

Case FtDuHLCQpPfeNIIB7535 — Questions

Case Details

Demographics 31-year-old white male; architect

Chief complaint blurry vision

History of present illness

Secondary complaints/symptoms none

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

Family ocular history father: herpes simplex keratitis

Patient medical history unremarkable

Medications taken by patient none

Patient allergy history NKDA

Family medical history father: hypercholesterolemia

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Cover test: distance: orthophoria, near: 4 exophoria

Confrontation fields: full to finger counting OD, OS

Subjective refraction

Slit lamp

IOPs: OD: 12 mmHg, OS: 12 mmHg @ 12:15 pm by Goldmann applanation tonometry

Fundus OD

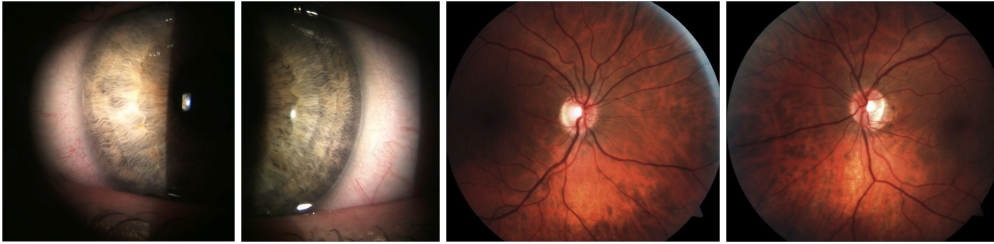
Fundus OS

Blood pressure: 118/79 mmHg, right arm, sitting

Pulse: 68 bpm, regular

- Character/signs/symptoms: blurred distance vision
- Location: OD
- Severity: mild
- Nature of onset: gradual
- Duration: 1 year
- Frequency: constant
- Exacerbations/remissions: worse at night; better with squinting
- 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: VA distance: 20/30, VA near: 20/20 @ 40 cm
- OS: VA distance: 20/20, VA near: 20/20 @ 40 cm
- OD: -0.75 -0.25 x 168; VA distance: 20/20
- OS: +0.50 DS; VA near: 20/20
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, OS
- cornea: see image 1 OD, see image 2 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: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: see image 4
- macula: normal
- posterior pole: normal
- periphery: unremarkable



Question 1 / 5

What is the MOST appropriate diagnosis of the patient's peripheral corneal findings observed in images 1 and 2?

- A) Axenfeld anomaly
- B) Peters anomaly
- C) Posterior embryotoxon
- D) Rieger anomaly

Question 2 / 5

What is the MOST appropriate treatment for the patient's corneal findings?

- A) Lumigan® ophthalmic solution, 1 gtt q.h.s. OU
- B) No treatment is necessary at this time
- C) Pred Forte® ophthalmic suspension 1 gtt q.i.d. OU x 2 weeks
- D) Refer for laser peripheral iridotomy OU
- E) Muro 128® ophthalmic solution, 1 gtt q.h.s OU

Question 3 / 5

Which of the following represents the MOST appropriate follow-up for this patient?

- A) RTC 1 week for follow-up exam
- B) RTC 2 months for follow-up exam
- C) RTC 1 day for follow-up exam
- D) RTC 1 month for follow-up exam
- E) RTC 1 year for comprehensive exam

Question 4 / 5

Which of the following BEST describes this patient's refractive error?

- A) Amblyogenic
- B) Antimetropia
- C) Aniseikonia
- D) Simple astigmatism

Question 5 / 5

The ocular condition observed in images 1 and 2 is MOST frequently associated with individuals of what descent?

- A) There is no racial predilection
- B) Caucasian
- C) African-American
- D) Hispanic
- E) American-Indian
- F) Asian