## **Optometry Case Studies**

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OptoCase

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#### Table Of Contents



#### Kev Words

#### Abstract (no references)

- Introduction: What is unique about this case and what does it add to the scientific literature? (no references)
- Main symptoms and/or important clinical findings
- The main diagnoses, therapeutic interventions, and outcomes.
- Conclusion-What is the main "take-away" lesson(s) from this case?



One or two paragraphs summarizing why this case is unique (may include references)



- De-identified patient specific information.
- Primary concerns and symptoms of the patient
- Medical, family, and psycho-social history including relevant geneti information Reported on Line
- Relevant past interventions with outcomes



 Describe significant physical examination (PE) and important clinical findings



Historical and current information from this episode of care organized. a timeline



- Diagnostic testing (such as PE, laboratory testing, imaging, surveys)
- Diagnostic challenges (such as access to testing, financial, or cultural)



Prognosis (such as staging in oncology) where applicable



- Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)
- Administration of therapeutic intervention (such as dosage, strength, duration)
- Changes in therapeutic intervention (with rationale)



#### Follow-up and Outcomes

- Clinician and patient-assessed outcomes (if available)
- Important follow-up diagnostic and other test results
- Intervention adherence and tolerability (How was this assessed?)
- Adverse and unanticipated events



#### Discussion

- A scientific discussion of the strengths AND limitations associated with this case report
- Discussion of the relevant medical literature with references
- The scientific rationale for any conclusions (including assessment of possible causes)
- The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion



The patient should share their perspective in one to two paragraphs on the treatment(s) they received.



Did the patient give informed consent? Please provide if requested.

# Key Words



### **Abstract**

- water
- Air
- Fire
- Earth

## Diagnostic Assessment

Table: Eye Test Results

Date	Visual Acuity	Intraocular Pressure	Remarks	
2022-01-01	20/20	15 mmHg	Normal	
2022-04-15	20/25	16 mmHg	Slight decrease in visual acuity	
2022-08-20	20/30	18 mmHg	Further decrease in visual acuity	
2023-01-10	20/40	20 mmHg	Significant decrease in visual acuity	

## Diagnostic Assessment

Table: Eye Examination Results for Patient X

Test	Result	
Visual Acuity (VA)	20/20	
Refraction Powers	-1.00 (-0.50 @ 180)	
Intraocular Pressures (IOP)	15 mmHg (OD), 16 mmHg (OS)	
Pupillary Distance (PD)	62 mm	
Slit Lamp Exam	Normal anterior segment	
Gonioscopy	Open angles	
Fundoscopy	Clear optic disc, healthy retina	
Visual Fields	Full, no defects	
Corneal Topography	Regular astigmatism	

### Diagnostic Assessment

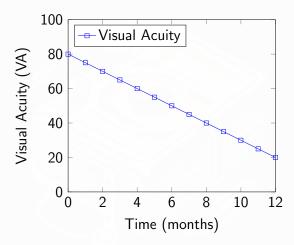


Figure: Visual Acuity Over Time

# Changes in therapeutic intervention (with rationale) I

in the Wajuihian and Mashige, 2021 We will discuss various machine learning algorithms, such as **Support Vector Machine (SVM)** and **ML**.and use of the **LogMAR** is very need in such cases

### References

Wajuihian, S. O., & Mashige, K. P. (2021). Gender and age distribution of refractive errors in an optometric clinical population. *Journal of optometry*, 14(4), 315–327.

# Thank You!

"Success is not final, failure is not fatal: It is the courage to continue that counts."

Winston Churchill

Any Questions?