History of present illness

Secondary complaints/symptoms none

Patient ocular history cataract surgery OU 2 years ago; YAG capsulotomy OD 2 weeks ago

Family ocular history mother: cataracts, father: primary open angle glaucoma

Patient medical history hypothyroid, hypertension

Medications taken by patient levothyroxine, atenolol

Patient allergy history penicillin

Family medical history unremarkable

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: 16 mmHg, OS: 16 mmHg @ 9:15 am by Goldmann applanation tonometry

Fundus OD

Fundus OS

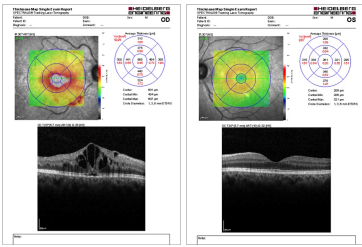
Blood pressure: 116/72 mmHg, right arm, sitting

Pulse: 62 bpm, regular

Amsler grid

- Character/signs/symptoms: blurry vision in the right eye at all distances
- Location: OD
- Severity: severe
- Nature of onset: acute
- Duration: 5 days
- Frequency: constant
- Exacerbations/remissions: none
- Relationship to activity or function: none
- Accompanying signs/symptoms: none
- 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: +0.50 -0.75 x 165 add: +2.50; VA distance: 20/150 (PHNI)
- OS: +0.25 -1.00 x 070 add: +2.50; VA distance: 20/30
- lids/lashes/adnexa: dermatochalasis OD, OS
- conjunctiva: normal OD, OS
- cornea: 1+ guttata OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: PCIOL, centered with open posterior capsule OD, PCIOL, centered with 2+ posterior capsular opacification OS
- vitreous: syneresis OD, OS
- C/D: 0.40 H/0.40 V
- macula: see image 1

- posterior pole: normal
- periphery: unremarkable
- C/D: 0.40 H/0.40 V
- macula: see image 2
- posterior pole: normal
- periphery: unremarkable
- OD: central metamorphopsia
- OS: (-) metamorphopsia, (-) scotomas



Question 1 / 6

What is the BEST diagnosis for the patient's right eye retinal condition?

- A) Irvine-Gass syndrome
- B) Cystoid macular edema
- C) Central serous retinopathy
- D) Epiretinal membrane with vitreomacular traction
- E) Choroidal neovascular membrane

Question 2 / 6

Which of the following macular conditions may form if this patient's ocular condition remains unresolved?

- A) Retinal detachment
- B) Lamellar macular hole
- C) Geographic atrophy
- D) Choroidal neovascular membrane
- E) Full thickness macular hole

Question 3 / 6

Which of the following BEST describes the classic fluorescein angiography pattern typically observed in patients with this retinal condition?

- A) Small hyperfluorescent spots in the early phase with "flower-petal" pattern of hyperfluorescence in the late stage
- B) Single early spot of hyperfluorescence with expansion up and out in a smoke-stack appearance
- C) Single early spot of hypofluorescence with expansion up and out in a smoke-stack appearance
- D) No visible abnormal leakage of dye, hyperfluorescence, or hypofluorescence will be observed
- E) Small hypofluorescent spots in the early phase with "flower-petal" pattern of hypofluorescence in the late stage
- F) A well delineated area of lacy hyperfluorescence in the early phase with prominent leakage in the late phase

Question 4 / 6

Which of the following hereditary retinal diseases is MOST commonly associated with this patient's diagnosis?

- A) Juvenile Best disease
- B) Adult vitelliform dystrophy
- C) Leber congenital amaurosis
- D) Stargardt disease
- E) Retinitis pigmentosa

Question 5 / 6

What is the BEST initial treatment for the patient's right eye?

- A) Refer for vitrectomy
- B) No treatment is necessary, monitor the condition only at this time
- C) Indomethacin 25 mg p.o. t.i.d.
- D) Refer for Avastin® injection
- E) Acetazolamide 500 mg p.o. q.d.

F) Refer for laser photocoagulation

G) 1 gtt ketorolac OD q.i.d. and 1 gtt prednisolone acetate OD q.i.d.

Question 6 / 6

If one of your paraoptometrics breaches a patient's confidentiality, who would be considered liable for a malpractice action in a court of law?

A) Both the optometrist and the paraoptometric

B) The paraoptometric

C) No one; this is not considered a malpractice claim

D) The optometrist