

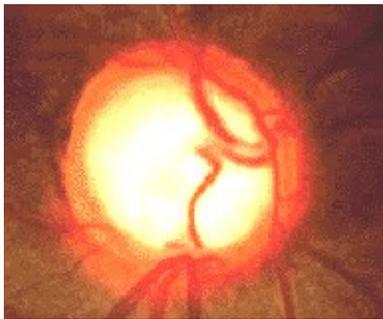
## Glaucoma Case Conference

**Case 1** - A 46 year old African-American man comes to your office for a routine physical.

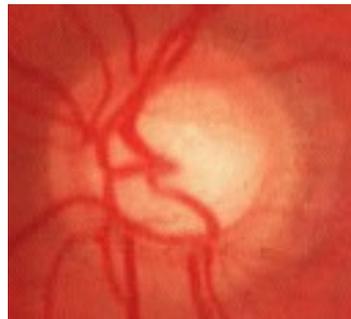
- 1) What elements of the pre-examination history would be relevant to his risk for glaucoma?
- 2) Describe the parts of the eye examination that can be done in the primary care setting to further assess this patient's glaucoma risk.

On history, the patient notes that he has no eye problems and that his glasses for myopia work well. He was hit in the right eye by a baseball when he was a teenager but after a few weeks he saw well and has had no problems since. His mother takes eye drops but he does not know the details.

On examination you note visual acuity of 20/20 with glasses in either eye. On checking the pupils you notice a small amount of redilation of the pupils of both eyes when the light is moved from the left eye to the right eye and a small amount of constriction of both pupils when the light is moved from the right eye to the left eye. Exam with the direct ophthalmoscope is shown below.



**Right Eye**



**Left Eye**

- 3) Describe the findings.
- 4) What are the likely diagnoses?
- 5) Describe further management in the primary care setting. Is this an emergent, urgent or routine problem?
- 6) Describe management by the ophthalmic consultant.

**Case 2** - A 59 year old woman comes to the emergency dept complaining of severe left eye pain beginning this morning. The pain has been getting worse through the day and the vision in that eye has been getting progressively foggy and dim.

She has no previous eye history except for wearing glasses. She's had a cold recently for which she's been taking an over the counter cold-remedy.

- 1) What additional historical details might be helpful?
- 2) Describe the parts of the eye examination that can be done in the ED setting to further assess this patient's problem

On review of additional history, the patient tells you that she has needed her glasses for reading more than for distance. The cold medicine she was taking has pseudophedrine in it. She remembers driving her aunt to an appointment for laser surgery a long time ago.

On examination, the vision is 20/20 on the right and 20/400 on the left. While the pupil response on the right is normal, the left pupil appears fixed and mid-dilated. The right eye appears normal to a penlight exam but the cornea on the left is cloudy looking. Gentle palpation of the eyes shows that the left eye is much harder than the right. Direct ophthalmoscopy is unrewarding.

- 3) What is the likely diagnosis?
- 4) What steps can be taken in the ED setting to manage this patient? Is this an emergent, urgent or routine problem?
- 5) Describe management by the ophthalmic consultant.

**Case 3** - A two month old baby girl is brought to the pediatrician. The mother notes that the right eye doesn't look right and tears a lot.

- 1) Describe the findings?
- 2) What diagnosis needs to be considered?
- 3) Describe further management in the primary care setting. Is this an emergent, urgent or routine problem?
- 4) Describe management by the ophthalmic consultant.

