

## **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**



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<sup>®</sup> solution q.3h
- b. Natamycin suspension q.4h
- c. Viroptic<sup>®</sup> solution q.2h
- d. Erythromycin ointment b.i.d.
- e. FML<sup>®</sup> 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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