Case zlDiFRJelnHJcfH14183 Details

**Demographics**

* 72-year-old Asian female; magazine editor

**Chief complaint**

* red eye

**History of present illness**

* 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

**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**

* 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

**Mental status**

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

**Clinical findings**

**Habitual spectacle Rx**

* OD:-1.75 -0.50 x 123; VA distance: 20/20
* OS:-2.25 DS; VA distance: 20/30

**Pupils:**

* PERRL, negative APD

**EOMs:**

* full, no restrictions OU

**Confrontation fields:**

* full to finger counting OD, OS

**Slit lamp**

* 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

**IOPs:**

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

**Fundus OD**

* C/D:0.10 H/0.10 V
* macula:normal
* posterior pole:normal
* periphery:inferior/temporal cobblestone degeneration

**Fundus OS**

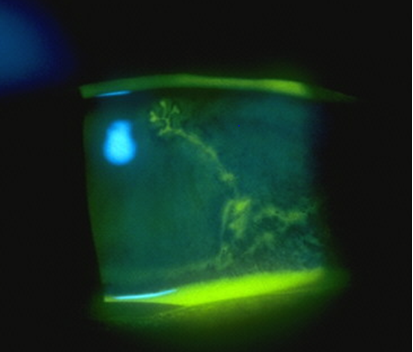
* C/D:0.15 H/0.15 V
* macula:normal
* posterior pole:normal
* periphery:inferior/temporal cobblestone degeneration

**Blood pressure:**

* 121/80 mmHg, right arm, sitting

**Pulse:**

* 74 bpm, regular



## 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) Prenisolone 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