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
>   **BVA:**   Distance
>   OD: 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

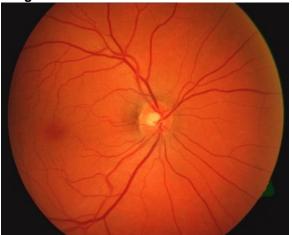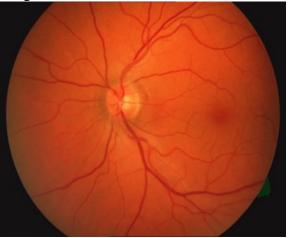**Pulse:** 72 bpm, regular

Image 1: OD right gaze

Image 2

Image 3

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

5. **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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