Case Studies in Ophthalmology WUMS 3
60 y/o woman complains of fatigue and slight decrease in vision. Both eyes similar.
55 WM has had occipital headaches in the morning for several months...mild visual blur...both eyes similar.
22 woman has had “pink eye” for 2 days, & the other eye is now involved. Take a history.
60 AAF with painless unilateral progressive visual loss over the past several months. Concentrate on the disc color...what is your assessment?
You try to do routine ophthalmoscopy on this 80 y/o patient. Why are you unable to see the disc and retinal vessels?
50 y/o with severe headaches for 3 days awoke this morning with diplopia. We have asked the patient to look up. The right pupil is dilated. Your assessment?
35 AAF admitted to Infectious Disease Dept. for workup for an “incidental finding” on a routine chest x-ray. She admits to “blurry” vision and photophobia O.U.
75 WF with acute severe loss of vision in one eye yesterday. She admits to “soreness” in her shoulder for months as well as headaches.
25 y/o woman. Concentrate on the disc. What questions should you ask when taking the clinical history; e.g. systemic findings? Unilateral vs. bilateral? Visual loss?
55 y/o healthy AAM for a “routine” annual P.E. He is completely asymptomatic. Why should you refer pt. to an ophthalmologist?
80 y/o for his semi-annual P.E. His HTN has been controlled, and his only complaint is “distortion” of central vision O.U. Your assessment?
65 y/o with HTN, hx of “heart attack”, had acute, painless, complete loss of vision in one eye 2 hours ago. Your assessment & plan for management.
This 80 y/o man has been aware of this lesion for over a year.
65 y/o for “routine” follow up P.E. The Patient has HTN and possible TIA in the past. Your assessment & plan?
The parents have been told that their child will “outgrow” the appearance of the eyes. Do you agree, or should you refer to an ophthalmologist?
40 y/o man admitted to Infectious Disease Division with high fever, visual loss O.U. Your Assessment & plan?
The parents are concerned that their child’s eye looks abnormal. Do you:
A. Tell parents that there is nothing to worry about
B. Refer immediately to an ophthalmologist
clueless?

Match these answers to the photos:

Nonproliferative diabetic retinopathy
Hypertensive retinopathy
Conjunctivitis vs. iritis vs. foreign body vs. corneal abrasion
Optic nerve atrophy (ischemic ? inflammatory ? neoplasm ? )
Grave’s ophthalmopathy
Cataract
Third nerve palsy
Sarcoid iritis
Giant cell arteritis
Papilledema vs. papillitis
Glaucomatous cupping
Age related macular degeneration
Central retinal artery occlusion
Basal cell carcinoma
Embolus: look for the source e.g. carotid a.
Strabismus
CMV retinitis in AIDS
Retinoblastoma