PAM EXAMINATION: SAMPLE CASE 4

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)
  OD: +1.50 -0.50 x 085 20/200 20/200
  OS: +2.00 -0.75 x 090 20/20 20/20
  +2.50 D Add
- Pupils: PERRL, negative RAPD
- EOMs: full, no restrictions
- Confrontation fields: full to finger counting OD, OS
Subjective refraction:  
**VA Distance** | **Pinhole** | **VA Near (with Add)**
---|---|---
OD: +1.75 -0.75 x 090 | 20/200 | no improvement | 20/200
OS: +1.75 -0.50 x 095 | 20/20 | +2.50 D Add | 20/20

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

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.
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.

2. The most likely etiology of the patient's fundus condition OD is:
   (Clinical Correlation of Basic Science Principles)
   a. drug toxicity.
   b. stimulation of new blood vessel growth.
   c. vitreous traction.
   d. systemic infection.
   e. thermal damage.

3. If the patient manifests progressive lenticular changes and an increase in myopia, which of
   the following types of cataracts is most likely responsible for these clinical signs?
   (Clinical Correlation of Basic Science Principles)
   a. Anterior cortical
   b. Nuclear sclerotic
   c. Cortical
   d. Posterior polar
4. 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

5. 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.

6. This patient called your office a week ago and asked for your advice over the phone, prior to scheduling her first appointment. Which of the following describes the circumstance whereby giving professional advice over the telephone can establish a doctor-patient relationship?  
(Legal and Ethical Issues)

a. The telephone conversation is sufficient by itself.  
b. The telephone conversation is sufficient only if payment is tendered for the advice.  
c. The telephone conversation is sufficient only if follow-up care is given in the office.  
d. The telephone conversation is sufficient only if it is an emergency.