Case EkcALOwaSjlEJjj11717 Details

**Demographics**

* 61-year-old white female; food service manager

**Chief complaint**

* loss of vision

**History of present illness**

* Character/signs/symptoms:suddenly can't see out of the right eye
* Location:OD
* Severity:severe
* Nature of onset:acute
* Duration:4 hours; noticed when she woke up this morning
* Frequency:constant
* Exacerbations/remissions:none
* Relationship to activity or function:none
* Accompanying signs/symptoms:none

**Secondary complaints/symptoms**

* none

**Patient ocular history**

* last eye exam 5 years ago; amblyopia OS; wears PALs full time

**Family ocular history**

* father: retinal detachment

**Patient medical history**

* type II diabetes; last HbA1c: 8.7% (last month), FBS: 205 mg/dL (this morning), depression

**Medications taken by patient**

* Glucophage® Avandia®, Glucotrol®, Wellbutrin®

**Patient allergy history**

* NKDA

**Family medical history**

* father: type II diabetes

**Review of systems**

* 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

**Mental status**

* Orientation:oriented to time, place, and person
* Mood:appropriate
* Affect:appropriate

**Clinical findings**

**Habitual spectacle Rx**

* OD:+1.00 -0.50 x 080 add: +2.25; VA distance: CF @ 5 feet (PHNI)
* OS:+5.25 -0.75 x 095 add: +2.25; VA distance: 20/400 (PHNI)

**Pupils:**

* PERRL, negative APD

**EOMs:**

* full, no restrictions OU

**Confrontation fields:**

* full to finger counting OD, OS

**Slit lamp**

* lids/lashes/adnexa:1+ MGD 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:see image 1 OD, posterior vitreous detachment OS

**IOPs:**

* OD: 15 mmHg, OS: 13 mmHg @ 1:30 pm by Goldmann applanation tonometry

**Fundus OD**

* C/D:see image 1
* macula:see image 1
* posterior pole:see image 1
* periphery:unremarkable

**Fundus OS**

* C/D:0.25 H/0.25 V
* macula:normal
* posterior pole:several dot/blot hermes along arcades
* periphery:unremarkable

**Blood pressure:**

* 127/82 mmHg, right arm, sitting

**Pulse:**

* 78 bpm, regular



## Question 1 / 5

What is the MOST appropriate diagnosis of the patient's right eye condition observed in image 1?

a) Preretinal hemorrhage

b) Vitreous hemorrhage

c) Ocular ischemic syndrome

d) Valsalva retinopathy

e) Central retinal vein occlusion

f) Malignant hypertension

## Question 2 / 5

Which 3 of the following are known as "high-risk" characteristics for patients with this retinal diagnosis? (Select 3)

a) Any degree of neovascularization of the optic disc (NVD) with an associated pre-retinal or vitreous hemorrhage

b) Neovascularization elsewhere (NVE) with a size greater than 1/2 of the disc area when associated with a pre-retinal or vitreous hemorrhage

c) Neovascularization within 1 disc diameter of the optic disc (NVD) with a size greater than 1/4 to 1/3 of the disc area

d) Any retinal edema within 500 microns of the center of the fovea

e) Retinal edema greater than 1 disc area in size and within 1 disc diameter of the center of the fovea

f) At least one quadrant of intraretinal microvascular abnormalities (IRMA)

## Question 3 / 5

Which of the following systemic conditions can cause a falsely low measurement of a patient's hemoglobin A1c level?

a) Chronic opioid use

b) Iron deficient anemia

c) Hyperbilirubinemia

d) Pregnancy

e) Alcoholism

## Question 4 / 5

Which of the following is the BEST initial treatment option for this patient, considering her diagnosis and history of amblyopia?

a) Monitor the condition for resolution

b) Pars plana vitrectomy

c) Panretinal photocoagulation

d) Intravitreal injection of Vitrase®

e) Intravitreal injection of Avastin®

## Question 5 / 5

Which of the following classes of medication does Glucophage® belong to?

a) Sulfonylureas

b) Alpha-glucosidase inhibitors

c) Meglitinides

d) Biguanides

e) Thiazolidinediones