Ocular disease and special testing clinic

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OCULAR DISEASE AND SPECIAL TESTING CLINIC

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With the advent of modern technology, optometrists today have many highly sophisticated instruments available enabling them to diagnose ocular pathology more accurately than ever before. In the Ocular Disease and Special Testing Clinic, we have at our disposal a few of these instruments such as: Humphrey and Goldmann visual field analyzers, 35mm Nikon anterior segment camera, a Topcon 35mm fundus camera, a non-mydriatic fundus camera and electroretinography as well as the capability of performing ultrasonography.

In the six months I spent in ODST, I acquired new clinical skills on these various instruments, and have had several opportunities to review interesting and unique cases. One of the most interesting cases was a 66 year old male patient who first entered Pacific University Clinic on the 15th of October, 1984 complaining of transient loss of vision with blur at near. Binocular indirect ophthalmoscopy findings showed vitreous strands OD, peripheral drusen OU and a macular hole OD. Visual acuities were 20/400 OD and 20/50 OS. These could be improved by eccentric viewing. Humphrey and Goldmann visual fields showed a right homonymous, noncongruous hemianoptic loss in the right eye. The patient was diagnosed as a compound hyperope, with against the rule astigmatism and presbyopia. He has a right internal carotid aneurysm which is responsible for his progressive vision loss (secondary to optic nerve compression), as well as a macular hole in the right eye.

A second unusual patient case I reviewed while in ODST concerned a male glaucoma suspect of 23 years of age. His main complaint was strain at near after prolonged reading periods. The case presented with a family history of glaucoma, cataracts and hypertension, and was referred to ODST.
for a dilated fundus exam and visual field analysis. The examination revealed a .7 C/D ratio OD a .6 C/D ratio OS and normal visual fields findings. Intraocular pressure measurements were within normal limits as well as the anterior chamber angles measured nasally and temporally. The patients habitual visual acuity was 20/15 OU at distance and 20/20 OU at near. Stereo photos were taken of both eyes for baseline documentation. Although the findings were unusual they were not pathological. This is a good example of why multiple findings are needed to rule out glaucoma. The patient was asked to return to ODST clinic in a year to allow follow up on any nerve head, visual fields, or intracocular pressure changes that may occur.

Another unique case was a female patient 60 years old, whose main concern was blur at near with her current prescription. Habitual visual acuities were 20/30 OU at far and near. Additional problems were elicited by the intern during the examination. These included vitreal floaters, lens changes and myelinated nerve fibers at the disc. Although vitreal floaters and lens changes may be attributed to the normal aging process, myelinated nerve fibers are considered a congenital defect. Treatment consisted of a new prescription allowing her 20/20 visual acuity near and far. The congenital defect was photodocumented for future reference.

A fourth intriguing case involved a 35 year old male diagnosed as having acquired hyperopia with choroidal folds. He presented to the clinic with complaints of blurred vision after one hour of reading. Habitual visual acuity with a current refraction of +.25 OD and +2.25 OS were 20/15 OD and 20/20 OS. The ultrasonography findings confirmed flattening of the posterior globe which would have been the cause of hyperopia. This is a
rare anatomical and physiological problem acquired in adulthood. Although patients with this condition have a change in refractive error, it is due to a medical problem requiring a neurological work up. More importantly although this condition is benign, the above findings more often reveals the presence of retrobulbar tumor. CAT scan results were negative for a tumor or malformation.

Finally, perhaps the most interesting case of all concerned a young female patient whose slit lamp evaluation was consistent with findings associated with Thygeson's disease. Thygeson's is characterized by discrete and oval epithelial opacities which show punctate staining with fluorescein when active. No causative organism has been identified but a virus is suspected. The patient was treated with Lecrilube for dry eye symptoms.

The opportunity to assist Dr. Timpone in Ocular Disease and Special Testing has increased my clinical expertise in detecting ocular disease and malformations. My newly acquired skills in biomicroscopy and binocular indirect ophthalmoscopy have allowed me to better identify anterior and posterior segment diseases. This experience has also developed my knowledge in the area of interpersonal relationships with patients.