Case kmcPjwRtfXpzTtR11650 Details

**Demographics**

* 16-year-old black female; student

**Chief complaint**

* patient was hit in the eye

**History of present illness**

* 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

**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**

* 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**

**Uncorrected visual acuity**

* OD:distance: 20/30, near: 20/30 @ 40 cm
* OS:distance: 20/20, near: 20/20 @ 40 cm

**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**

* 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

**IOPs:**

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

**Fundus OD**

* C/D:0.30 H/0.35 V
* macula:normal
* posterior pole:normal
* periphery:unremarkable

**Fundus OS**

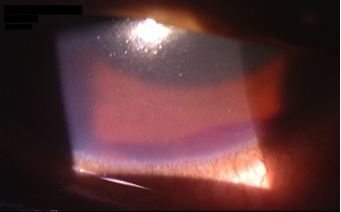
* C/D:0.30 H/0.35 V
* macula:normal
* posterior pole:normal
* periphery:unremarkable

**Blood pressure:**

* 107/65 mmHg, right arm, sitting

**Pulse:**

* 64 bpm, regular



## 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