Demographics
62-year-old white female; travel agent

Chief complaint
decreasing vision

History of present illness
Character/signs/symptoms: blurred vision
Location: OD
Severity: severe
Nature of onset: gradual
Duration: 6 months
Frequency: constant
Exacerbations/remissions: none
Relationship to activity or function: none
Accompanying signs/symptoms: none

Secondary complaints/symptoms
eyes feel scratchy all day

Patient ocular history
corneal abrasion OS at age 45

Family ocular history
father: macular degeneration

Patient medical history
rheumatoid arthritis

Medications taken by patient
Plaquenil® 200 mg per day for 2 years

Patient allergy history
hayfever; NKDA

Family medical history
mother: diabetes

Review of systems
Constitutional/general health: malaise
Ear/nose/throat: denies
Cardiovascular: denies
Pulmonary: denies
Dermatological: denies
Gastrointestinal: denies
Genitourinary: denies
Musculoskeletal: joint pain
Neuropsychiatric: denies
Endocrine: denies
Hematologic: denies
Immunologic: denies

Mental status
Orientation: oriented to time, place, and person
Mood: appropriate
Affect: appropriate

Clinical findings
Habitual spectacle Rx:  VA Distance  VA Near (with Add)

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<tbody>
<tr>
<td>OD:</td>
<td>+1.50 -0.50 x 085</td>
<td>20/200</td>
</tr>
<tr>
<td>OS:</td>
<td>+2.00 -0.75 x 090</td>
<td>20/20</td>
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+2.50 D Add

**Pupils:** PERRL, negative RAPD

**EOMs:** full, no restrictions

**Confrontation fields:** full to finger counting OD, OS

**Subjective refraction:**

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<tr>
<th></th>
<th>VA Distance</th>
<th>Pinhole</th>
<th>VA Near (with Add)</th>
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<tr>
<td>OD:</td>
<td>+1.75 -0.75 x 090</td>
<td>20/200</td>
<td>no improvement</td>
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<tr>
<td>OS:</td>
<td>+1.75 -0.50 x 095</td>
<td>20/20</td>
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**Amsler grid:**

OD: see *Image 1*

OS: see *Image 2*

**Slit lamp:**

- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, OS
- cornea: clear OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: 1+ nuclear sclerosis OD, OS
- vitreous: posterior vitreous detachment OD, syneresis OS

**IOPs:** 14 mmHg OD, 14 mmHg OS @ 11:20 AM by applanation tonometry

**Fundus OD:**

- C/D: 0.4H/0.45V
- macula, posterior pole: see *Image 3*
- periphery: scattered pavingstone degeneration 360°

**Fundus OS:**

- C/D, macula, posterior pole: see *Image 4*
- periphery: scattered pavingstone degeneration 360°

**Blood pressure:** 134/82 mmHg, right arm, sitting

**Pulse:** 76 bpm, regular

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*Image 2: OS*

*Image 1: OD*
Note: When visual fields are displayed side-by-side, the OD visual field will be on the right and the OS visual field will be on the left.

Image 3: OD

Image 4: OS

1. The most likely diagnosis of the patient's fundus condition OD is: (Diagnosis)
   a. bull's eye maculopathy.
   b. histoplasmosis.
   c. wet age-related maculopathy.
   d. solar retinopathy.
   e. macular hole.

correct answer

2. Which of the following is the most appropriate management for this patient? (Treatment / Management)
   a. Annual monitoring
   b. Vitrectomy
   c. Oral prednisone
   d. Laser photocoagulation
   e. Ocuvite®
   f. Anti-VEGF injection

3. Which of the following is most appropriate to include in the education of this patient? (Related to Treatment / Management)
   a. Polycarbonate spectacle lenses are important to protect the left eye.
   b. Genetic counseling for the patient's grandchildren is essential.
   c. The patient's rheumatologist should discontinue the Plaquenil®.
   d. Sunglasses should be worn full-time to protect the retina.
   e. Consultation with a pulmonologist should be scheduled.
   f. Low vision aids are necessary for activities of daily living.