

PAM Examination - Minicase 1

Demographics

66-year-old white male; retired

Chief complaint

floaters OD > OS

Patient ocular history

uncomplicated cataract extraction with IOL implant OD, OS 1 year ago

Patient medical history

hypertension; hypercholesteremia

Medications taken by patient

hydrochlorothiazide; atenolol; Lipitor®; multivitamin

Patient allergy history

penicillin

Clinical findings

BVA:	<u>Distance</u>	<u>Near (with +2.50 Add)</u>
OD:	20/25+1	20/20-1
OS:	20/20	20/20

Pupils: PERRL, negative RAPD

EOMs: full, no restrictions

Confrontation fields: full to finger counting OD, OS

Slit lamp:

lids/lashes/adnexa: normal OD, OS

conjunctiva: normal OD, OS

cornea: clear with well healed incision OD, OS

anterior chamber: deep and quiet OD, OS

iris: normal OD, OS

lens: well-centered IOL with clear and intact posterior capsule OD, OS

vitreous: see **Image 1 OD**, clear OS

IOPs: 10 mmHg OD, 11 mmHg OS @ 2:50 PM by non-contact tonometry

Fundus OD:

C/D: see **Image 1**

macula: normal

posterior pole: normal

periphery: difficult to view

Fundus OS:

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

periphery: unremarkable

Image 1

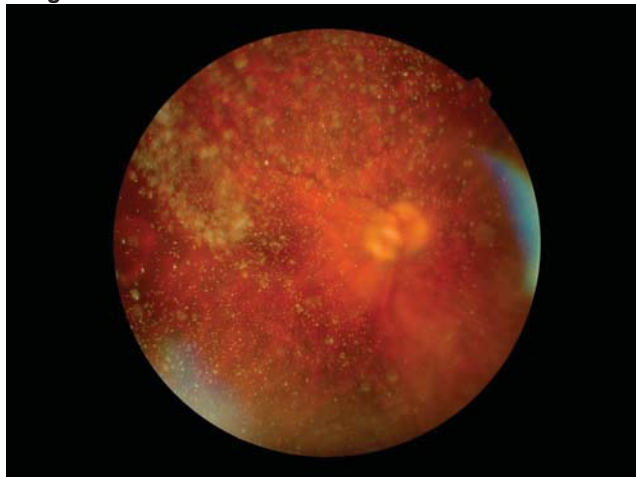


Image 2



1. Which of the following is the most likely diagnosis of the patient's ocular findings OD in *Image 1*? (Diagnosis)

- a. Vitritis
- b. Chorioretinitis
- c. Vitreal syneresis
- d. Posterior vitreous detachment
- e. Asteroid hyalosis
- f. Weiss ring
- g. Persistent hyaloid artery
- h. Endophthalmitis

2. The findings visible in *Image 1* are most likely: (Clinical Correlation of Basic Science Principles)

- a. white blood cells.
- b. calcium soaps.
- c. condensed vitreal tissue.
- d. red blood cells.
- e. remnant embryonic vessel.
- f. retained lens material.
- g. pigment cells.

3. Which of the following is the most appropriate management for this patient's ocular findings OD? (Treatment/ Management)

- a. Barrier peripheral laser
- b. Pars plana vitrectomy
- c. Oral prednisone 60 mg per day
- d. Vitreal tap and culture
- e. Intravenous Vancomycin 1g q.12h.
- f. No treatment needed

PAM Examination - Minicase 2

Demographics

44-year-old white male; registered nurse

Chief complaint

must turn head to keep things clear when viewing distant objects off to the side

History of present illness

Character/signs/symptoms: distance vision clear when looking straight ahead

Location: OD, OS

Severity: moderate

Nature of onset: when began wearing new glasses

Duration: 3 months

Frequency: always when looking off to the side

Exacerbations/remissions: worse while driving

Relationship to activity or function: most noticeable when driving

Accompanying signs/symptoms: intermediate or near vision unaffected

Secondary complaints/symptoms

sometimes difficult to read blue print

Patient ocular history

last eye examination 3 months ago; obtained first progressive addition lenses

Clinical findings

Habitual spectacle Rx:	<u>VA Distance</u>	<u>VA Near (with Add)</u>
	(taken with the eyes in the position shown in <i>Image 1</i>)	
OD: -0.50 DS	20/15	20/15
OS: -0.50 DS	20/15	20/15
+1.75 D Add		

Pupils: PERRL, negative RAPD

EOMs: full, no restrictions

Confrontation fields: full to finger counting OD, OS

Cover test:

distance: orthophoria

near: 4Δ exophoria

Subjective refraction:	<u>VA Distance</u>	<u>VA Near (with Add)</u>
OD: plano	20/15	20/20
OS: plano	20/15	20/20
+1.25 D Add		

Relative accommodation (over subjective refraction):

NRA: +1.50 D

PRA: -1.50 D

Image 1



1. Which of the following is the most likely diagnosis of the patient's chief complaint? (Diagnosis)

- a. The distance power of the progressive addition lens is too strong (overminused).
- b. The power of the Add is too strong.
- c. The patient is having difficulty adapting to normal progressive lens distortions.
- d. The patient is looking through the intermediate corridor at distance.

2. Which of the following is the most appropriate advice to give the optician about remaking the lenses? (Related to Treatment/ Management)

- a. Use a different lens material (index of refraction)
- b. Use a different power and lens centration
- c. Use a different brand of progressive lens
- d. Use a larger frame with a deeper B size

3. Based upon the results of the refraction, the TOTAL power for near at the proper reading area in the patient's current glasses is: (Related to Diagnosis)

- a. 0.50 D too strong.
- b. 0.50 D too weak.
- c. 1.00 D too strong.
- d. 1.00 D too weak.
- e. correct as prescribed.