

Case MRowPbPTXxyvFOMs9152 — Questions

Case Details

Demographics 31-year-old white male; financial advisor

Chief complaint severe headaches

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 2 years ago; wears single vision glasses full time

Family ocular history father: glaucoma suspect

Patient medical history seasonal allergies

Medications taken by patient Claritin®

Patient allergy history sulfa-based medications

Family medical history father: hypercholesterolemia

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: 15 mmHg, OS: 15mmHg @ 8:10 am by Goldmann applanation tonometry

Fundus OD

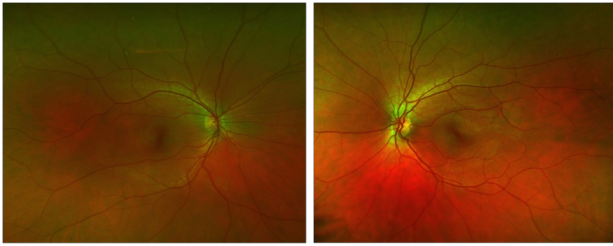
Fundus OS

Blood pressure: 112/68 mmHg, right arm, sitting

Pulse: 76 bpm, regular

- Character/signs/symptoms: extremely painful headaches
- Location: right side of the head, behind the right eye
- Severity: severe
- Nature of onset: rapid
- Duration: episodes last 30-45 minutes
- Frequency: 2-3 attacks per day over the past week
- Exacerbations/remissions: episodes occur around the same times every day; pain wakes him up at night
- Relationship to activity or function: none
- Accompanying signs/symptoms: redness and tearing of his right eye during an attack
- Constitutional/general health: denies
- Ear/nose/throat: occasional runny nose and itchy throat
- Cardiovascular: denies
- Pulmonary: denies
- Dermatological: denies
- Gastrointestinal: denies
- Genitourinary: denies
- Musculoskeletal: denies
- Neuropsychiatric: severe headaches
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: -2.25 -0.25 x 087; VA distance: 20/20
- OS: -2.50 DS: VA distance: 20/20
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal 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

What is the MOST likely type of headache this patient is suffering from?

- A) Migraine headache
- B) Sinus headache
- C) Cluster headache
- D) Tension headache

Question 2 / 6

Which of the following BEST describes the pathophysiology of the pain and ocular symptoms produced by this type of headache?

- A) Inflammation of the paranasal sinuses
- B) Activation of the trigeminal nerve
- C) Neurotransmitter imbalance
- D) Fluctuation in circulating hormones
- E) Muscle tension and contracture around the head and neck

Question 3 / 6

Which of the following represents the MOST common first line of treatment in managing the pain associated with this type of headache?

- A) Ibuprofen
- B) Amitriptyline
- C) Naproxen
- D) Oxygen inhalation
- E) Exercise
- F) Aspirin

Question 4 / 6

What neurological condition MOST commonly accompanies this patient's diagnosis?

- A) Bell's palsy
- B) Internuclear ophthalmoplegia
- C) Trochlear nerve palsy
- D) Horner syndrome
- E) Amaurosis fugax

Question 5 / 6

Which of the following statements should be included in your patient education for this case?

- A) Relaxation, exercise, and lifestyle changes can be very effective in reducing the frequency and intensity of headaches
- B) These headaches typically last for several weeks and are often followed by a headache-free interval that may last months to years
- C) Frequent hand washing, flu vaccines, and humidifiers can help reduce the risk of upper-respiratory infections that may trigger this type of headache
- D) Keeping a meal log may be helpful in identifying types of foods that may trigger the onset of headaches

Question 6 / 6

Aspirin should not be used in children for the treatment of flu-like symptoms, common colds, or chicken pox due to the risk

of developing which of the following conditions?

- A) Raynaud syndrome
- B) Pernicious anemia
- C) Reye syndrome
- D) Stevens-Johnson syndrome