

# Clinical Cases

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## Some example categories

- **A patient who presented with unexplained symptoms**
- A patient with whom communication was a challenge
- **A patient who you were not sure whether to refer or not**
- A patient with unusual pathology
- **Unexpected progression in conditions – e.g. rapid or unexpected progression of cataract or refractive error, and possible causes for these**
- Non-tolerance cases

- The following three cases were seen in my practice in the last few weeks
- Please feel free to jot down notes and your comments as we go through the histories
- We will use the third case for group discussion purposes

# Case 1.

Mrs L aged 38

New patient

***Date of examination:*** 15th September 2011

***Presenting symptom and history:***

**Had laser refractive surgery done 9 years ago.**

**Feels vision, especially RE has deteriorated  
over last few months**

***Presenting symptom:***

**Had laser refractive surgery done 9 years ago  
but feels vision, especially RE has  
deteriorated over last few months**

**General health good, no medication, no  
allergies**

**Maternal grandmother blind from wet AMD**

## ***Unaided vision***

**R. 6/18 L. 6/7.5+**

## ***Refraction***

**R. -1.25/-1.00 x 157.5 = 6/6+**

**L. -0.25/-0.75 x 25 = 6/6+**

**N4 at 40cm**

## ***Clinical findings***

<b>External eyes</b>	<b>Normal</b>
<b>Pupillary reflexes</b>	<b>Normal</b>
<b>Ocular motility</b>	<b>Full</b>
<b>Ocular motor balance</b>	<b>Dist. Ortho; Nr ortho</b>
<b>Convergence</b>	<b>7cm</b>
<b>AC angles</b>	<b>Grade 4 (van Herrick)</b>
<b>IOPs (Pascal)</b>	<b>R. 13 L. 13 mmHg @14.30</b>
<b>Humphrey C40 screening:</b>	<b>R &amp; L Full</b>

# ***Clinical findings***

## ***Ocular media***

**Clear. Demarcation of laser surgery visible**

## ***Ocular fundi***

**Cup/disc**

**R. 0.5 (1.5 mm)      tilted discs**

**L. 0.3 (1.5mm)      tilted disc**

**Maculae**

**Reflex normal. A few drusen R > L at post pole**

**Vessels**

**Normal**

**Periphery**

**Normal**

## ***Management decision 15<sup>th</sup> September 2011***

- Explained to patient the shift of refraction which is not uncommon after laser refractive surgery (? or is it uncommon)
- Prescribed spectacles for driving, TV etc
- Patient accepts this advice but does not proceed immediately with dispensing as she wants to look for a frame elsewhere

Question for discussion

What has happened to this patient's refraction?

Patient returns as an “emergency” on 28<sup>th</sup>  
September 2011

Sees my associate optometrist and reports

**Feels LE vision more blurred than it was  
yesterday and itchy. Feels the latter may be  
due to rubbing to clear the vision**

**Had migraine last week**

## Refraction

R. -1.25/-1.00 x 157 = 6/6

L. 0.00/-1.75 x 10 = 6/6

15<sup>th</sup> September R. -1.25/-1.00 x 157.5 = 6/6+

L. -0.25/-0.75 x 25 = 6/6+

## Zeiss i-Profiler aberrometer

R. -1.75/-1.00 x 156

L. 0.00/-3.50 x 5

**Slit lamp examination**

**Stromal striae visible left superior temporal  
cornea**

**Zeiss i-Profiler shows significant high order  
aberrations**

Arranged for review in two weeks

Has not yet proceed with spectacle dispensing

If still unstable refraction then consider referring  
for cross-linking therapy

Seen again on 12<sup>th</sup> October 2011

Patient reports vision has recovered and is now normal

## **Refraction**

**R. -1.25/-1.00 x 157 = 6/6**

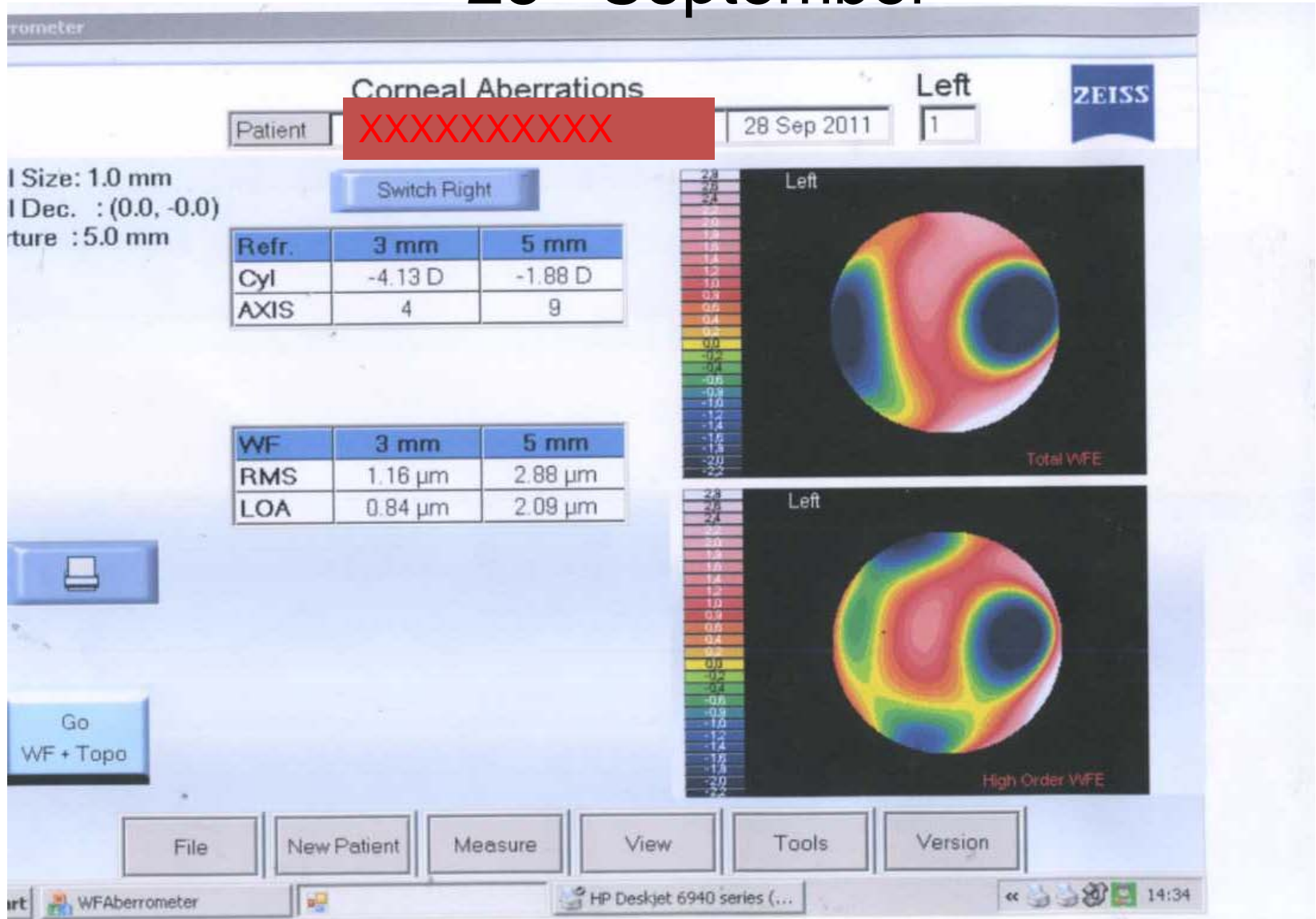
**L. 0.00/-0.75 x 25 = 6/6+**

28<sup>th</sup> September

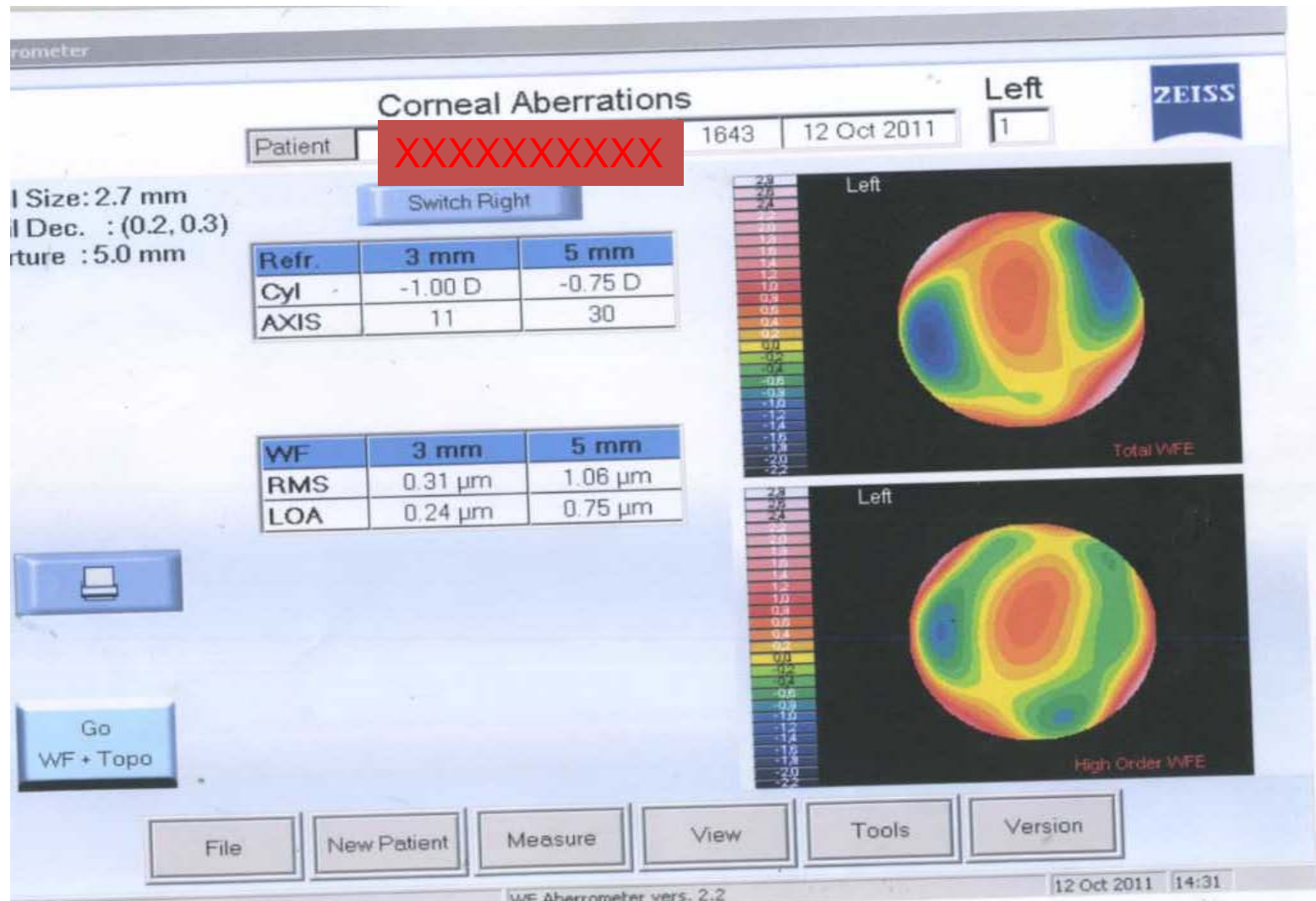
R. -1.25/-1.00 x 157 = 6/6

L. 0.00/-1.75 x 10 = 6/6

# 28<sup>th</sup> September



# 12<sup>th</sup> October



# 28<sup>th</sup> September

Description	Value	Left eye · Range = 1,81
Piston	0,15 μm	
Tilt	2,30 μm @ 166°	
Astigmatism	1,22 μm @ 9°	
Defocus	-0,42 μm	
Trefoil	0,43 μm @ 7°	
Coma	0,72 μm @ 165°	
Tetrafoil	0,30 μm @ 6°	
Astigmatism II	0,50 μm @ 89°	
Sph. Aberration	-0,40 μm	
Pentafoil	0,08 μm @ 20°	
Trefoil II	0,18 μm @ 67°	
Coma II	0,12 μm @ 4°	
Hexafoil	0,08 μm @ 5°	
Tetrafoil II	0,13 μm @ 49°	
Astigmatism III	0,07 μm @ 9°	
Sph. Aberration II	0,00 μm	
Heptafoil	0,08 μm @ 4°	
Pentafoil II	0,05 μm @ 8°	
Trefoil III	0,03 μm @ 72°	
Coma IV	0,01 μm @ 349°	

# 12<sup>th</sup> October

Description	Value	Left eye · Range = 1,81
Piston	0,65 μm	
Tilt	0,47 μm @ 69°	
Astigmatism	0,52 μm @ 30°	
Defocus	0,01 μm	
Trefoil	0,16 μm @ 47°	
Coma	0,09 μm @ 68°	
Tetrafoil	0,14 μm @ 13°	
Astigmatism II	0,17 μm @ 73°	
Sph. Aberration	-0,32 μm	
Pentafoil	0,03 μm @ 49°	
Trefoil II	0,01 μm @ 76°	
Coma II	0,05 μm @ 337°	
Hexafoil	0,08 μm @ 48°	
Tetrafoil II	0,02 μm @ 58°	
Astigmatism III	0,01 μm @ 45°	
Sph. Aberration II	-0,05 μm	
Heptafoil	0,02 μm @ 50°	
Pentafoil II	0,01 μm @ 4°	
Trefoil III	0,02 μm @ 75°	
Coma IV	0,02 μm @ 216°	

- What has happened?
- Ongoing management?

# Case 2

XY 7 year old boy

Mother concerned about strange “**rolling eye movements**” for last few weeks

“Hyperactive”

Sees speech therapist and has extra teaching

General health good

No medicines

Mother myopic

**Unaided vision (Snellen)**

**R. 6/7.5 L. 6/7.5**

**Retinoscopy (non-cycloplegic)**

**R. +0.50DS L. +0.50DS**

**Subjective**

**R. +0.25DS = 6/6- L. +0.25DS = 6/6-**

## ***Clinical findings***

<b>External eyes</b>	<b>Normal</b>
<b>Pupillary reflexes</b>	<b>Normal</b>
<b>Ocular motility</b>	<b>Full</b>
<b>Ocular motor balance</b>	<b>Dist. Ortho; Nr ortho</b>
<b>Convergence</b>	<b>7cm</b>
<b>Accommodation</b>	<b>Normal amps and lag</b>
<b>Colour vision</b>	<b>Normal Ishihara</b>
<b>Stereopsis</b>	<b>40" (Titmus)</b>

## ***Clinical findings continued***

### ***Slit lamp:***

**Ocular media clear**

**Ocular fundi normal**

**discs, maculae periphery normal**

***Further questioning of patient and mother...***

***The strange eye movements started a few weeks ago after a “disagreement at school with a friend”***

***Two other children in his class do the same thing***

***Patient manifested the “rolling” once during the examination***

# *Summary*

*Eyes and vision healthy and normal*

*Hyperactive*

*Anomalous eye movements worrying the  
parents*

*Speech therapy and extra teaching*

**How should I manage this patient?**

# My decision....

After discussing the symptoms, history of “disagreement” at school, hyperactivity and educational progress with the mother I referred the patient to a paediatric psychiatrist

# Correspondence from psychiatrist a few weeks later

Dear Simon

XY whom you saw in July came to see me this month. I have just started treating him. It was a very appropriate referral and I am confident I will be able to help. For the moment, Mrs XY has not wanted my report to be sent out except to herself and to X's GP, though I did want you to receive a copy - hence this email.

Many thanks

L

### 3. Group Discussion Case

Mr W aged 64

Seen a number of times in my practice over the last 10 years

***Date of examination:*** 2<sup>nd</sup> September 2011

***Presenting symptom:***

**RE sees better now for distance vision and more difficult to read, for last 2 months**

## ***Previously recorded history***

**Father has glaucoma**

**Spleen removed some years ago; penicillin**

## ***Questioning***

- No flashes floaters**
- No additional family history**
- Medicines: Lipitor; low dose penicillin**
- Annual checks on BP and blood sugar**

## ***Present Rx***

**SV DV**      R. -1.00/-1.00 x 102 = 6/7.5+  
                  L. -2.00/-1.00 x 70 = 6/7.5

## ***Refraction***

R. -0.50/-1.00 x 102 = 6/5  
L. -1.25/-1.00 x 80 = 6/5+  
Add +2.50DS for reading = N4 at 40cm

## ***Clinical findings***

<b>External eyes</b>	<b>Normal</b>
<b>Pupillary reflexes</b>	<b>Normal</b>
<b>Ocular motility</b>	<b>Full</b>
<b>Ocular motor balance</b>	<b>Dist. Ortho; Nr 6 XOP</b>
<b>Convergence</b>	<b>10 cm</b>
<b>AC angles</b>	<b>Grade 4 (van Herrick)</b>
<b>IOPs (Keeler Pulsair)</b>	<b>R. 13 L. 15 mmHg @12.00</b>
<b>Humphrey C40 screening:</b>	<b>R &amp; L Full</b>

## ***Clinical findings***

***Ocular media***      **grade 1 age related lenses  
changes R & L**

### ***Ocular fundi***

<b>Cup/disc</b>	<b>R. 0.7 (1.8 mm)    i=s</b>
	<b>L. 0.65 (1.8mm)    i=s (no change?)</b>
<b>Maculae</b>	<b>Normal reflexes</b>
<b>Vessels</b>	<b>Normal</b>
<b>Periphery</b>	<b>Normal</b>

## **Plan**

I decided to refer the patient for a blood glucose test before proceeding with change in Rx

These details of this case has been reproduced as a handout for you all to have available for reviewing and discussing in groups

It is intended that there be two parts to your group discussion with regard to this case:  
Section 1 & Section 2

**Please do not look at the details in Section 2 until after your group has fully completed it's discussion of Section 1**

Thank you for listening and...

in the spirit of “peer review” please remember that, being reviewed - by dozens of you - as I am now, is quite intimidating so... remember to be constructive, positive and non-judgemental