PAM EXAMINATION: SAMPLE CASE 2

Demographics

42-year-old white female; computer programmer

Chief complaint

red eye

History of present illness

Character/signs/symptoms: redness worse in the inner corner

Location: OD

Severity: moderate, getting worse

Nature of onset: sudden

Duration: 2 days **Frequency:** constant

Exacerbations/remissions: none

Relationship to activity or function: none

Accompanying signs/symptoms: mild discomfort, slight tearing

Secondary complaints/symptoms

none

Patient ocular history

last comprehensive eye exam 1 year ago; wears PALs

Family ocular history

mother: cataract surgery at age 55

Patient medical history

inflammatory bowel disease diagnosed 5 years ago

Medications used by patient

artificial tears q.i.d. for the past 2 days; oral prednisone; ibuprofen; multivitamin

Patient allergy history dust; pollen; NKDA

Family medical history

mother: type 2 diabetes mellitus

Review of systems

Constitutional/general health: occasional malaise

Ear/nose/throat: denies Cardiovascular: denies Pulmonary: denies Dermatological: denies

Gastrointestinal: occasional diarrhea with cramping

Genitourinary: denies Musculoskeletal: denies Neuropsychiatric: denies

Endocrine: none Hematologic: none Immunologic: none

Mental status

Orientation: oriented to time, place, and person

Mood: appropriate **Affect:** appropriate

Clinical findings

OD: Distance 20/20 OS: 20/20

Pupils: PERRL, negative RAPD **EOMs:** full, no restrictions

Confrontation fields: full to finger counting OD, OS

Slit lamp:

lids/lashes/adnexa: unremarkable OD, OS conjunctiva: see *Image 1 OD*, normal OS

cornea: clear OD, OS

anterior chamber: deep and quiet OD, OS

iris: normal OD, OS lens: trace NS OD, OS vitreous: clear OD, OS

IOPs: 24 mmHg OD, 25 mmHg OS @ 9:30 AM by applanation tonometry

Fundus OD:

C/D, macula, posterior pole: see Image 2

periphery: unremarkable

Fundus OS:

C/D, macula, posterior pole: see Image 3

periphery: unremarkable

Blood pressure: 124/88 mmHg, right arm, sitting

Pulse: 72 bpm, regular

Image 1: OD right gaze

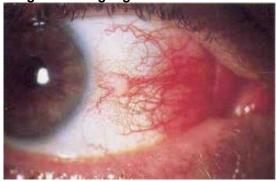


Image 2

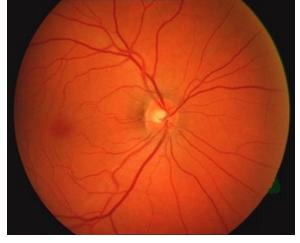


Image 3



correct answer

- 1. Which of the following is the most likely diagnosis of this patient's anterior segment condition OD? (Diagnosis)
 - a. Nodular episcleritis
 - b. Phlyctenular keratoconjunctivitis
 - c. Conjunctival abrasion
 - d. Inflamed pingueculum
- 2. Which 3 of the following are extra-intestinal manifestations of idiopathic inflammatory bowel disease? (Select 3) (Clinical Correlation of Basic Science Principles)
 - a. Joint inflammation
 - b. Pulmonary infections
 - c. Osteoporosis
 - d. Skin inflammation
 - e. Cardiac arrhythmia
 - f. Orthostatic hypotension
- 3. Which of the following is the most appropriate treatment for this patient's anterior segment condition OD? (Treatment / Management)
 - a. Polytrim[®] solution q.3h
 - b. Natamycin suspension q.4h
 - c. Viroptic® solution q.2h
 - d. Erythromycin ointment b.i.d.
 - e. FML® suspension q.i.d.
- 4. After initiating treatment, which of the following is the most appropriate follow-up interval? (Related to Treatment / Management)
 - a. 24 hours
 - b. 4 days
 - c. 4 weeks
 - d. 3 months
 - e. 6 months
 - f. 1 year
- Assuming appropriate treatment is initiated, which of the following clinical findings will likely manifest at the next follow-up examination? (Related to Treatment / Management)
 - a. Tenderness of the globe to touch
 - b. Elevated intraocular pressure
 - c. Reduced ocular injection
 - d. Corneal melt

- 6. The proportion of new cases of this patient's ocular condition within a population at risk during a specified time period represents the: (Public Health)
 - a. prevalence
 - b. standardized rate
 - c. morbidity ratio
 - d. relative risk
- e. incidence

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