

# Case zIDiFRJelnHJcfH14183 — Questions

## Case Details

**Demographics** 72-year-old Asian female; magazine editor

**Chief complaint** red eye

**History of present illness**

**Secondary complaints/symptoms** none

**Patient ocular history** last eye exam 2 years ago; unremarkable, wears glasses for distance only

**Family ocular history** father: glaucoma

**Patient medical history** hypertension

**Medications taken by patient** lisinopril

**Patient allergy history** NKDA

**Family medical history** father: Behcet disease

**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: 14 mmHg, OS: 16 mmHg @ 2:35 pm by Goldmann applanation tonometry

**Fundus OD**

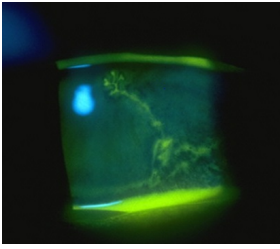
**Fundus OS**

**Blood pressure:** 121/80 mmHg, right arm, sitting

**Pulse:** 74 bpm, regular

- Character/signs/symptoms: redness, irritation, tearing, and light sensitivity
- Location: OS
- Severity: moderate
- Nature of onset: acute
- Duration: 2 days
- Frequency: constant
- Exacerbations/remissions: none
- Relationship to activity or function: the patient reports having a fever, headache, and general malaise last week
- Accompanying signs/symptoms: skin lesions on left side of the face; blurred vision
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: denies
- Dermatological: painful skin lesions on left side of face and nose
- 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: -1.75 -0.50 x 123; VA distance: 20/20
- OS: -2.25 DS; VA distance: 20/30
- lids/lashes/adnexa: unremarkable OD, vesicles on upper eyelid OS
- conjunctiva: nasal pinguecula OD, conjunctival follicles, 2+ injection, nasal pinguecula OS
- cornea: clear OD, see image 1 OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: 1+ nuclear sclerosis OD, OS
- vitreous: PVD OD, OS
- C/D: 0.10 H/0.10 V
- macula: normal
- posterior pole: normal
- periphery: inferior/temporal cobblestone degeneration
- C/D: 0.15 H/0.15 V

- macula: normal
- posterior pole: normal
- periphery: inferior/temporal cobblestone degeneration



### Question 1 / 5

Which of the following represents the BEST diagnosis of the patient's anterior segment condition of the left eye?

- A) Acanthamoeba keratitis
- B) Superior limbic keratoconjunctivitis
- C) Herpes simplex keratoconjunctivitis
- D) Epidemic keratoconjunctivitis
- E) Herpes zoster ophthalmicus
- F) Vernal keratoconjunctivitis

### Question 2 / 5

Which of the following represents the MOST effective treatment of the patient's condition?

- A) Prednisolone acetate ophthalmic drops 1 gtt q.i.d. OS
- B) In-office Betadine 5% ophthalmic solution treatment OS
- C) Tobramycin ophthalmic ung q.h.s. OS
- D) Oral acyclovir 800 mg p.o. 5 times per day
- E) Topical trifluridine ophthalmic drops 1 gtt q.2.h. OS
- F) Neosporin® and Brolene® ophthalmic preparations OS

### Question 3 / 5

After the treatment regimen has been initiated, when should the patient return to your office for a follow-up visit?

- A) 1-2 weeks
- B) 2-3 months
- C) 1-2 months
- D) 1-7 days
- E) 2-4 weeks

### Question 4 / 5

Which 2 of the following represent primary risk factors for developing this condition?

- A) History of atopy
- B) Poor contact lens hygiene
- C) History of type II diabetes
- D) Use of immunosuppressive medications
- E) History of HIV
- F) Prior history of uveitis

### Question 5 / 5

The patient's father suffers from Behcet disease. Which of the following is the MOST common ocular complication associated with this condition?

- A) Ciliary process denervation
- B) Keratoconus
- C) Open-angle glaucoma
- D) Retinal pigmentary degeneration
- E) Corneal hypoesthesia
- F) Uveitis