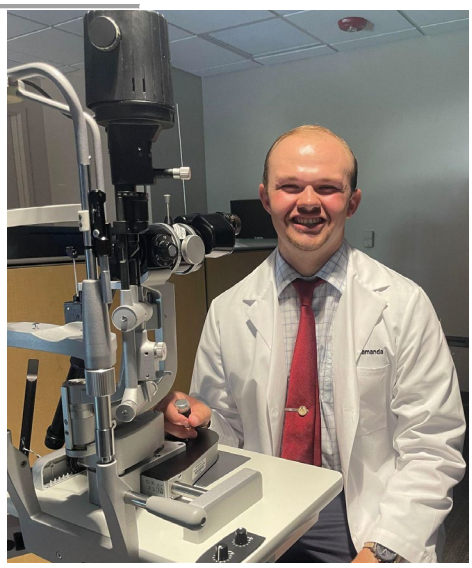
SALUS UNIVERSITY
The Eye Institute

Pennsylvania College of Optometry
The Focal Point
September 2022 Edition

Stephen Shalamanda

Traditional Class of 2024



Hometown: Ashland, Pennsylvania
Undergrad: The Pennsylvania State University
Major: Biology
Favorite Subject: Anterior Segment Disease
Optometry Goal: Specialize in dry eye management/treatment
Favorite food: Hamburgers
Hobby: Kayaking
Last Show I binged: Stranger Things

Bhawan Minhas

Class of 2013, Illinois College of Optometry

Hometown: Calgary, Alberta Canada
Undergrad: University of Calgary
Major: Biological Sciences; Minor Primatology
Favorite Diagnostic Instrument: Optical Coherence Tomography
Hates: tomatoes and tardiness
Hobby: hiking with my dog and boxing (not at the same time)

Perils of the Lone Ranger: Ocular and Systemic Management of Proliferative Disease in a Monocular Patient

Some details of the case have been changed to protect patient confidentiality. Though the NBEO PAM-Style format is utilized for the case write-up, there is no affiliation with NBEO.

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The Case

Demographics

69 year old, Black, male

Chief complaint: diabetic eye exam

History of present i llness

Character/signs/symptoms: Type II diabetic; unsure of last A1C and FBS

Duration: 17 years

Exacerbations/remissions: none

Relationship to activity or function: none

Accompanying signs/symptoms: being treated with oral medications and has had PRPand retinal repair OS for proliferative retinopathy

Secondary complaints: blurry vision

Character/signs/symptoms: notices vision is blurrier when wearing his glasses

Location: OU

Frequency: at near

Exacerbations/remissions: none

Relationship to activity or function: none

Accompanying signs/symptoms: itching

Patient ocular history

Current glasses - 1 year old

LEE- 1.5 years prior

(+) CRVO OD x 15 years ago

(+) pthisis bulbi OD s/p CRVO ODx 15 years ago

(+) PRP and retinal repair s/p proliferative diabetic retinopathy with large preretinal heme and tractional retinal detachment OS x 6 years ago

(+) cataract surgery OS x 6 years ago

Family ocular history

(-) Glaucoma

(-) AMD

(-) Blindness

Patient medical history

Diabetes x 17 years

HTN x17 years

Heart disease - stent placed 18 years ago

Hypercholesterolemia

Vitamin B deficiency
Diabetic neuropathy
Coronary artery disease
Sleep apnea
Osteoarthritis
Chronic anemia
Mitral valve regurgitation
Mild aortic regurgitation
Stage IV chronic kidney disease

Medications taken by patient

Albuterol sulfate HFA aerosol inhaler
Aspirin 81 mg
Azelastine nasal spray
B complex-Vitamin B12 tablet
Flomax
Furosemide
Gabapentin
Glipizide
Hydralazine
Metoprolol tartrate
Nifedipine extended release
Rosuvastatin
Vitamin C

Patient allergy history

NKDA

Family medical history

(-) DM, HTN

Review of systems

Constitutional/general health: denies
Ear/nose/throat: Cardiovascular: denies
Pulmonary: Endocrine: denies
Dermatological: denies
Gastrointestinal: denies
Genitourinary: denies
Musculoskeletal: denies

Neurologic: denies
Psychiatric: denies
Immunologic: seasonal allergies
Hematologic: denies

Mental status

Orientation: oriented to person, place, and time
Mood/Affect: normal

Clinical findings

BVA:	Distance	Near
OD:	NLP	NLP
OS:	20/201	0.4/0.4 M

Pupils: OD- unable; OS- reactive, round
EOMs: OD- unable; OS- full/no restrictions
Confrontation fields: OD- unable; OS- slight temporal constriction on finger count
Hirschberg: CRXT; **Kappa:** nasal reflex/unable to fixate OD; central, steady fixation OS

Subjective refraction:	VA Distance	VA Near
OD: Balance	NLP	NLP
OS: +1.50 sph	20/20	20/20
+2.50 ADD		

Slit lamp:

lids/lashes/adnexa: OD enophthalmos; OS unremarkable
conjunctiva: OD unremarkable; OS pinguecula nasal and temporal
Cornea: OD diffuse, dense opacification obscuring underlying structures with corneal neovascularization and 4+ haze; OS arcus
anterior chamber: OD unable to assess; OS deep and quiet
Iris: OD unable to view; OS flat and intact (-) NVI
lens: OD unable to view; OS PCIOL centered, trace PCO haze
Vitreous: OD unable to view; OS syneresis

IOPs/method: 32 mmHg OD,13 mmHg OS @ 9:38 AM by iCare tonometry

Fundus OD:

C/D: unable to view
macula: unable to view
posterior pole: unable to view

periphery: unable to view

Fundus OS:

C/D: 0.35/0.35

macula: flat and intact (-) DME, CSME, (+) ERM-)(pseudohole

posterior pole: clear retina (-) hemes ,exudates, CWS, microaneurysms , IRMA, venous beading, or NVE

periphery: scattered PRP laser scarring 360 with few non clearing retinal hemes

Blood pressure: 164/88mmHg right arm sitting

Case Images:

Image 1: Bscan open eye screening performed: T12, T6, T9, T3, and LMAC

Findings: Phthisical eye, no mass noted

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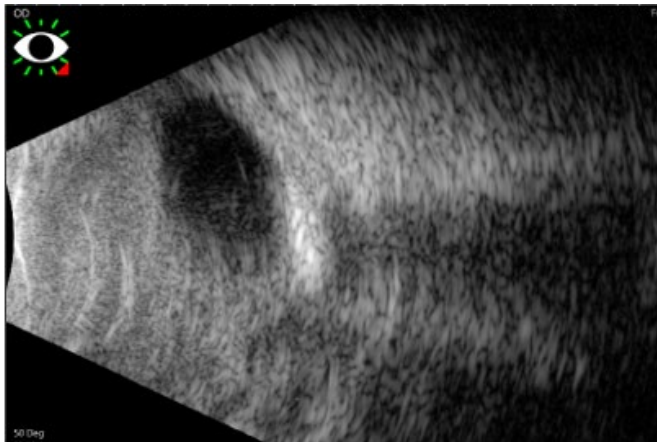


Image 2: Colored fundus photo OS directly prior to urgent referral for PRP laser/retina repair

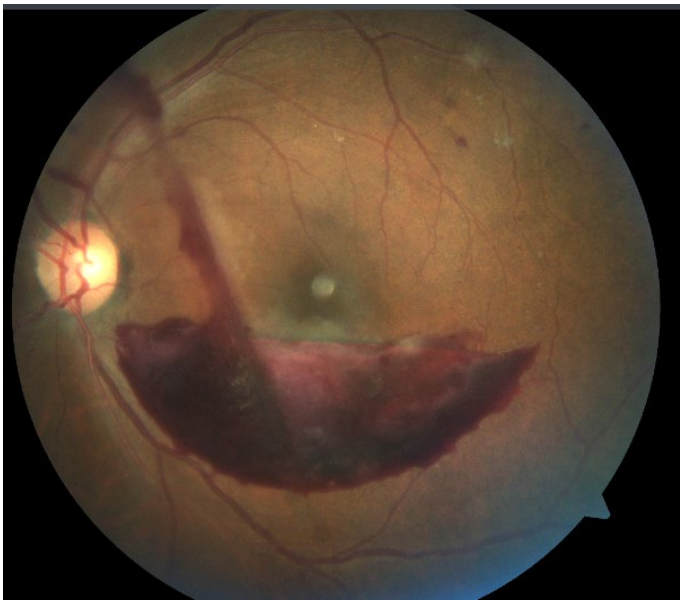
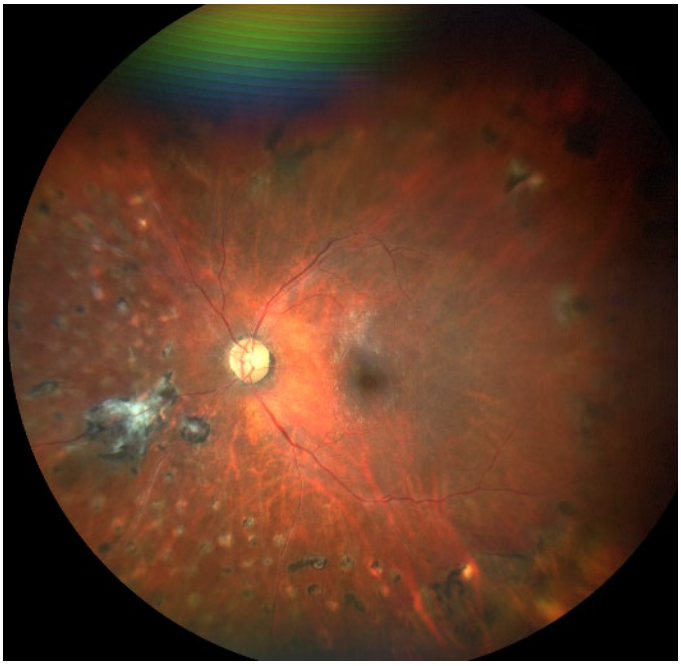


Image 3: Colored fundus photo OS current status

The Case



Case Management Summary

A1: Type 2 diabetes mellitus s/p PRP laser and retina repair OS for proliferative disease
-Last HBA1C and fasting blood sugar: unknown
-Baseline photos: updated today
P1: Pt educated on the importance of optimal metabolic control via diet/meds/exercise and regular PCP follow ups. Ed on importance of yearly dilated eye exams. Monitor in 1 year.

A2: Epiretinal membrane OS (-) pseudohole s/p retinal surgery/laser OS
-BCVA: 20/20
-expected given intraocular surgery/laser
P2: Pt educated on exam findings. Ed on the importance of yearly eye exams and monitoring on

his own for changes in his vision OS given monocular status. Ed on Amsler grid. Monitor in 1 year.

A3: Atrophy of globe/Phthisis bulbi, right eye s/p central retinal vein occlusion OD
-Bscan performed today: unremarkable
P3: Pt educated on exam findings. Ed on the need for full time protective eyewear/polycarbonate lenses and yearly dilation. Ed to monitor for discomfort of pain OD and RTC ASAP. Monitor in 1 year.

A4: Balance lens OD, simple hyperopia OS w/ presbyopia
-BCVA: NLP OD, 20/20 OS
P4: Updated bifocal spec rx was released for full time wear with balanced lens OD. Pt educated on the importance of full time protective eyewear and polycarbonate lenses. Monitor in 1 year.

Case Pearls

- Phthisis bulbi and other conditions causing opacifications of ocular structures need to be monitored yearly with Bscan examinations to rule out further complications including cancerous or other metastatic tumors.
- Additionally, phthisical eyes should be monitored for pain/inflammation to ensure that sympathetic ophthalmia does not jeopardize the contralateral eye.
- Being the patient is monocular, it is medically necessary to wear full time protective eye wear with polycarbonate lenses to limit the risk of traumatic injury to the only functional eye.
- A "balance" or "BAL" lens for a spectacle Rx allows for a patient with an eye with poor visual function to achieve good cosmesis without requiring specific ANSI standards to be followed by an optical.
- Bottom line: Being the patient is monocular, we are more concerned about systemic and/or ocular complications that could put the patient's vision in jeopardy and cause loss of autonomy. Yearly eye exams along with follow up care with the patient's PCP is crucial in ensuring the best possible outcomes.