

Case kmcPjwRtfXpzTtR11650 — Questions

Case Details

Demographics 16-year-old black female; student

Chief complaint patient was hit in the eye

History of present illness

Secondary complaints/symptoms none

Patient ocular history unremarkable

Family ocular history unknown (patient adopted)

Patient medical history unremarkable

Medications taken by patient none

Patient allergy history NKDA

Family medical history unknown

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: OD: 5 mm, minimal reaction to light; OS: 4 mm, reactive to light; (-) APD with reverse swinging flashlight test

EOMs: full, no restrictions OU

Confrontation fields: full to finger counting OD, OS

Slit lamp

IOPs: OD: 18 mmHg OS: 14 mmHg @ 2:15 pm by Goldmann applanation tonometry

Fundus OD

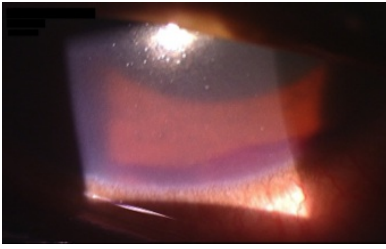
Fundus OS

Blood pressure: 107/65 mmHg, right arm, sitting

Pulse: 64 bpm, regular

- Character/signs/symptoms: redness, irritation
- Location: OD
- Severity: moderate
- Nature of onset: acute
- Duration: 2 hours
- Frequency: constant
- Exacerbations/remissions: none
- Relationship to activity or function: was hit in the eye with racquetball in P.E. class
- Accompanying signs/symptoms: blurred vision
- 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: distance: 20/30, near: 20/30 @ 40 cm
- OS: distance: 20/20, near: 20/20 @ 40 cm
- lids/lashes/adnexa: moderate erythema and edema of adnexa OD, unremarkable OS
- conjunctiva: 1+ injection OD, normal OS
- cornea: see image 1 OD, clear OS
- anterior chamber: see image 1 OD, deep and quiet OS
- iris: see image 1 OD, normal OS
- lens: clear OD, OS
- vitreous: clear OD, OS
- C/D: 0.30 H/0.35 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: 0.30 H/0.35 V

- macula: normal
- posterior pole: normal
- periphery: unremarkable



Question 1 / 5

Which of the following represents the BEST diagnosis given this patient's anterior segment findings?

- A) Iridodialysis
- B) Rubeosis iridis
- C) Hypopyon
- D) Micro-hyphema
- E) Hypotony
- F) Hyphema

Question 2 / 5

Which of the following systemic conditions should be ruled-out in this patient because of a higher risk of recurrence and potential vision loss?

- A) Sarcoidosis
- B) Diabetes
- C) Hypertension
- D) Hemolytic anemia
- E) Aplastic anemia
- F) Sickle cell disease

Question 3 / 5

Which of the following should be included in the initial treatment and management of this patient's ocular condition?

- A) Patching of the eye
- B) Gonioscopy
- C) Atropine 1% ophthalmic solution t.i.d.
- D) Ibuprofen p.r.n. for pain management
- E) Confinement to bed rest in supine position

Question 4 / 5

When should you schedule a follow-up for this patient after your initial examination?

- A) 1 week
- B) 1 day
- C) 10 days
- D) 3 days
- E) 2 weeks

Question 5 / 5

Which 2 of the following instructions should be included in the patient education for this case? (Select 2)

- A) Yearly examinations are important in order to monitor for development of a retinal detachment, which may occur in the future as a result of this condition
- B) Glasses or eye shields must be worn during the day and night for the next few weeks
- C) It is normal for the condition and vision to continue to worsen before it improves
- D) Blood work should be completed ASAP by the patient's primary care physician
- E) Strenuous physical activity should be avoided for a period of 1-3 weeks