

# Case pRkGXaijodlxOgjto142 — Questions

## Case Details

**Demographics** 72-year-old white female; avid tennis player

**Chief complaint** sudden decreased vision and eye pain

**History of present illness**

**Secondary complaints/symptoms** none

**Patient ocular history** last comprehensive exam 4 months ago, cataract surgery OS 2 months ago, cataract surgery OD 4 days ago

**Family ocular history** mother: presumed ocular histoplasmosis, father: cataracts

**Patient medical history** cardiovascular disease, hypertension, melanoma on back (removed 5 years ago)

**Medications taken by patient** coumadin, atenolol, Moxeza® q.i.d. OD, Ilevro® q.d. OD, Pred-Forte® q.i.d. OD

**Patient allergy history** macrolides

**Family medical history** father: gout

**Review of systems**

**Mental status**

**Clinical findings**

**Uncorrected visual acuity**

**Pupils:** PERRL, negative APD

**Slit lamp**

**IOPs:** OD: 19 mmHg, OS: 18 mmHg @ 9:10 am by Goldmann applanation tonometry

**Fundus OD**

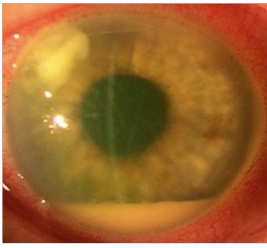
**Fundus OS**

**Blood pressure:** 123/84 mmHg, right arm, sitting

**Pulse:** 78 bpm, regular

- Character/signs/symptoms: eye pain, swelling, redness, and blurred vision
- Location: OD
- Severity: severe
- Nature of onset: acute
- Duration: 1 day; started last night, but much worse when she woke up this morning
- Frequency: constant
- Exacerbations/remissions: none
- Relationship to activity or function: had cataract surgery 4 days ago
- Accompanying signs/symptoms: headache, light sensitivity
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: occasional shortness of breath
- Dermatological: denies
- Gastrointestinal: denies
- Genitourinary: denies
- Musculoskeletal: lower back pain
- Neuropsychiatric: denies
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: VA distance: 20/400 (PHNI)
- OS: VA distance: 20/25
- lids/lashes/adnexa: 2+ lid edema OD, unremarkable OS
- conjunctiva: 4+ injection, 2+ chemosis OD, normal OS
- cornea: see image 1 OD, clear OS
- anterior chamber: 4+ cells, hypopyon OD, deep and quiet OS
- iris: normal OD, OS
- lens: PCIOL, clear and centered OD, OS
- vitreous: 3+ cells OD, clear OS
- C/D: poor view
- macula: poor view
- posterior pole: poor view
- periphery: poor view
- C/D: 0.30 H/0.35 V
- macula: normal

- posterior pole: normal
- periphery: unremarkable



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### Question 1 / 5

Given the patient's history and examination findings, what is the MOST likely diagnosis of her right eye condition?

- A) Bacterial conjunctivitis
- B) Trachoma
- C) Endophthalmitis
- D) Verruca
- E) Acanthamoeba keratitis

### Question 2 / 5

What is the MOST appropriate treatment for the above patient's right eye condition?

- A) Add Besivance® ophthalmic solution b.i.d. OD for seven days
- B) Add oral doxycycline and erythromycin ointment q.h.s. OD for two weeks
- C) Immediate referral to an ophthalmologist
- D) Increase Pred-Forte® to q.1.h. OD until inflammation improves

### Question 3 / 5

What is the MOST likely causative organism of the patient's right eye condition?

- A) Salmonella enterica
- B) Haemophilus influenzae
- C) Escherichia coli
- D) Pseudomonas aeruginosa
- E) Staphylococcus epidermidis

### Question 4 / 5

After undergoing treatment, the patient returns one year later and you notice that she has a mild case of bacterial conjunctivitis. Which of the following medications should NOT be prescribed to her at this time?

- A) Besivance®
- B) Tobramycin
- C) Moxeza®
- D) AzaSite®

### Question 5 / 5

Which of the following infections must be reported to the CDC (Centers for Disease Control and Prevention)?

- A) Herpes simplex
- B) Syphilis
- C) Vaginal warts
- D) Epidemic keratoconjunctivitis (EKC)