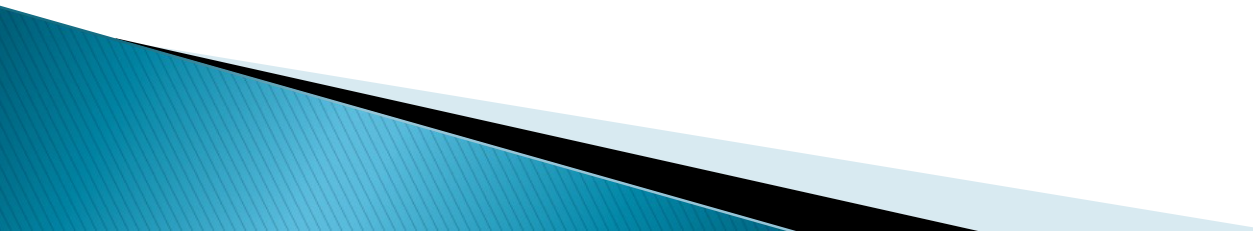


Case Challenges in Optometry

Robert P. Wooldridge, OD, FAAO

Disclosure

- ▶ Speakers Bureau for Aerie, Novartis, Allergan, Bausch & Lomb, Glaukos, Ivantis, Reichert, Synemed
 - ▶ Investor: Nanodropper
- 

Amy 4.17.23

- ▶ 40yo F referred by hospital ED
- ▶ Had HA Lt. side of head starting 1 week ago (Day 1)
- ▶ Day 2 Extreme scalp tenderness left side only
- ▶ Day 3 Rash starting over Lt. brow and spreading
- ▶ Traveling in Switzerland so not seen in ED until Day 6
 - Treated with IV antiviral; Rx'ed Valcyclovir 1000mg TID
- ▶ Also C/O mucoid D/C and 6/10 pain OS; some blurred VA OS

4.17.23



4.16.23



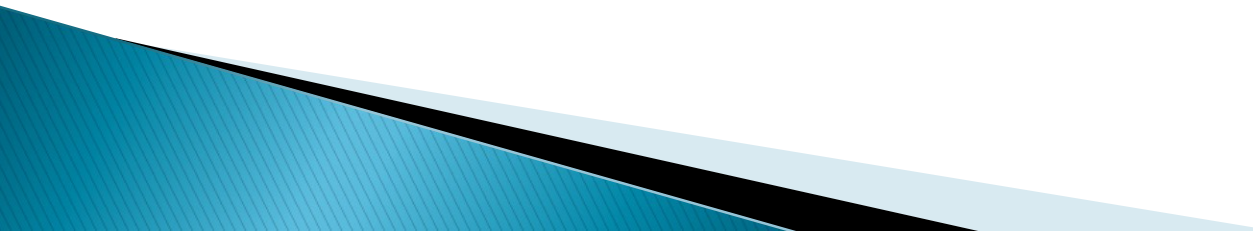
4.17.23



4.17.23

- ▶ VA R 20/20+ L 20/30
- ▶ IOP R 16 L 20
- ▶ Pupils, EOM NL OU
- ▶ SLE:
 - Muroid discharge
 - 2+ conj. and episcleral injection
 - Multiple pseudo-dendrites
 - AC: D/Q
- ▶ DFE: NL OU

What is your plan? (Cont. valcyclovir)

- ▶ 1. Continue valcyclovir only
 - ▶ 2. Add trifluridine Q2H
 - ▶ 3. Add ganciclovir gel 5x/day
 - ▶ 4. Add moxifloxacin OS QID
 - ▶ 5. Anything else?
- 

Rob's Plan

- ▶ 1. Continue valcyclovir 1000mg TID
- ▶ 2. Add ganciclovir gel 5x/day
- ▶ 3. Atropine 1.0% OS QD
- ▶ 4. Tylenol 1000mg, Ibuprofen 400–800mg Q4–6H prn for pain
- ▶ 5. RTC 4 days
- ▶ 6 Call STAT if symptoms worsen
 - Increase pain, decrease in vision
- ▶ 7. OK to work but don't go into the waiting room!

Treatment of Pseudodendrites in Herpes Zoster Ophthalmicus With Topical Ganciclovir 0.15% Gel

- ▶ **Purpose:**
- ▶ There is no standard of treatment for epithelial pseudodendrites in herpes zoster ophthalmicus (HZO). The purpose of this study is to report the topical antiviral drug, 0.15% ganciclovir for treatment of these lesions.
- ▶ **Methods:**
- ▶ This is a retrospective, interventional case series of 4 patients who were diagnosed with HZO epithelial pseudodendrites despite being given oral antiviral treatment and who underwent 0.15% ganciclovir gel topical treatment. Main outcome measures included epithelial healing time, visual acuity, and corneal sensation.

Treatment of Pseudodendrites in Herpes Zoster Ophthalmicus With Topical Ganciclovir 0.15% Gel

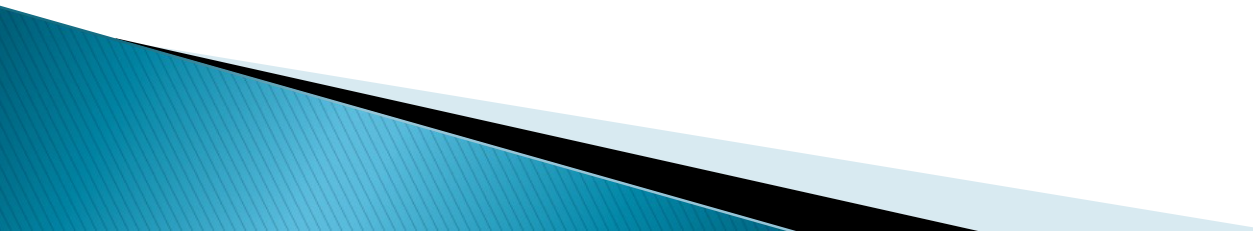
▶ **Results:**

- ▶ All 4 patients were immunocompetent and had epithelial lesions unresponsive to antiviral treatment with oral valacyclovir. Treatment with topical 0.15% ganciclovir gel 5 times a day resulted in the lesions healing successfully within 7 days with improved visual acuity in 3 patients and an increase in corneal sensation in 2 of the 4 patients.

▶ **Conclusions:**

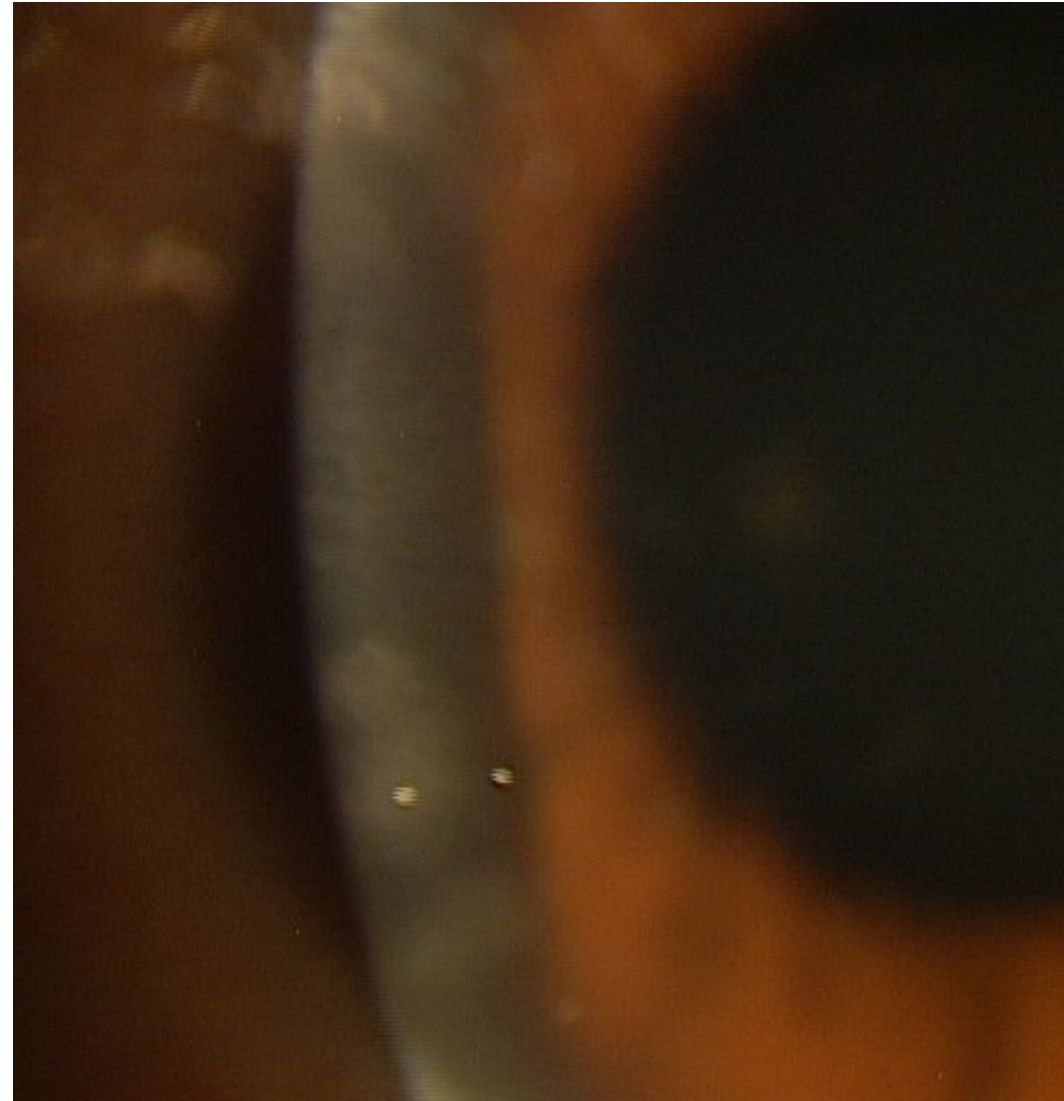
- ▶ Topical 0.15% ganciclovir gel, 5 times a day until pseudodendritic lesion healing and tapering to bid for 2 to 4 weeks thereafter, is an effective treatment for pseudodendrites in HZO-affected cases that are often a challenge to manage with other oral or topical antivirals.

4.21.23

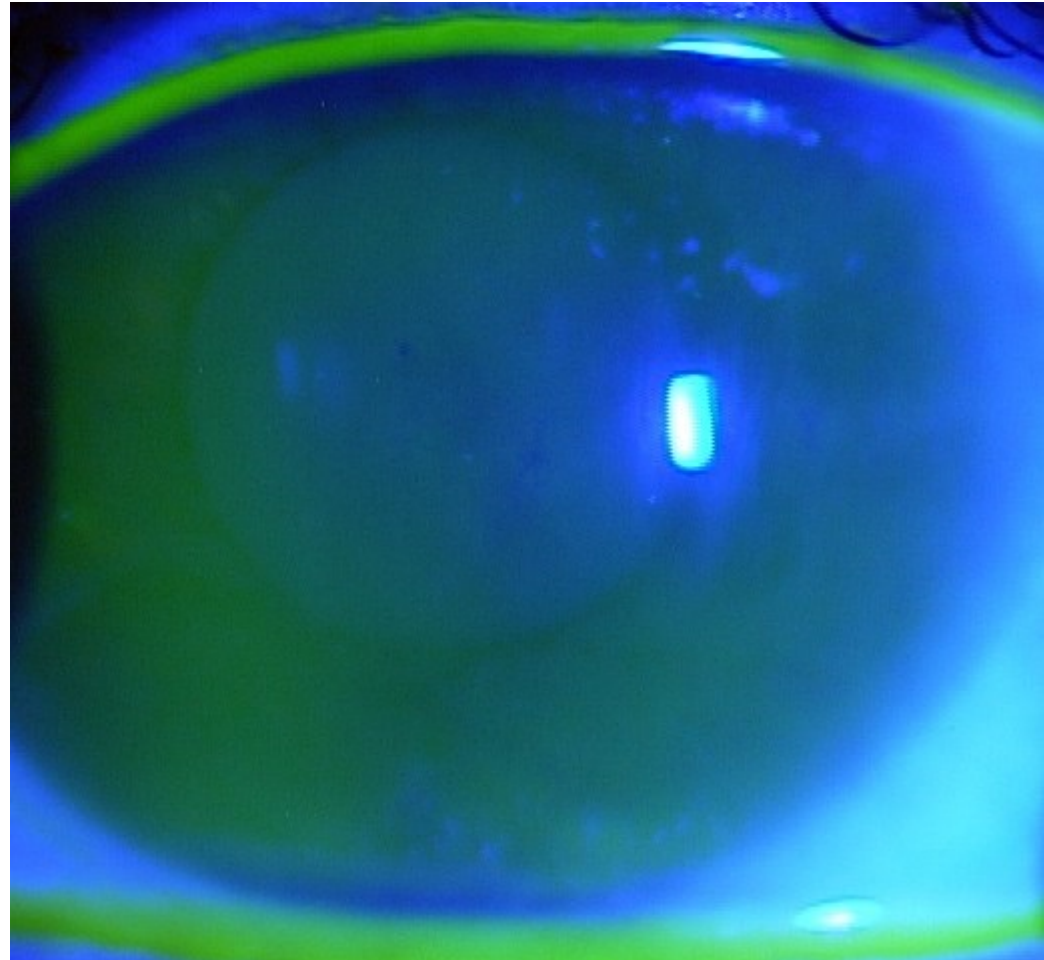
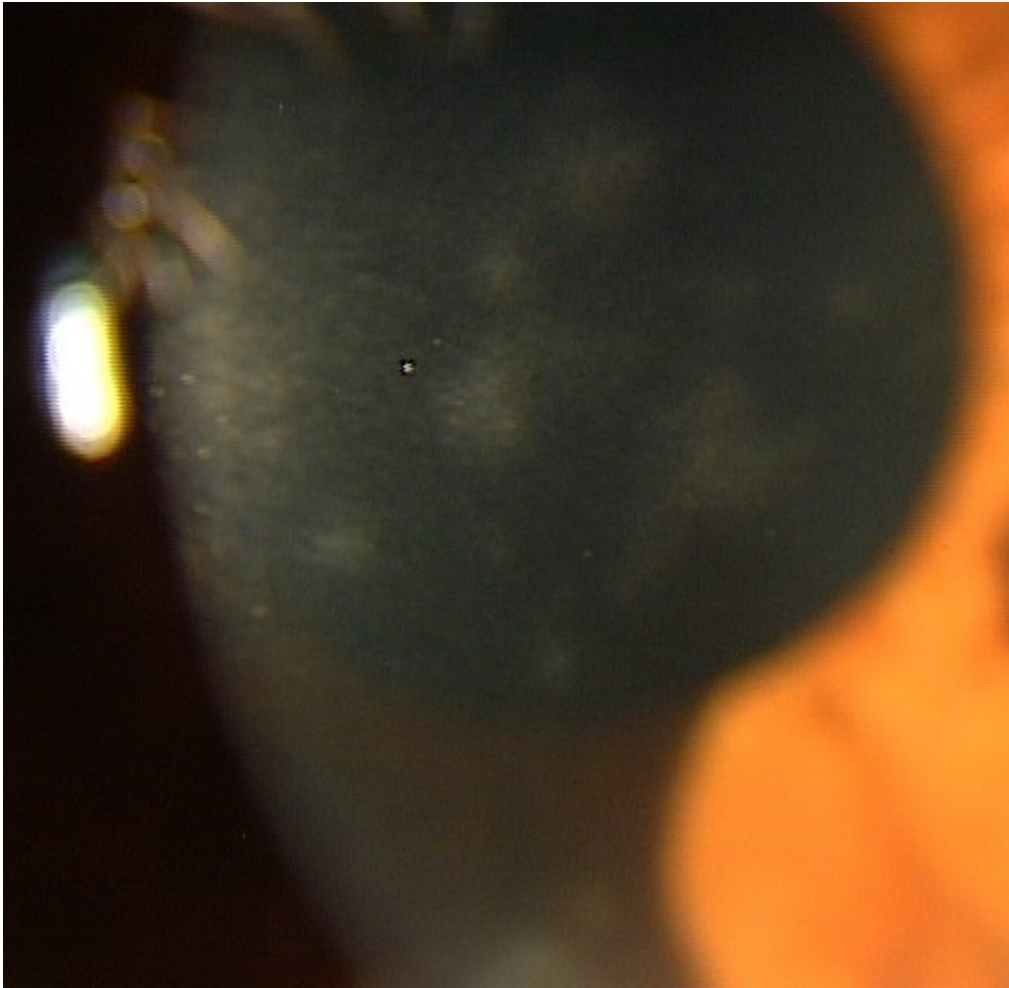
- ▶ Using meds as prescribed
 - ▶ Pain is improving
 - ▶ VA R 20/20 L 20/40
 - ▶ SLE
 - 1+ conj and episcleral injection
 - K: Epithelial lesions still present but Neg FL stain
 - AC: D/Q
- 

4.28.23

- She has finished the ganciclovir, atropine and Valtrex
- Fell and lacerated her face
 - Treated at ED
- Face now feels numb
- Now has multiple cloudy SE corneal lesions
 - Neg. FL stain



4.28.23



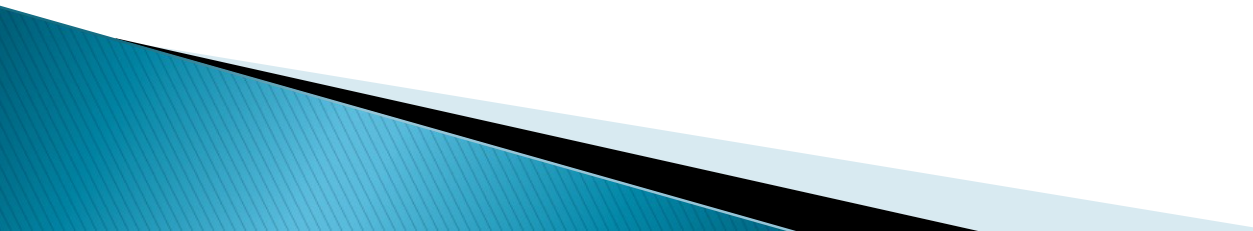




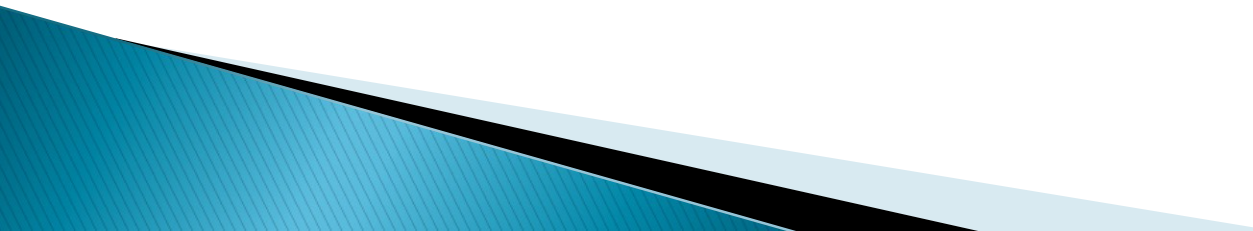
What is your plan?

- ▶ 1. No treatment necessary
- ▶ 2. Other options?

Rob's Plan

- ▶ 1. Prednisolone acetate OS QID
 - ▶ 2. Resume ganciclovir OS TID
 - ▶ 3. Advised to discuss PO Prednisone with her dermatologist to decrease risk of post herpetic pain
 - ▶ 3. Buy a Pirate's Patch and stuffed parrot to go with your scar
- 

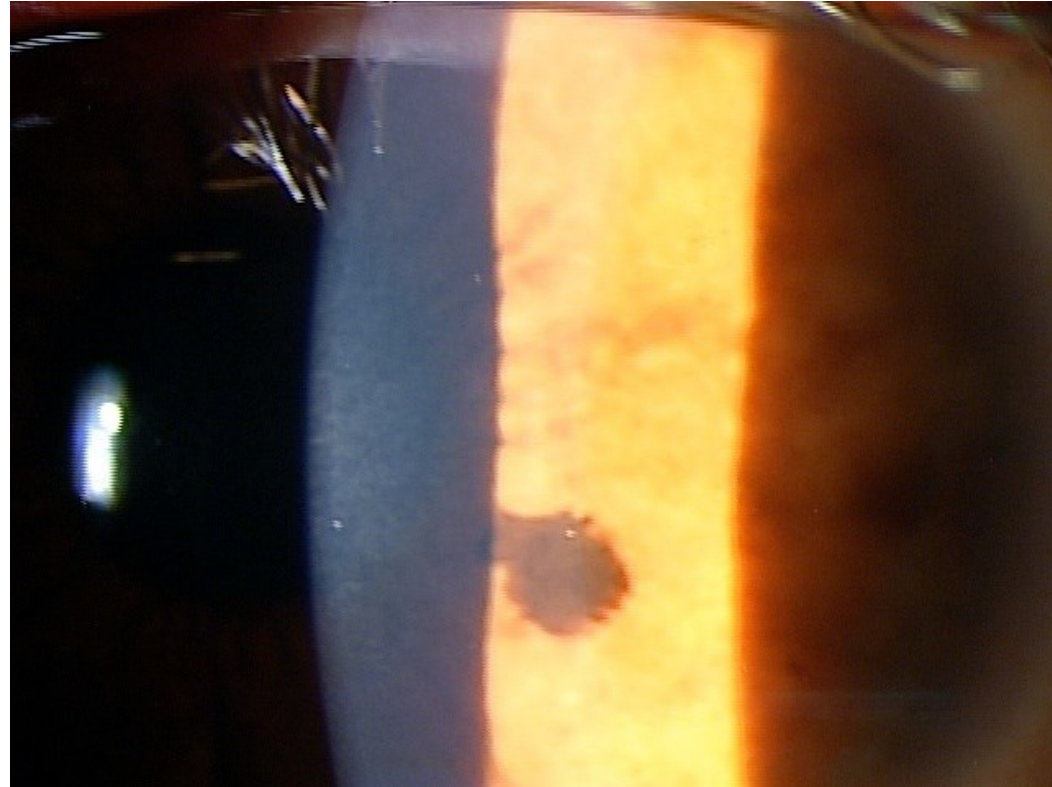
5.5.23

- ▶ Derm. Rx'ed methylprednisolone 6-day taper
 - ▶ Reports VA improving
 - ▶ VA OS 20/20
 - ▶ Previous corneal lesions 90–100% cleared
 - ▶ Plan
 - DC ganciclovir gel and atropine
 - Taper off prednisolone
- 

5.5.23



5.05.23 Lesions Cleared

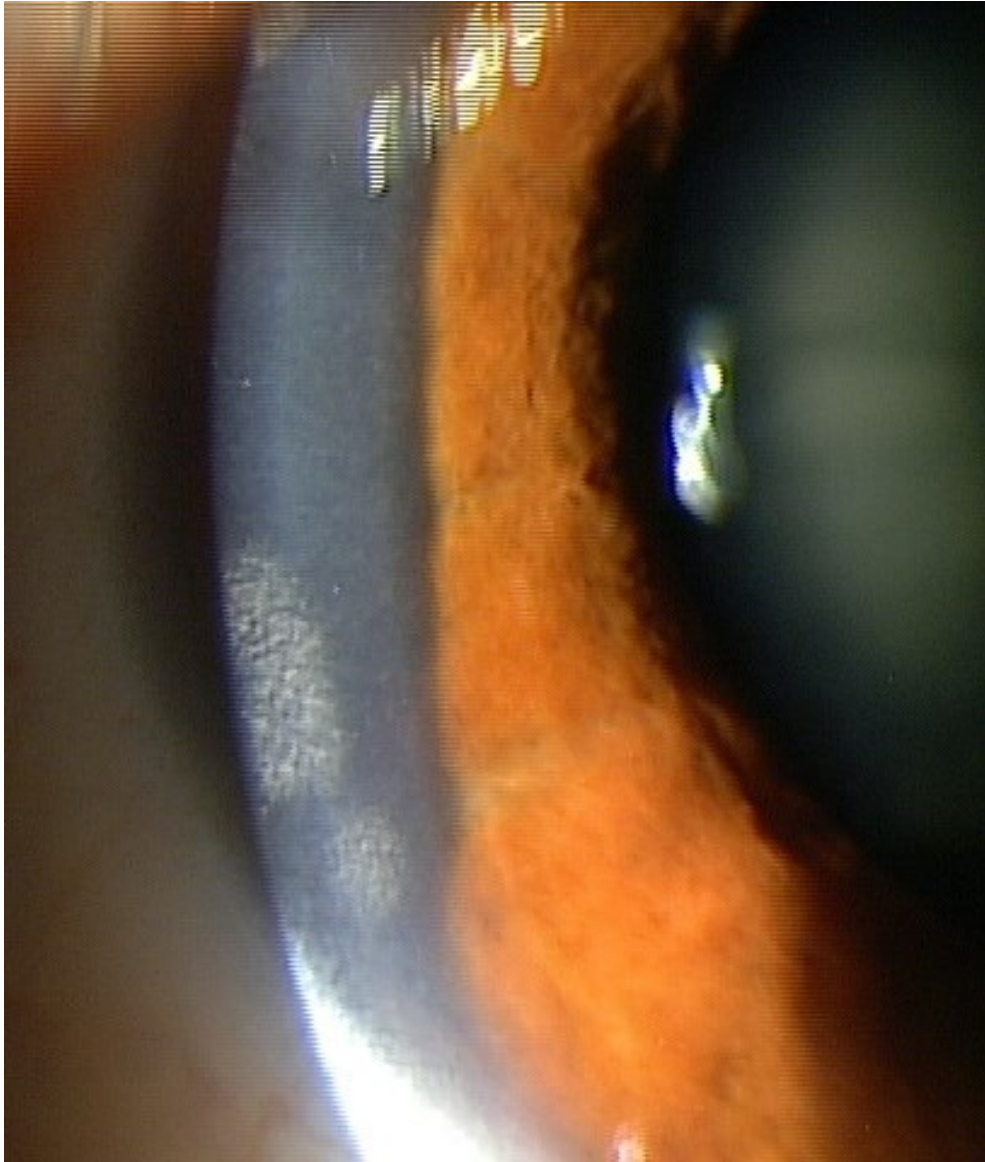


6.2.23

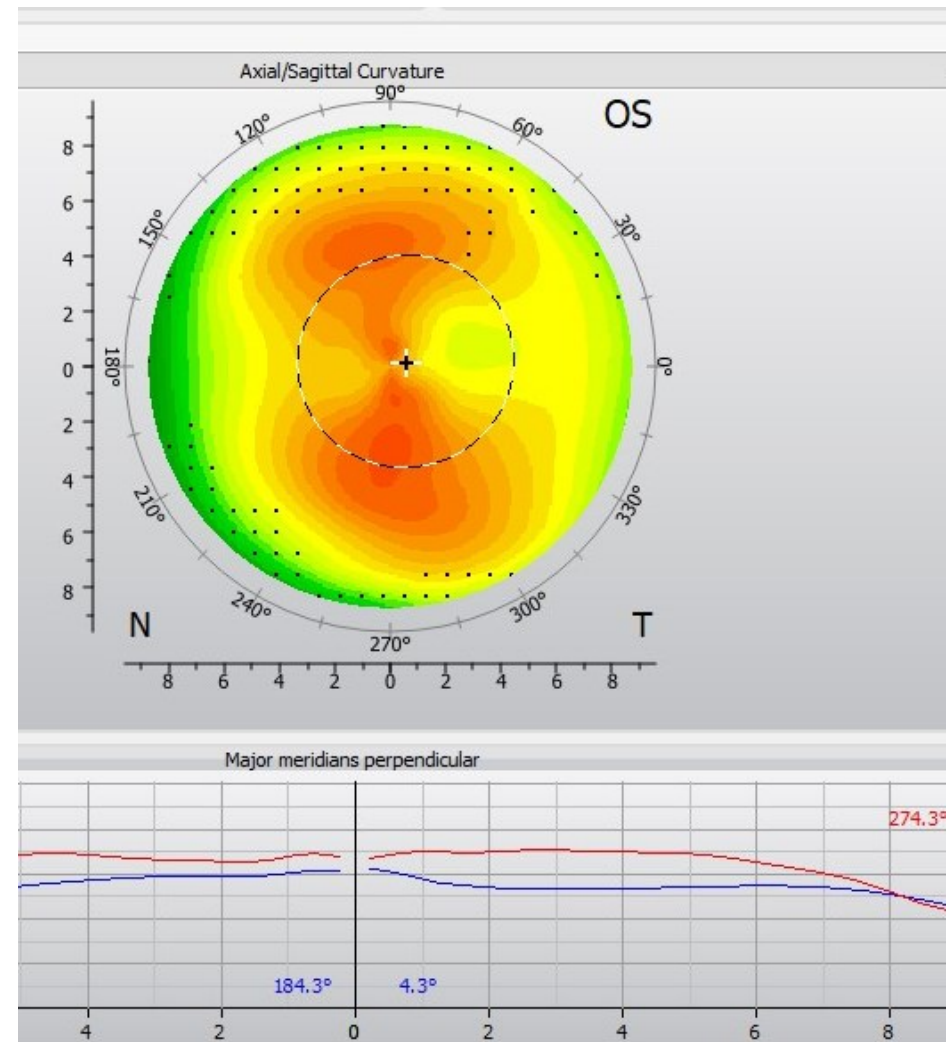
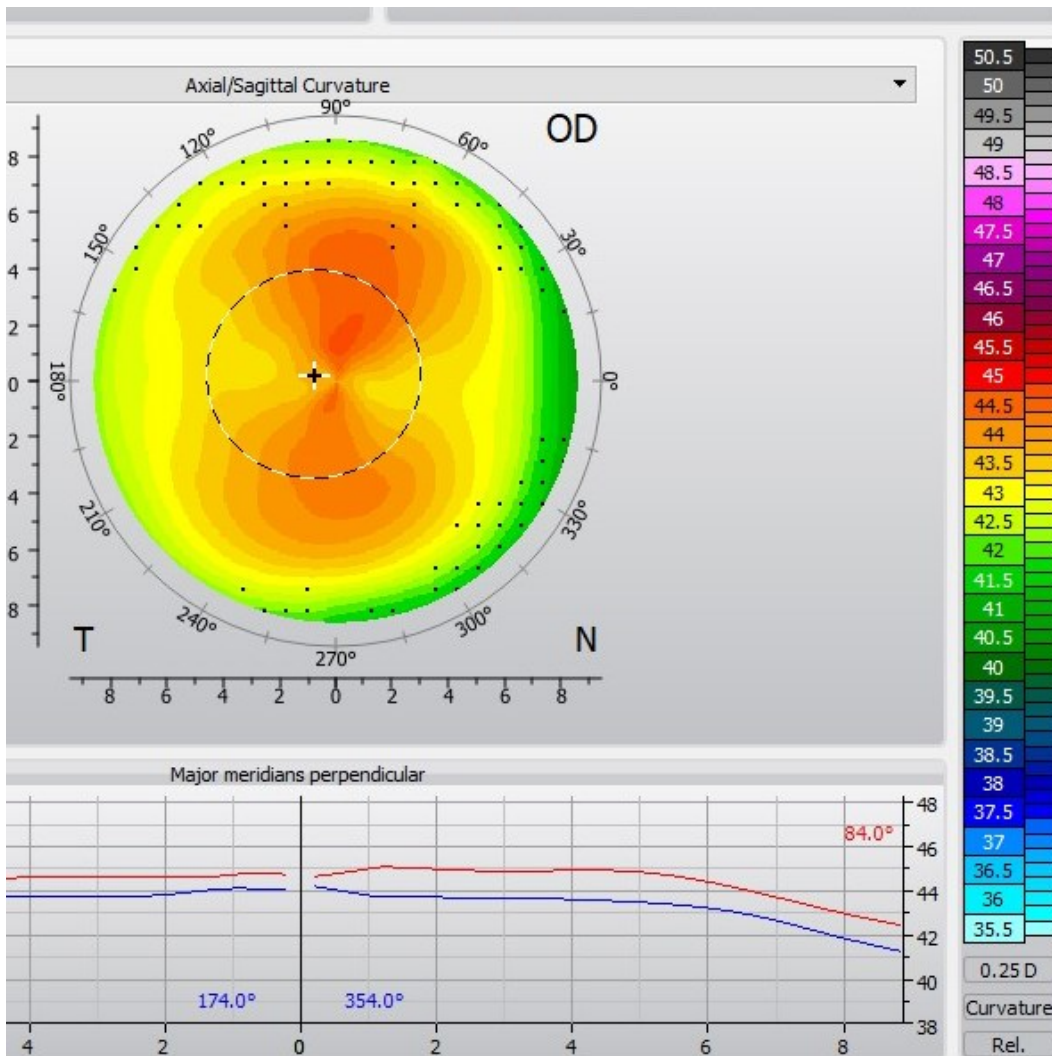
- Patient reports no change in VA
- No longer using any drops
- VA 20/50 OS but sc



6.02.23 They're Baaack!



6.2.23



6.02.23 Plan

- ▶ Resume Valcyclovir 500mg BID
- ▶ Resume prednisolone acetate QID x 1 wk., taper
 - Will later switch to loteprednol for safety
- ▶ RTC 2 weeks

Scott 3.16.23

- ▶ 43yo WM long-haul trucker from California
- ▶ C/O swollen LUL since 2/27/23
- ▶ Minor pressure feeling above/behind eye; no pain
- ▶ Gradually increased, worse in the AM
- ▶ Saw OD in CA: Rx'd Keflex 700mg BID
 - Helped for 1-2 days, edema then recurred
 - Rx'd Augmentin 875mg BID on 3/8/23
 - Helped a little for a few days but recurred
 - Also Rx'd probiotics and Benadryl
- ▶ No effect on vision
- ▶ Patient has no medical illness or PCP
 - “ I never see a doctor.”

Scott 3.16.23

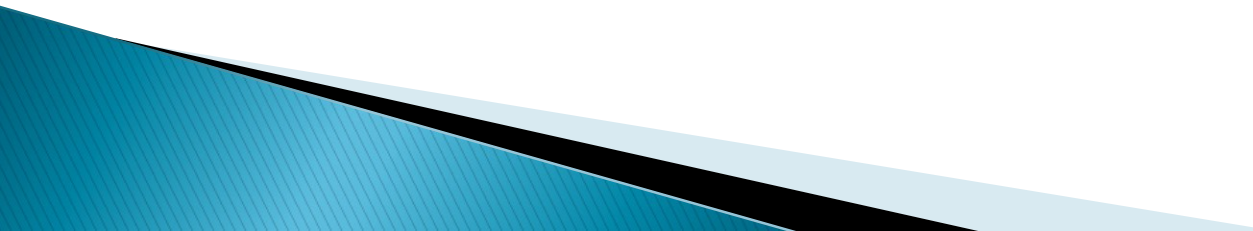




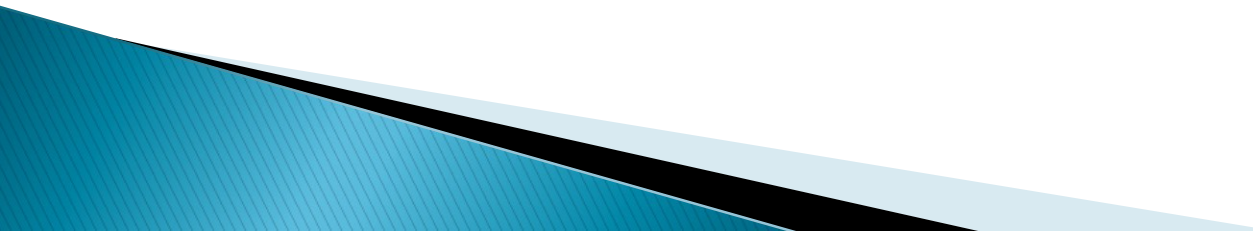
Scott 3/16/23

- ▶ VA sc 20/15 OU
- ▶ EOM Full without diplopia
- ▶ Pupils: NL, Neg. APD
- ▶ CVF: FTFC OU
- ▶ Exophthalmometry: 92 Rt 17 Lt 18
- ▶ SLE: OS
 - 1-2+ conj. Injection Temp/Sup.
 - 3+ episcleral injection Sup., 2+ Temp.
- ▶ OD All quiet
- ▶ DFE: Unremarkable OU

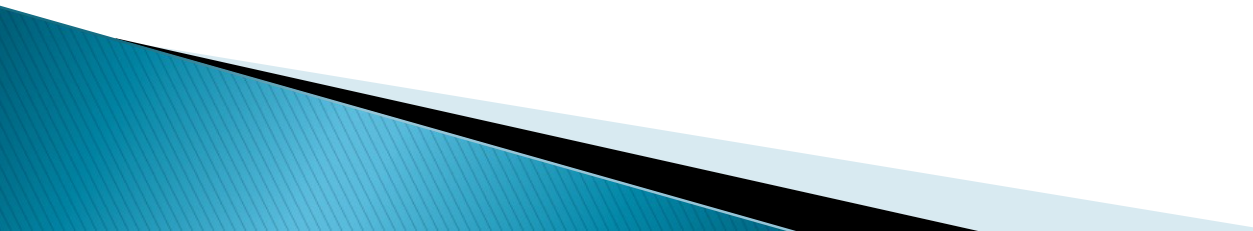
What is your diagnosis?

- ▶ 1. Dacryoadenitis
 - ▶ 2. Orbital myositis
 - ▶ 3. Orbital tumor
 - ▶ 4. Thyroid Eye Disease
- 

What is your plan?

- ▶ 1. Order MRI Brain/orbits
 - ▶ 2. Order orbital CT
 - ▶ 3. Order orbital ultrasound
 - ▶ 4. Order CBC, ESR, CRP, TSH
- 

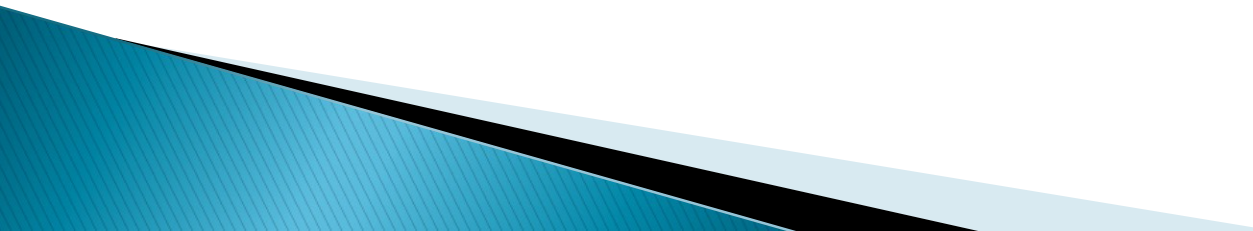
What will you prescribe today?

- ▶ 1. Another dose of Augmentin 875 BID
 - ▶ 2. Prednisone 60mg QD and taper
 - ▶ 3. Durezol OS QID
 - ▶ 4. Desonide cream to ecternal lids BID
- 

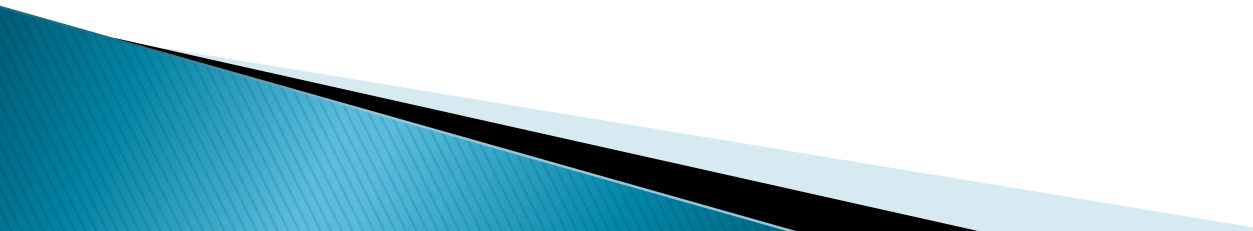
Rob's Plan

- ▶ 1. Order MRI brain and orbits with/without contrast
- ▶ 2. Rx: Durezol OS QID
- ▶ 3. Finish current course of Augmentin
- ▶ 4. order
 - CBC, CMP, ESR, CRP, ANA, IgG4, Antineutrophil Cytoplasmic Ab

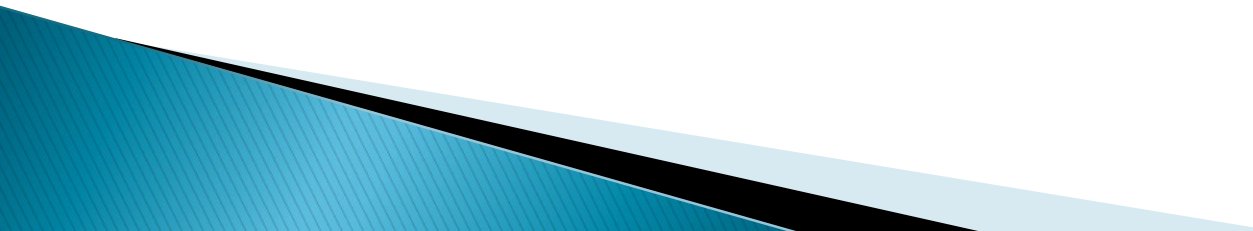
Scott 3.16.23 MRI Result

1. Edematous and enhancing left lacrimal gland causing mild mass effect on the adjacent LSR. Associated preseptal and periorbital soft tissue swelling. Findings most likely secondary to dacryoadenitis with obstruction of the lacrimal duct. An intrinsic neoplastic process or idiopathic inflammatory disease considered less likely.
 2. No intraconal inflammation
 3. Normal optic nerves
 4. Normal MRI brain
- 

3.16.23

- ▶ Called patient with MRI report
 - ▶ Phone consult with orbital surgeon regarding possible need for biopsy
 - ▶ Sent in Rx for prednisone 60mg on tapering dosage
 - ▶ Blood work still pending
 - ▶ Advised patient to stay in SLC for a few days
- 

Scott 3.20.23

- ▶ Edema has significantly decreased
 - Confirmed on exam
 - ▶ BP: 131 / 91
 - ▶ Advised to continue prednisone taper
 - ▶ Ordered orbital U/S for possible additional differentiation of abnormality
 - ▶ RTC 2 weeks
 - ▶ Call STAT if symptoms worsen
- 

3.16.23



3.20.23



Blood Results

- ▶ CBC, ESR, CRP, IgG Qn, Antinuclear Antibodies, ANA all NL
- ▶ CMP normal except for elevated
 - BUN, BUN/Creatinine ratio, Albumin, ALT

Ultrasound results

- ▶ Normal posterior sclerae, orbits, lacrimal glands
- ▶ Thickened LSR (6.64mm) compared to RSR(2.42)
- ▶ Internal reflectivity low to medium consistent with inflammatory myositis

Scott 4.17.23

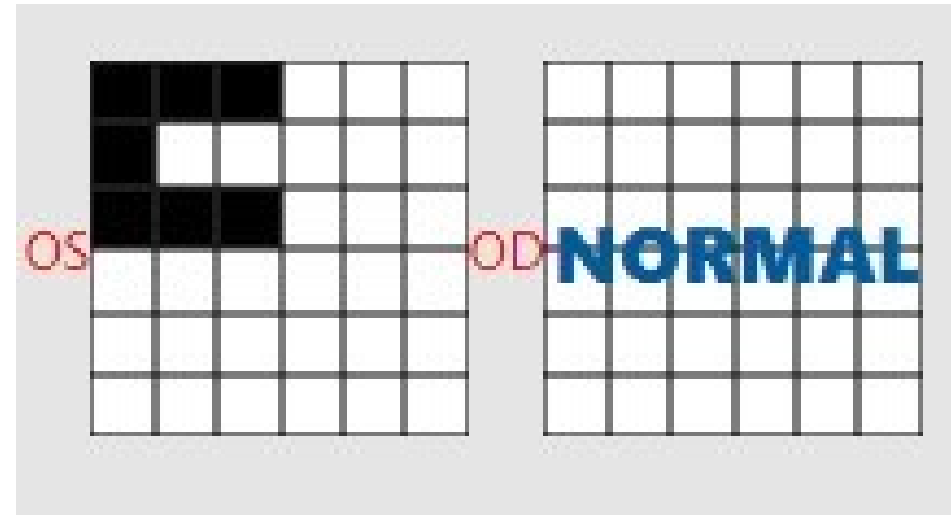
- ▶ Reports lids are “Back to normal.”
- ▶ Vision is “doing great.”
- ▶ Has completed the prednisone taper and durezol
- ▶ Denies pain, swelling or irritation of any kind
- ▶ Exam is normal
- ▶ Discussed possible repeat MRI confirm no residual mass or other problem
 - Patient demurs
- ▶ Advised to establish care with PCP in his hometown
- ▶ Call STAT with problems

Gina 9 13 22

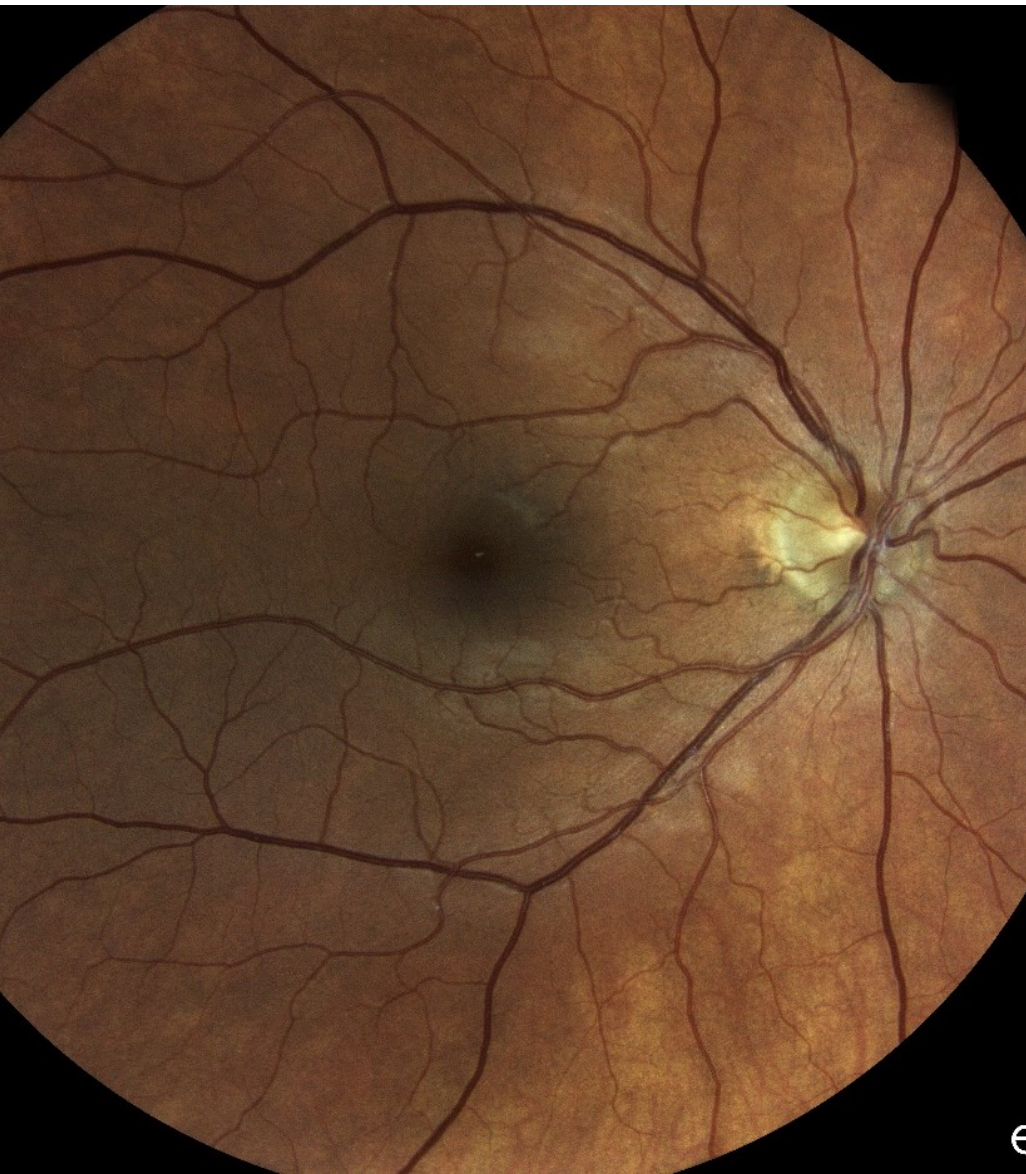
- 35yo WF C/O sudden onset visual disturbance OS 2 days ago
- Black C-shaped scotoma with bright borders
- Stable since onset
- No complaints OD
- MH: Currently ill with COVID

Gina 9 13 22

- VA R 20/15 L 20/15-2
- Pupils, motility, CVF NL OU
- IOP R 17 L 21
- SLE: Quiet OU
- DFE: DMVP NL OU
 - Vitreous Neg cells

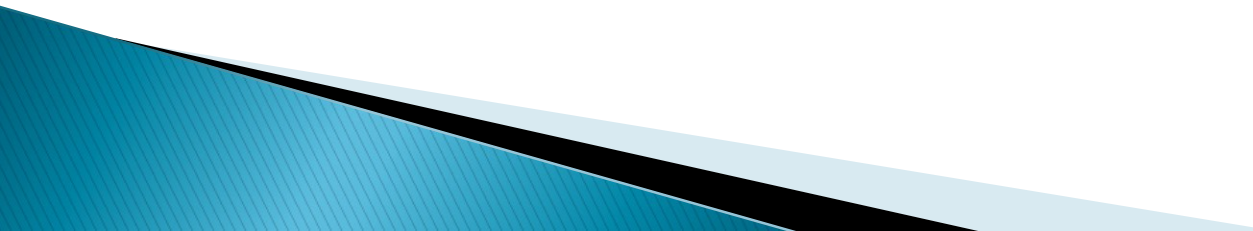


Gina 9 13 22

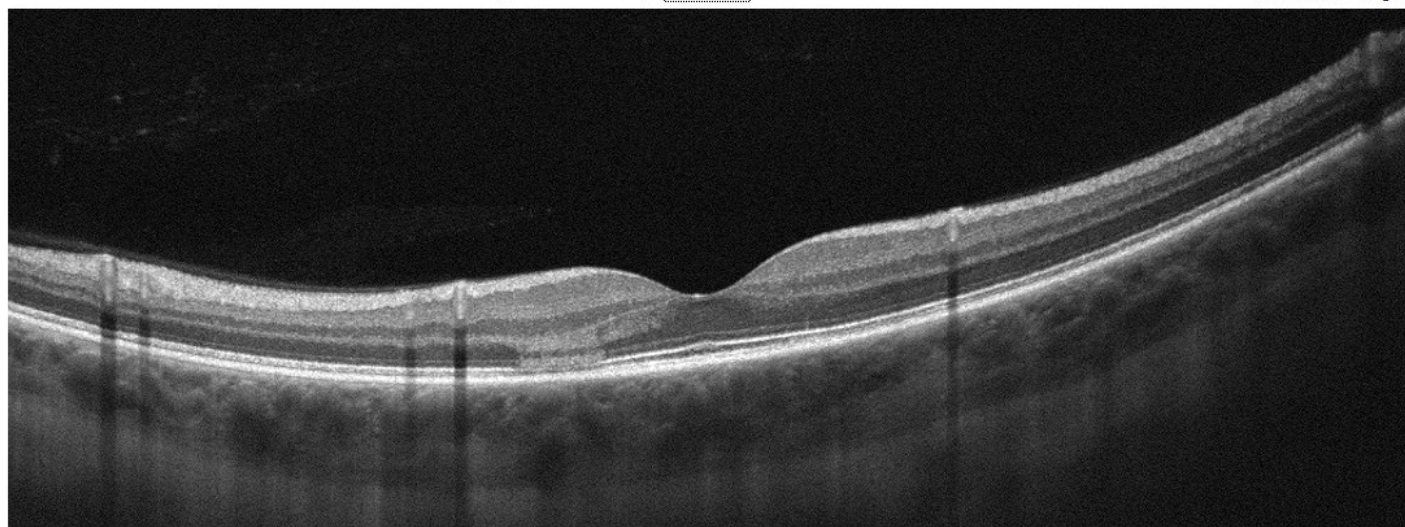
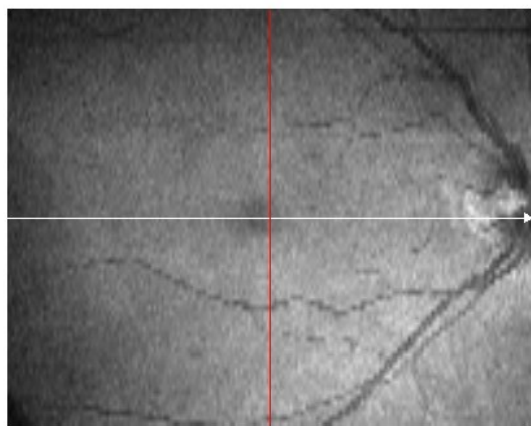
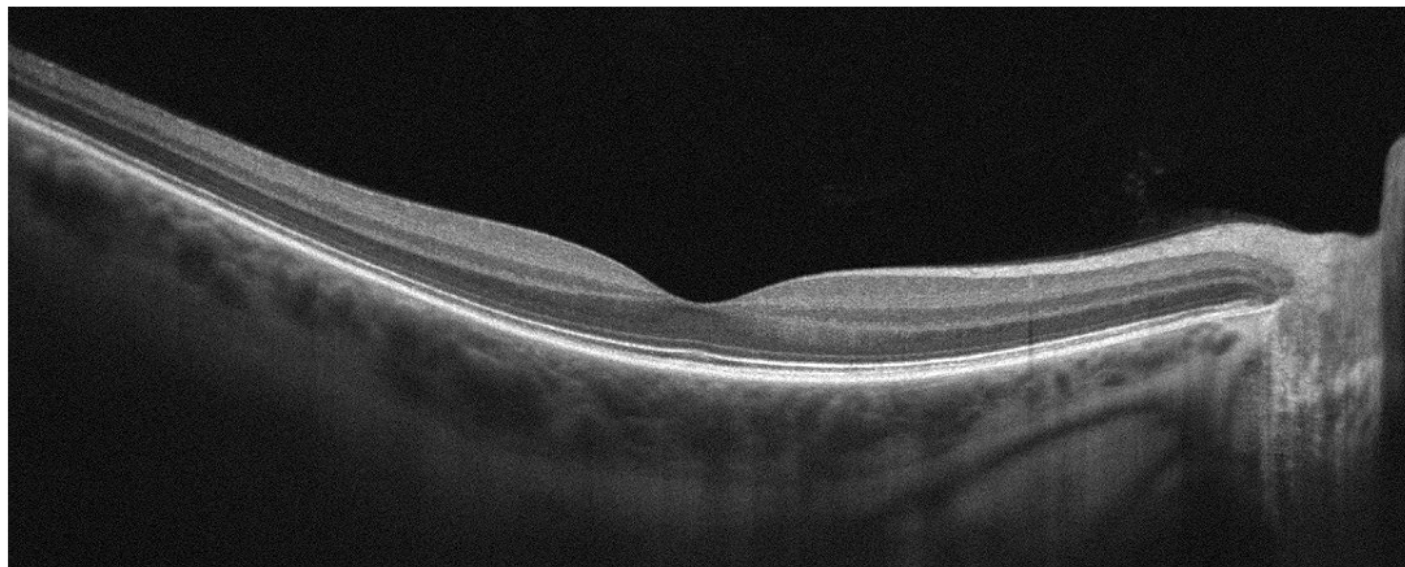
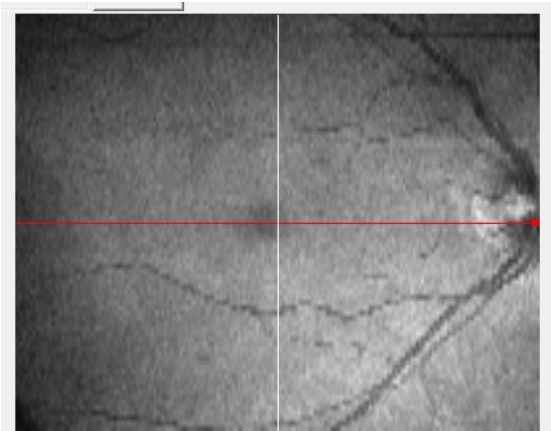




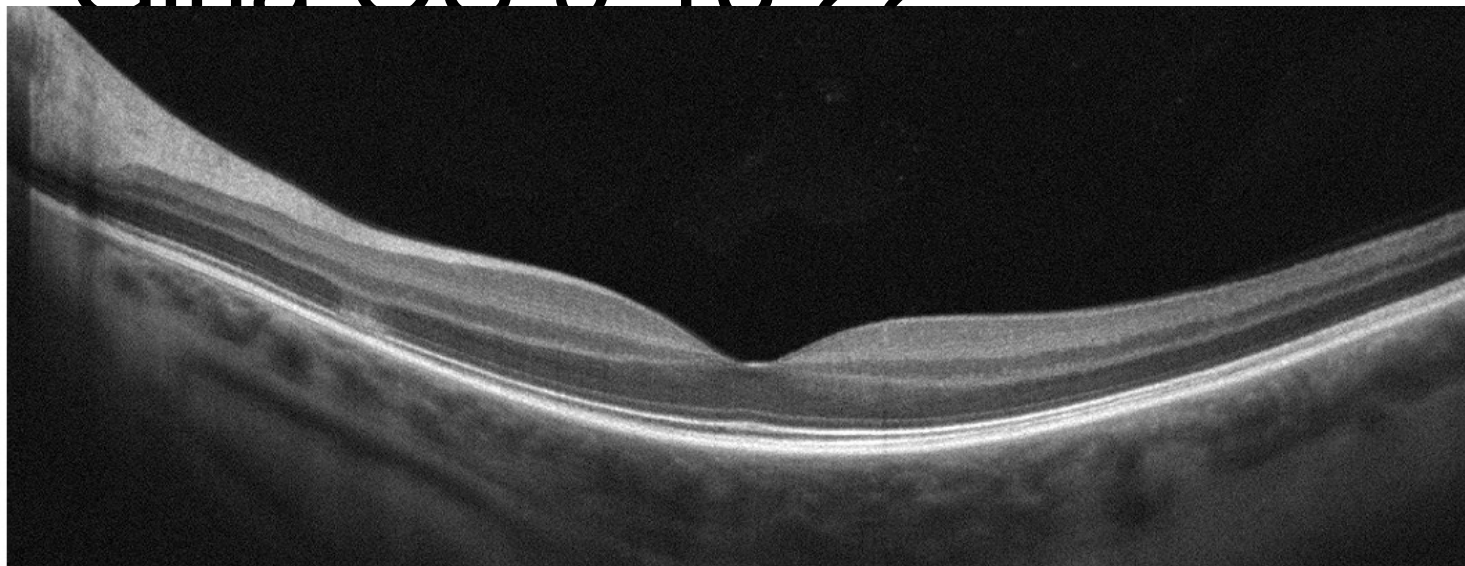
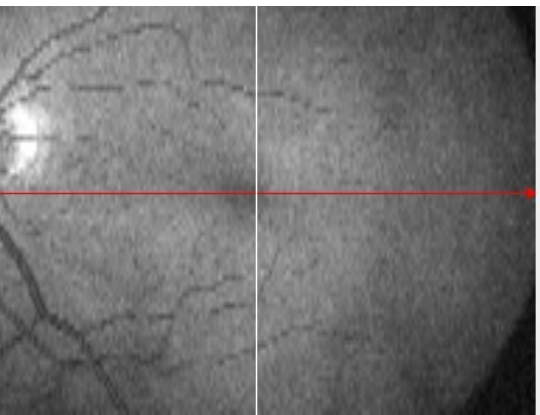
What test do we order next?

- ▶ 1. OCT Macula
 - ▶ 2. OCT Optic nerve
 - ▶ 3. Visual field
 - ▶ 4. MRI Brain
- 

Gina OD 9 13 22



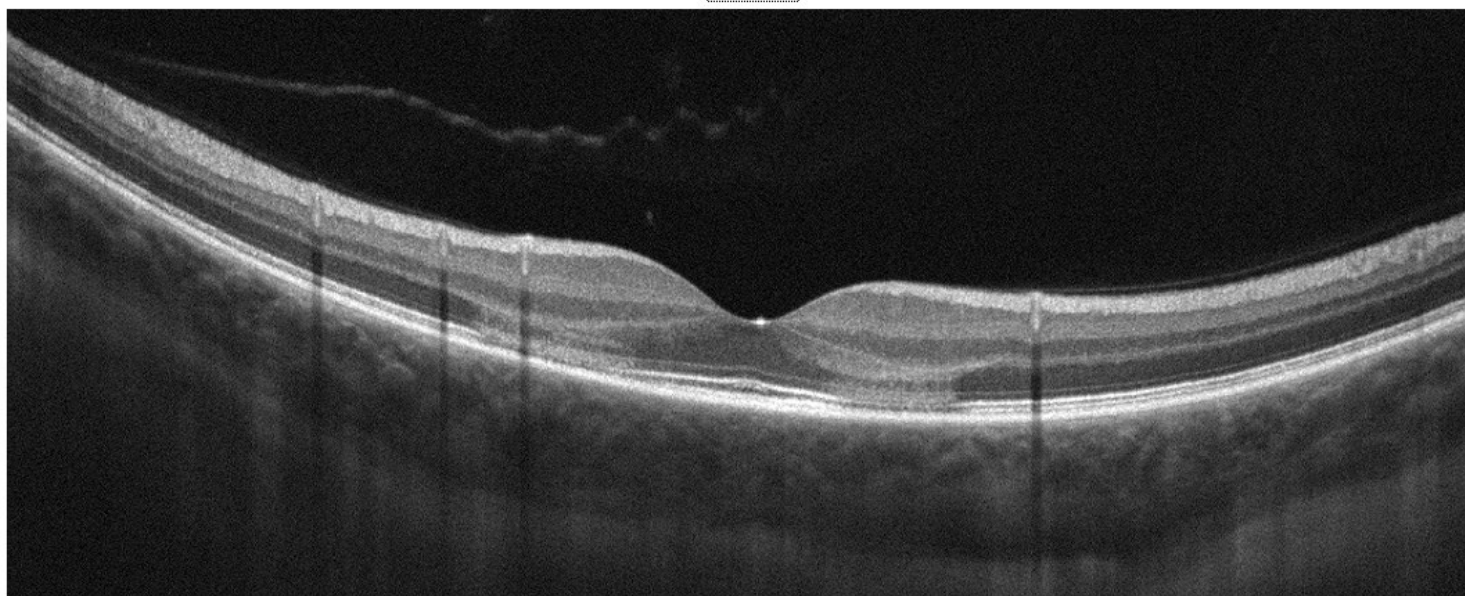
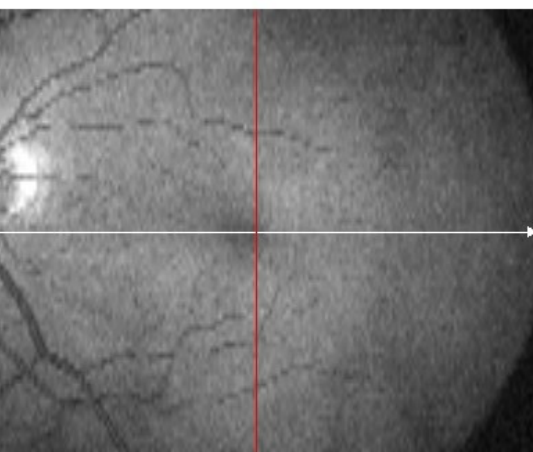
Gina OS 9 13 22



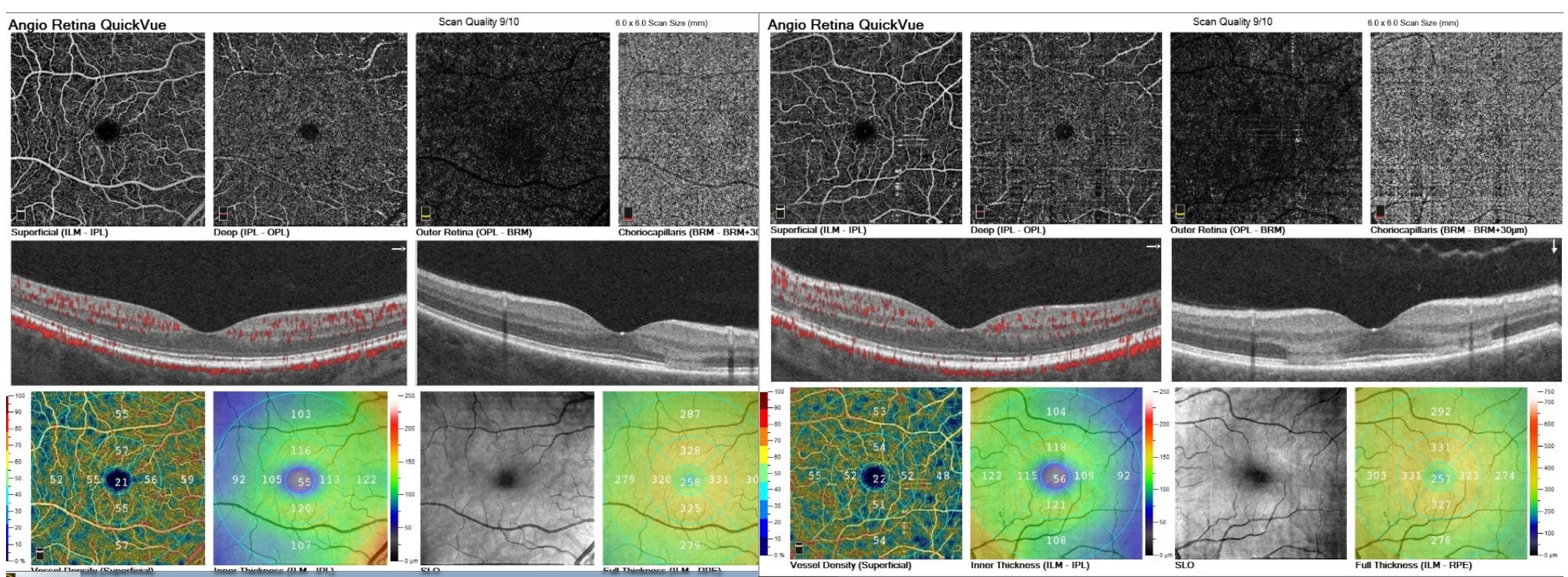
of Averages: 56, 60

☒ Auto Zoom

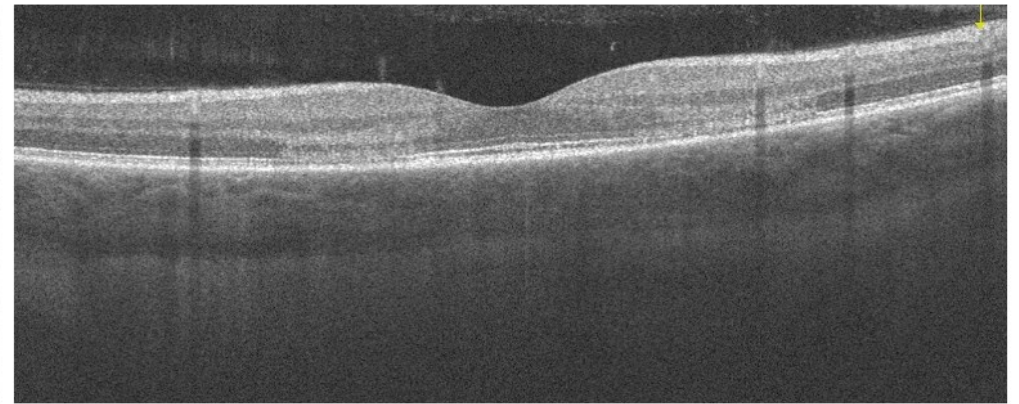
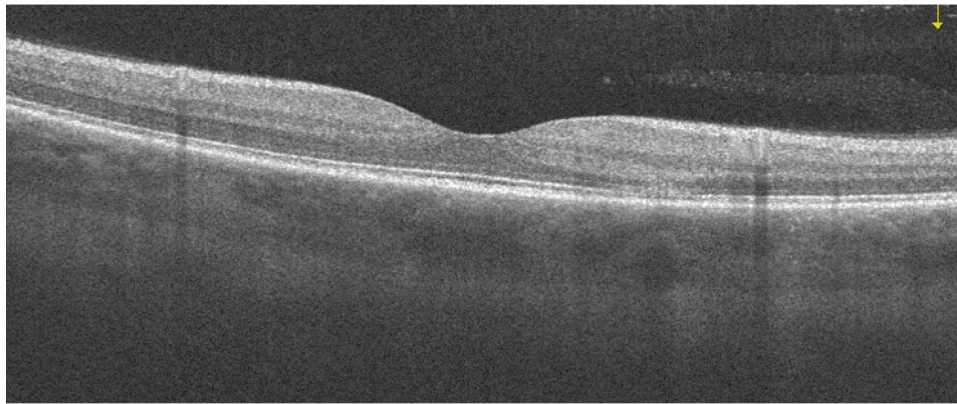
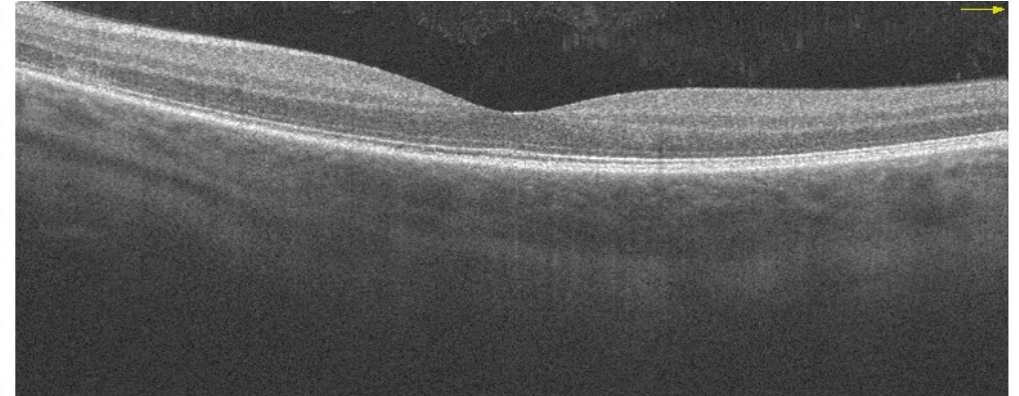
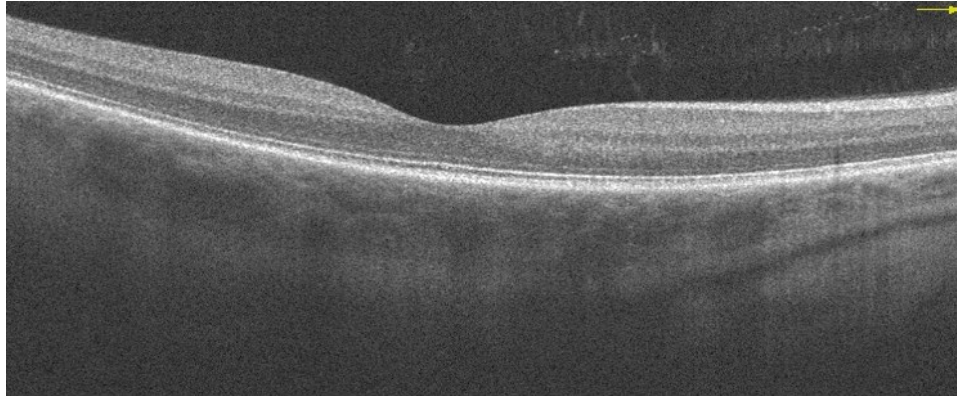
10.00mm Scan Length



Gina OD v OS 9 13 22



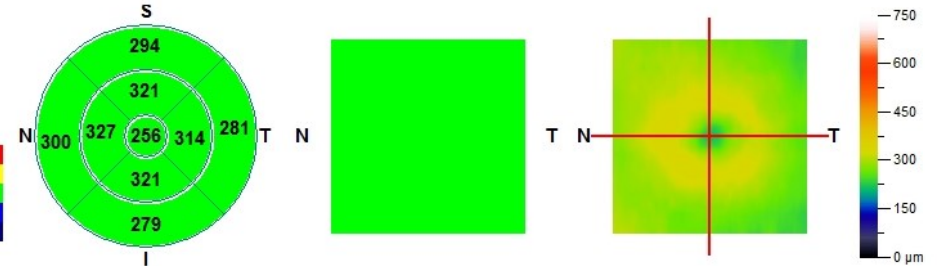
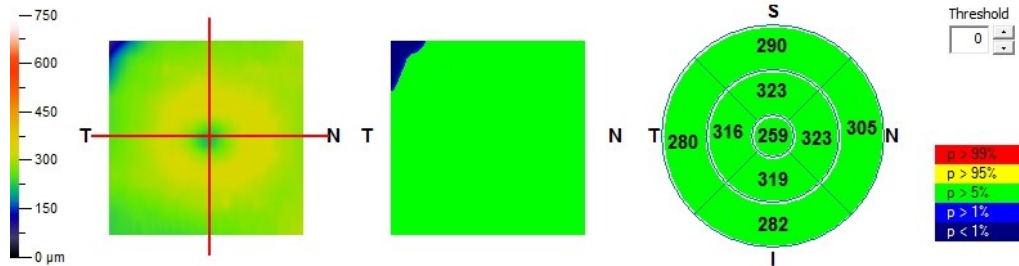
Gina OD v OS 9 13 22



Exam Date: 09/13/2022, SSI = 76.8

Exam Date: 09/13/2022, SSI = 79.2

☒ Auto Zoom



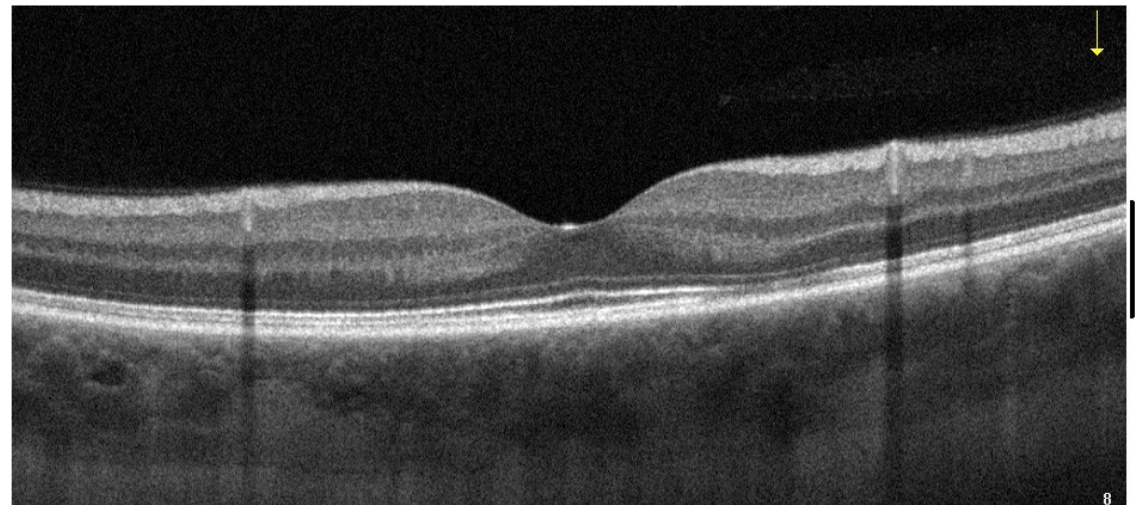
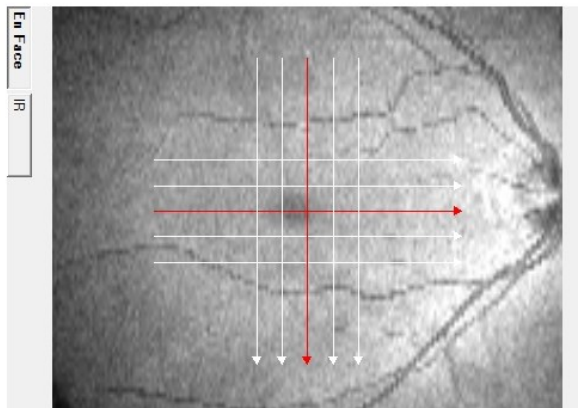
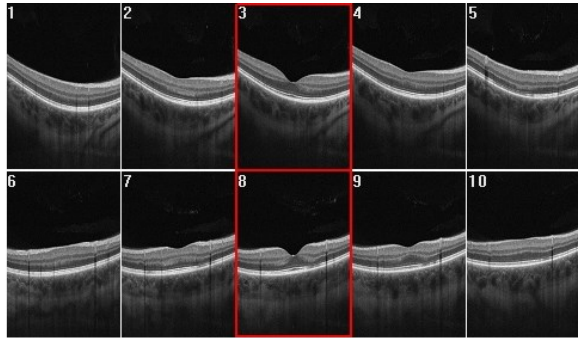
Gina 9 13 22

- Impression
 - Abnormal OCT macula OU
 - Symptomatic OS only
- Plan
 - Monitor
 - RTC 2 weeks: OCT, VF

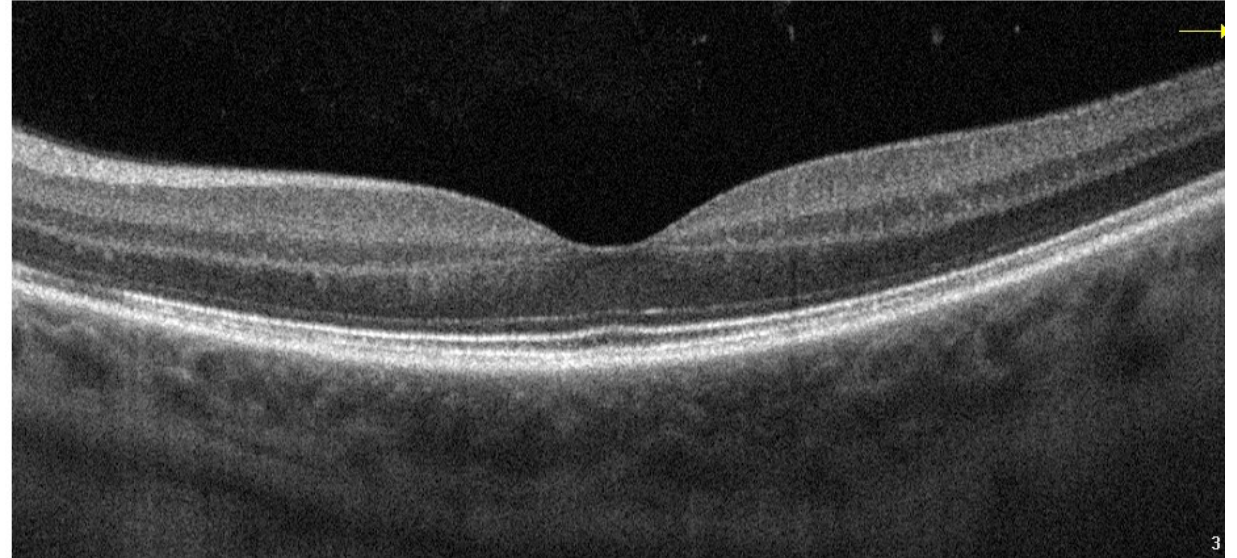
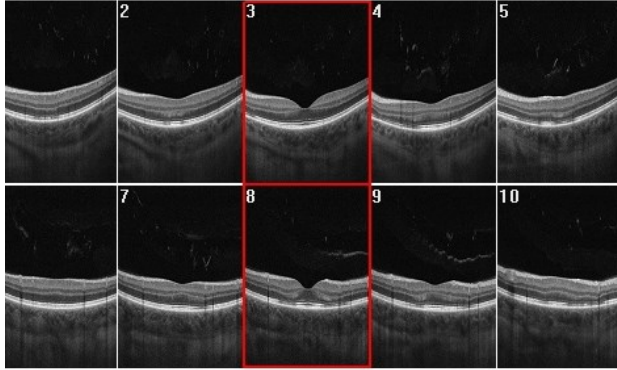
Gina 9 29 22

- States VA stable since last exam except
- Scotoma looks like a kaleidoscope image
- She has had multiple MRI's in past toR/O MS, Lupus with loss of sensation in hands and feet
- No new symptoms
- VA R 20/15 L 20/15-1
- Scotoma unchanged
- Order OCT, VF

Gina OD 9 29 22



Gina OS 9 29 22



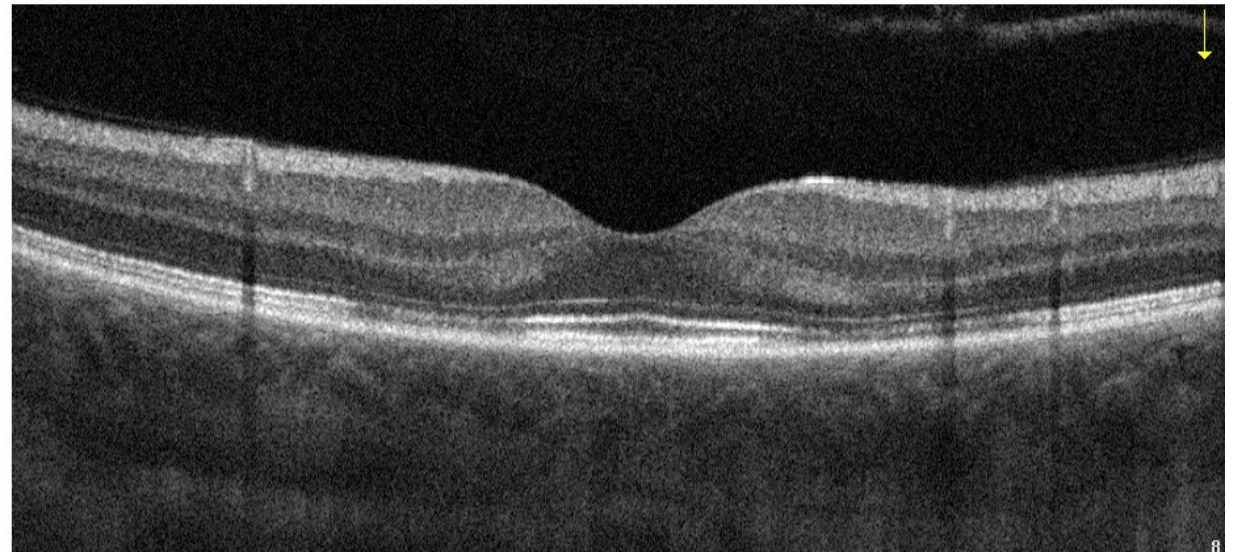
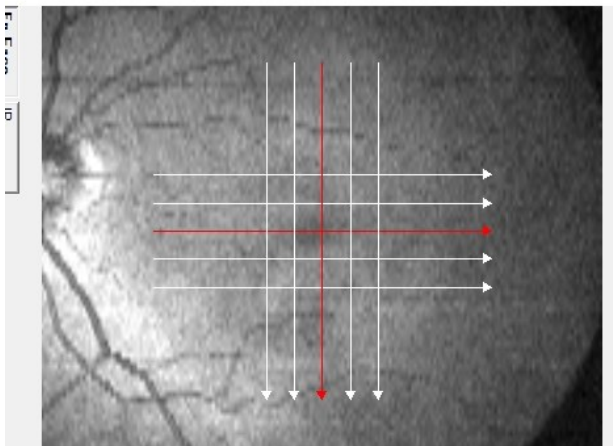
1x1

1x2

2x2

☒ Auto Zoom

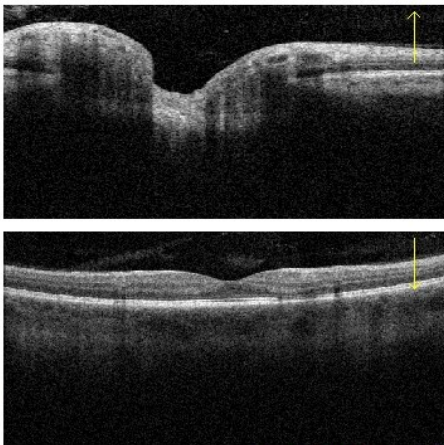
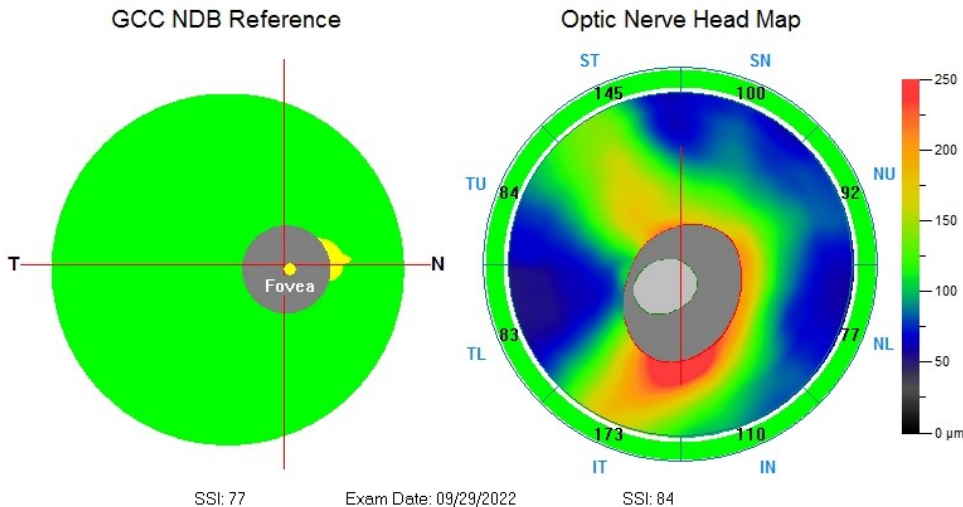
6.00 x 2.00 Scan Size (mm)



Gina 9 29 22

ONH/GCC OU Report

Right / OD



p>5% Within Normal
p<5% Borderline
p<1% Outside Normal

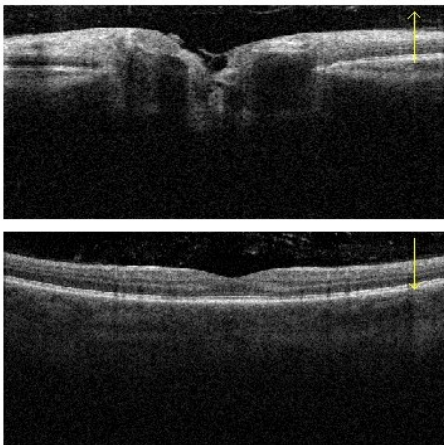
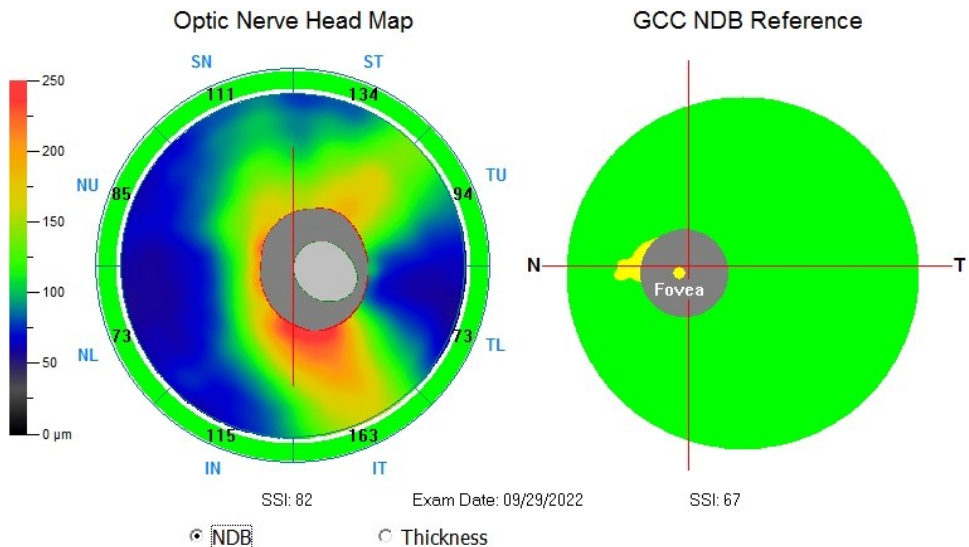
Summary Parameters

RNFL Analysis	OD	OS	Inter Eye (OD-OS)
Average RNFL (μm)	108	106	2
Superior RNFL (μm)	105	106	-1
Inferior RNFL (μm)	111	106	5
Intra Eye (S-I) (μm)	-6	0	N/A

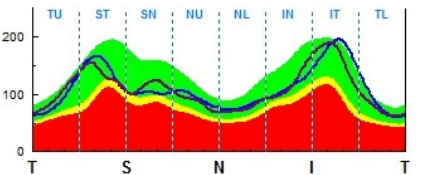
ONH Analysis	OD	OS	Inter Eye (OD-OS)
Cup/Disc Area Ratio	0.22	0.29	-0.07
Cup/Disc V. Ratio	0.41	0.47	-0.06
Cup/Disc H. Ratio	0.53	0.57	-0.04
Rim Area (mm^2)	2.02	1.51	0.51
Disc Area (mm^2)	2.57	2.12	0.45
Cup Volume (mm^3)	0.053	0.067	-0.014

GCC Analysis	OD	OS	Inter Eye (OD-OS)
Average GCC (μm)	101	99	2
Superior GCC (μm)	99	99	0
Inferior GCC (μm)	103	100	3
Intra Eye (S-I) (μm)	-4	-1	N/A
FLV (%)	0.44	0.55	-0.11
GLV (%)	0.54	0.58	-0.04

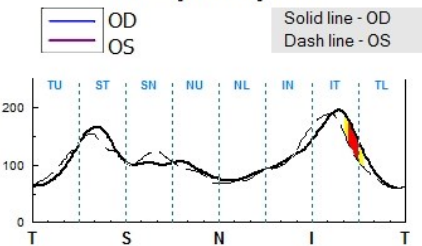
Left / OS



TSNIT NDB Reference



TSNIT Symmetry Plot



Gina 9 29 22

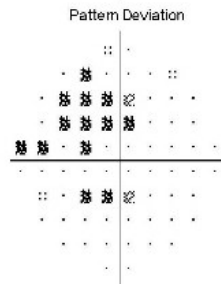
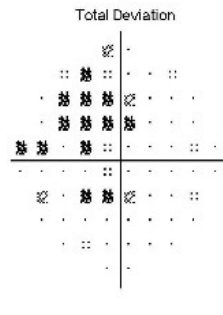
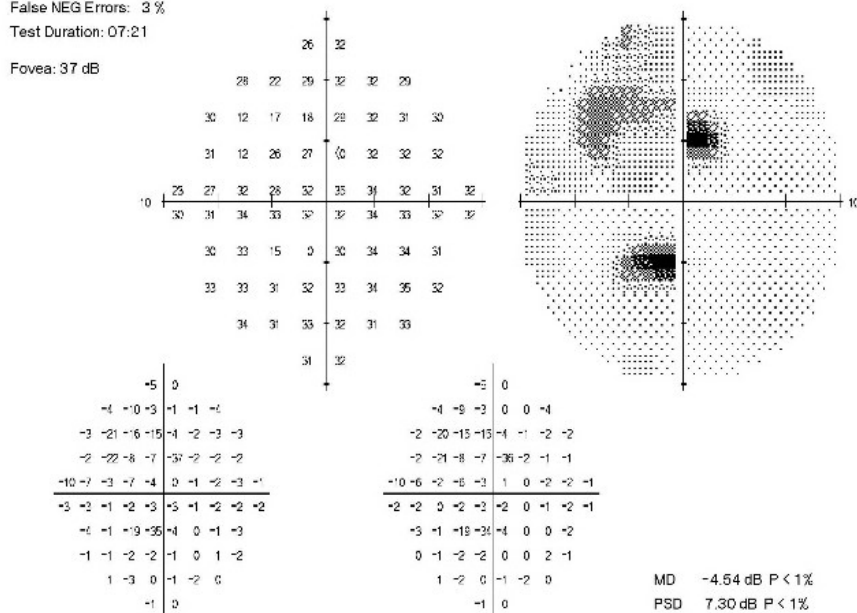
Central 10-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot
 Fixation Target: Central
 Fixation Losses: 0/21
 False POS Errors: 0 %
 False NEG Errors: 3 %
 Test Duration: 07:21

Stimulus: III, White
 Background: 31.5 ASB
 Strategy: SITA-Standard

Pupil Diameter:
 Visual Acuity:
 RX: +3.00 DS DC X

Date: 09-29-2022
 Time: 11:08 AM
 Age: 35



EYE FOUNDATION OF UTAH
 201 EAST 5900 SOUTH, SUITE 101
 SALT LAKE CITY, UTAH 84107
 PH 801-268-6408 FAX 801-262-927
 WWW.EYEFUNDATION.COM

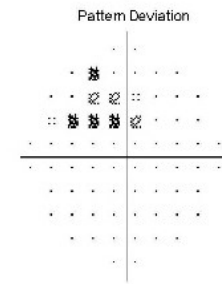
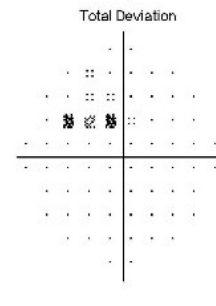
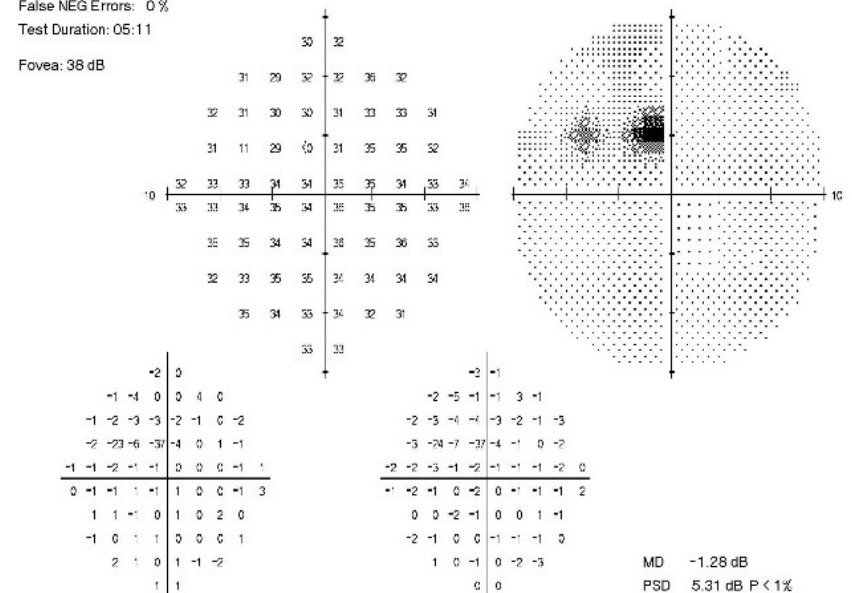
Central 10-2 Threshold Test

Fixation Monitor: Blind Spot
 Fixation Target: Central
 Fixation Losses: 0/16
 False POS Errors: 1 %
 False NEG Errors: 0 %
 Test Duration: 05:11

Stimulus: III, White
 Background: 31.5 ASB
 Strategy: SITA-Standard

Pupil Diameter:
 Visual Acuity:
 RX: +3.00 DS DC X

Date: 09-29-2022
 Time: 11:01 AM
 Age: 35



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9 29 22

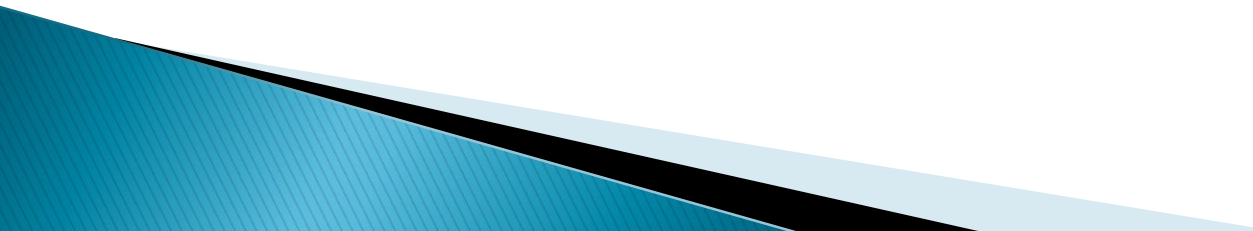
▶ Impression

- OCT macula improved OU
- OCT ON Normal OU
- VF shows bilateral defects Left upper quadrant

▶ Plan

- MRI brain/orbits
 - Results normal

4 7 23

- ▶ Reports scotoma OS persists, vision otherwise stable OU
 - ▶ Seeing neurologist for vestibular neuritis likely due to COVID and long term migraines
 - ▶ VA 20/15 OU
- 

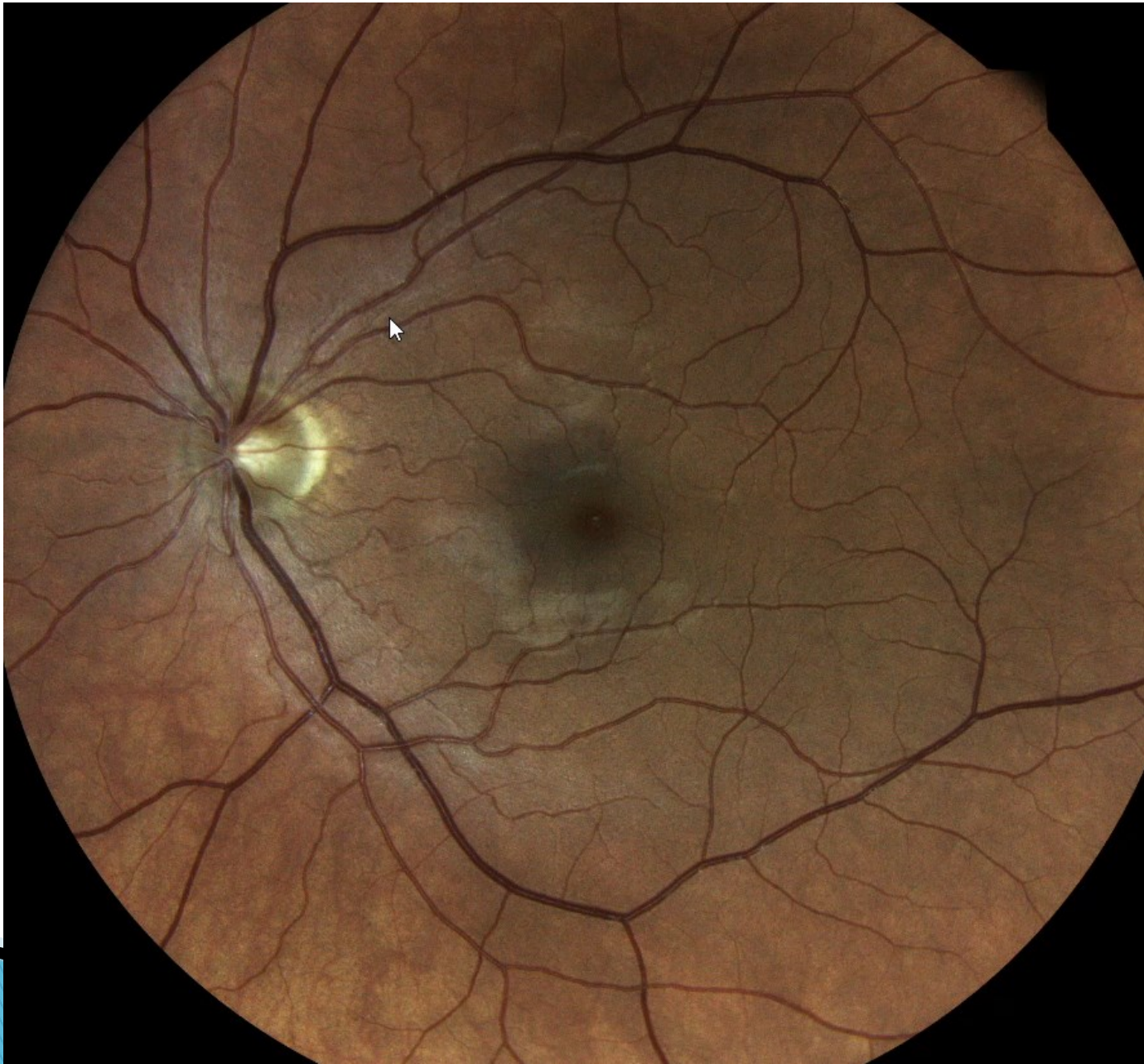
9.13.22

4.07.23

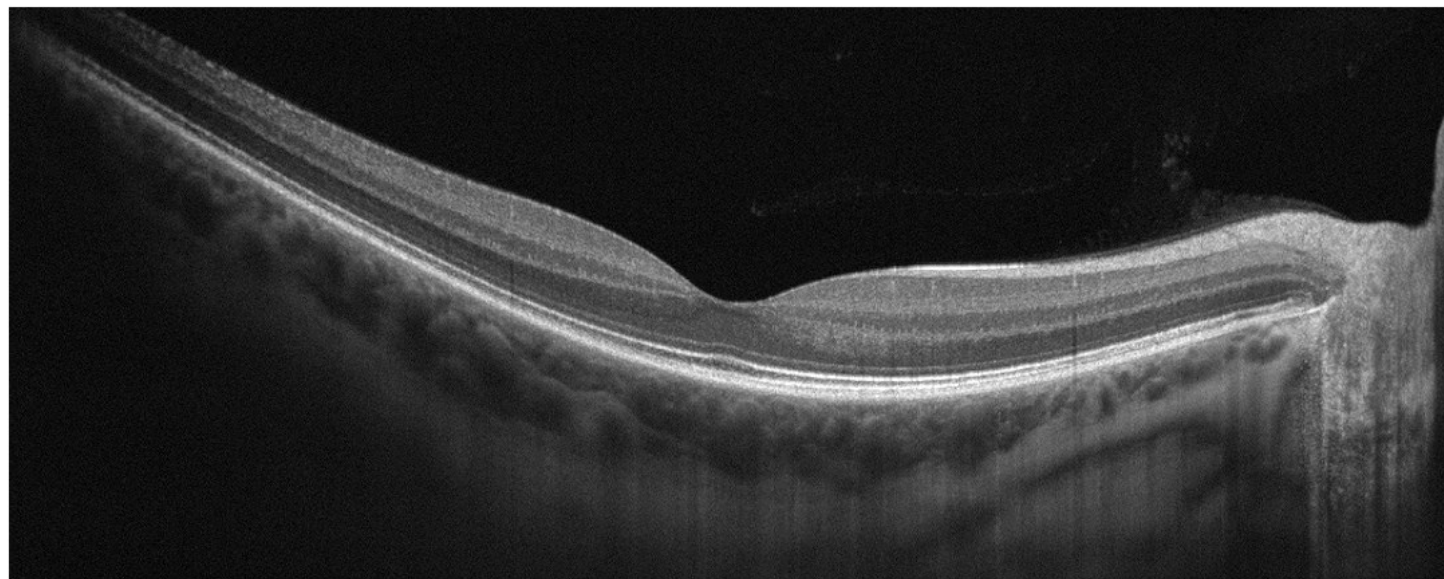
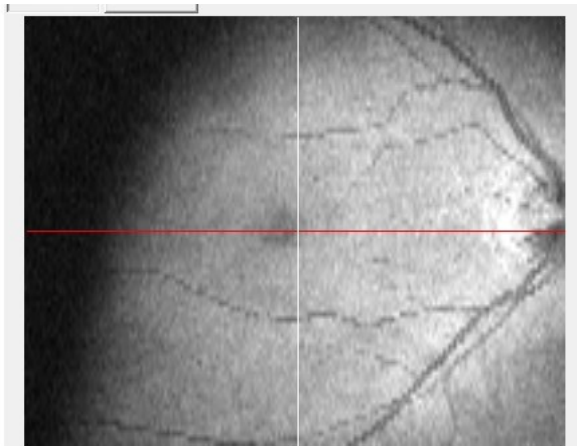


9.13.22

4.07.23



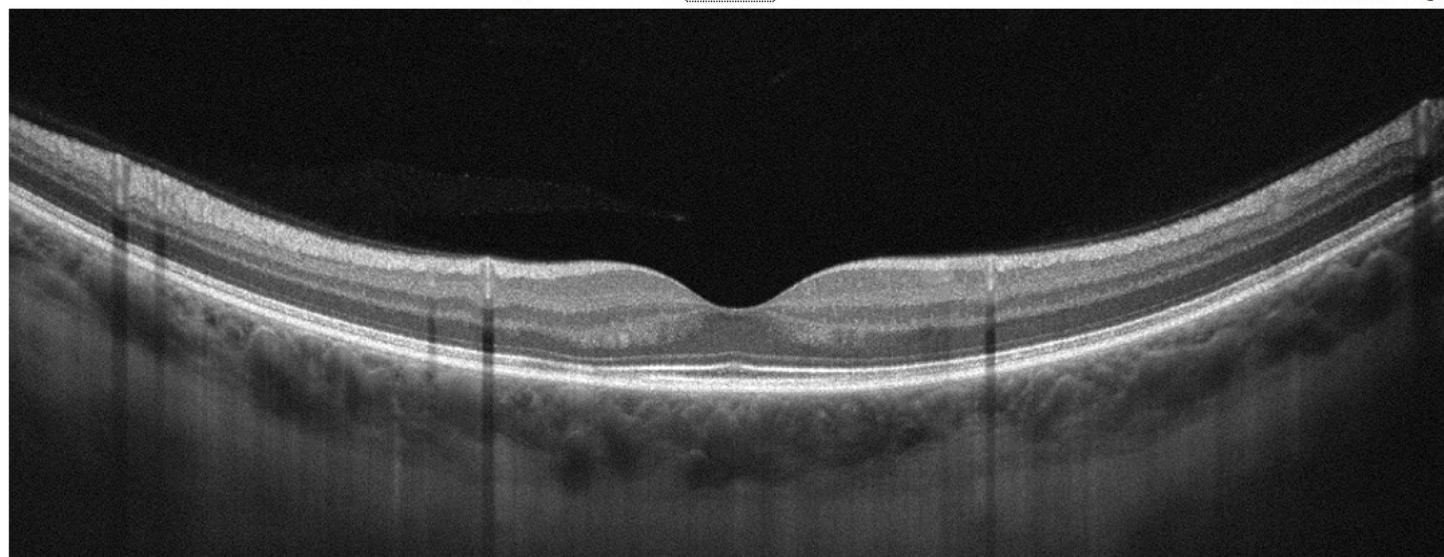
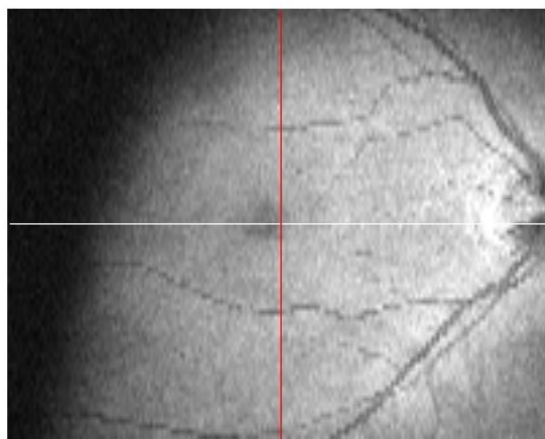
Gina OD 4 07 23



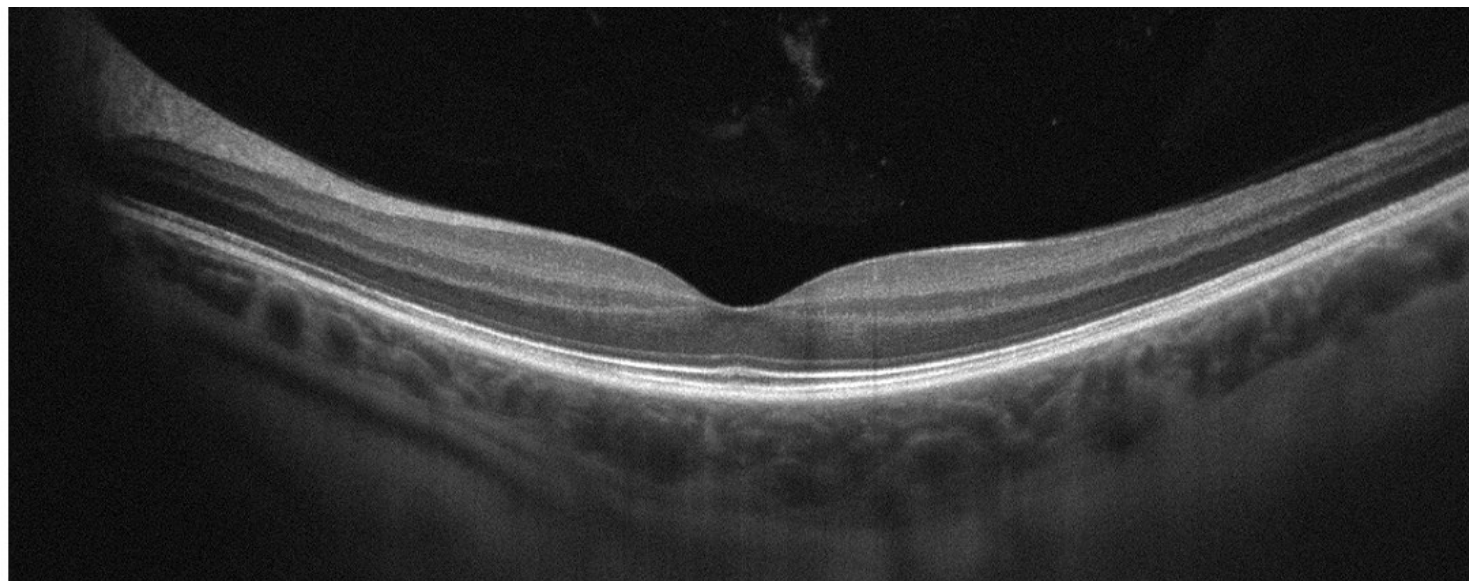
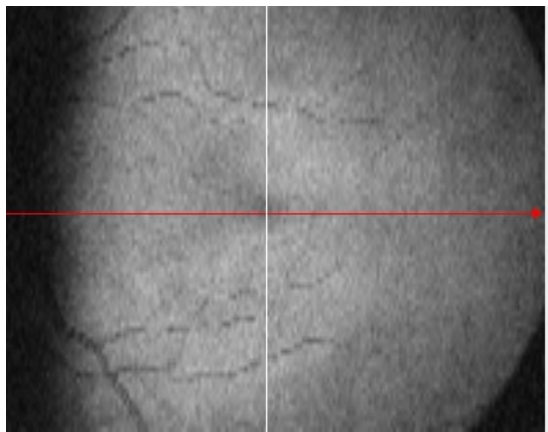
of Averages: 60, 60

☒ Auto Zoom

10.00mm Scan Length



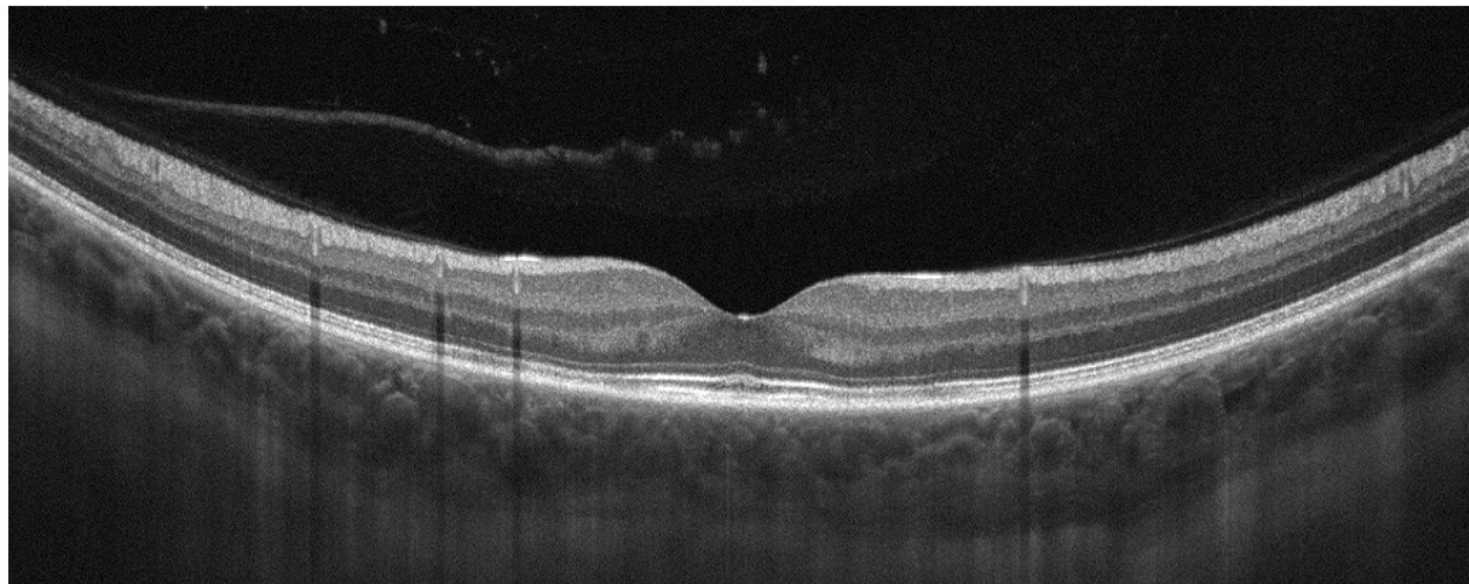
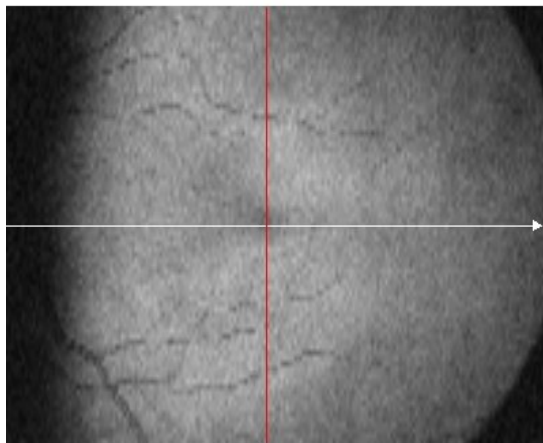
Gina 4 07 23



of Averages: 55.53

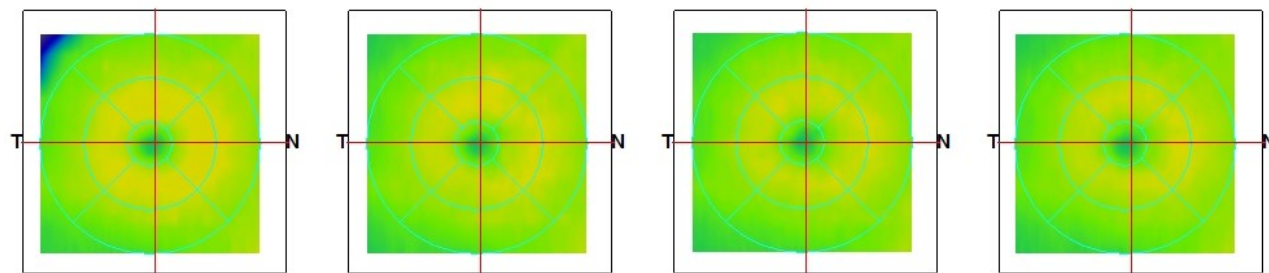
☒ Auto Zoom

10.00mm Scan Length



9.13.22

4.07.23

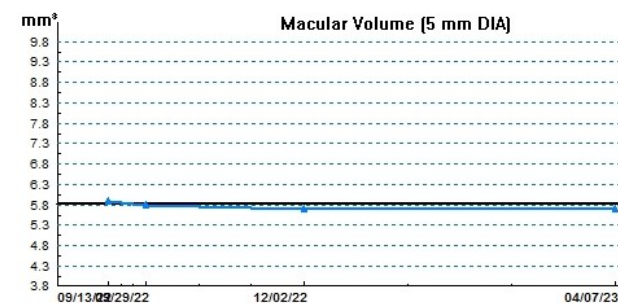
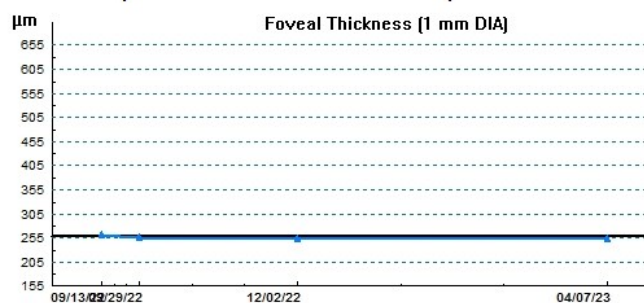
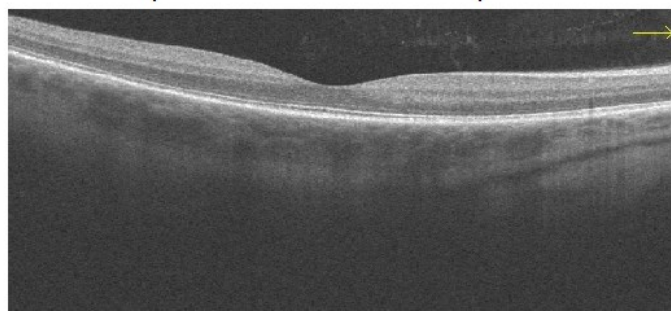
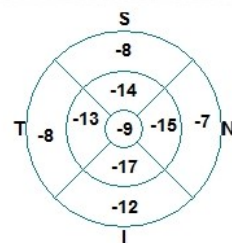
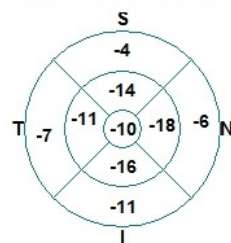
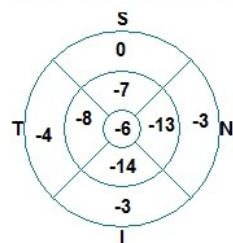
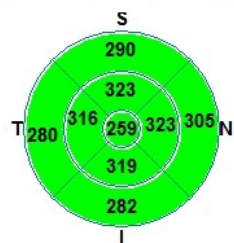
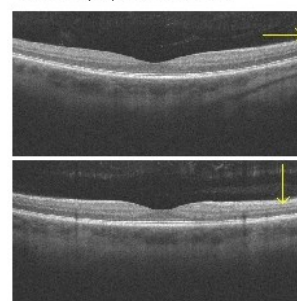
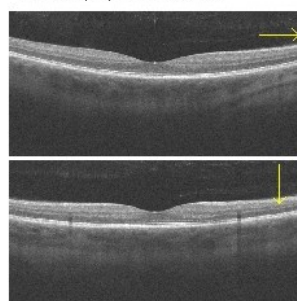
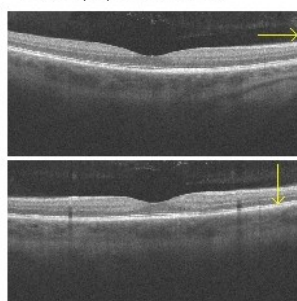
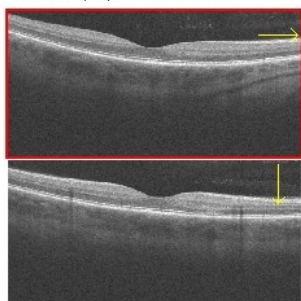


Date: 09/13/2022, SSI=76.8

Date: 09/29/2022, SSI=85.4

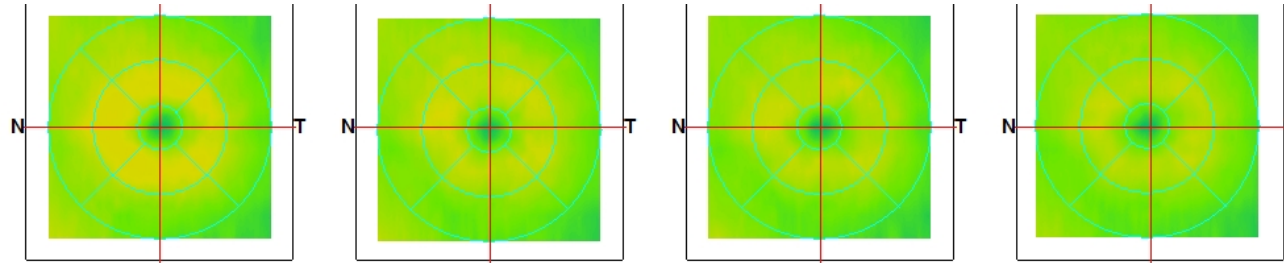
Date: 12/02/2022, SSI=79.6

Date: 04/07/2023, SSI=83.0



9.13.22

4.07.23

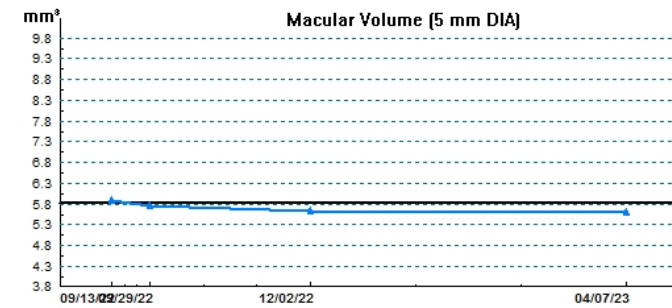
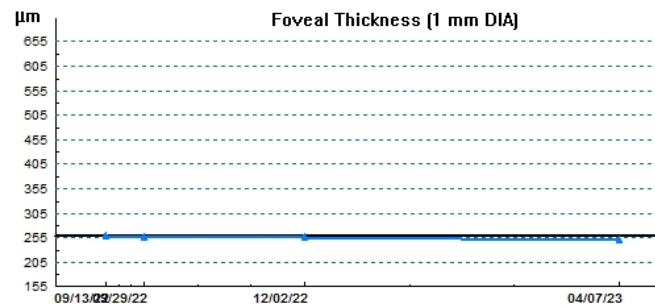
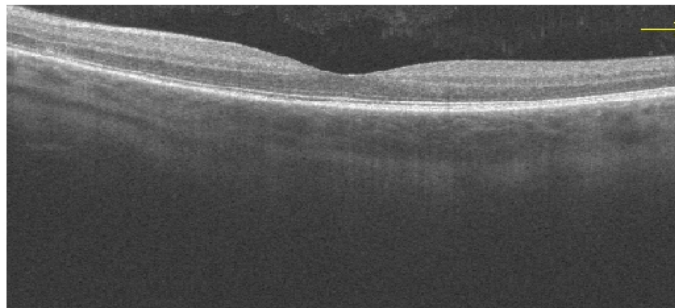
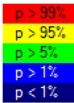
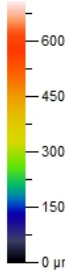
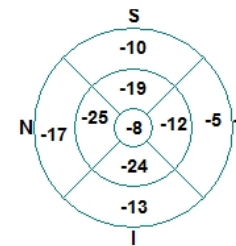
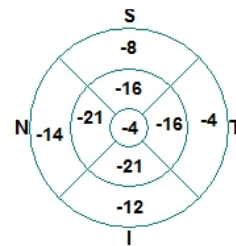
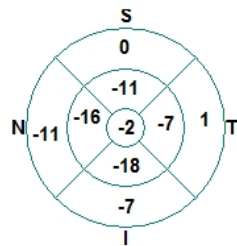
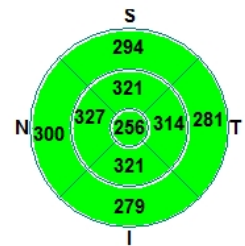
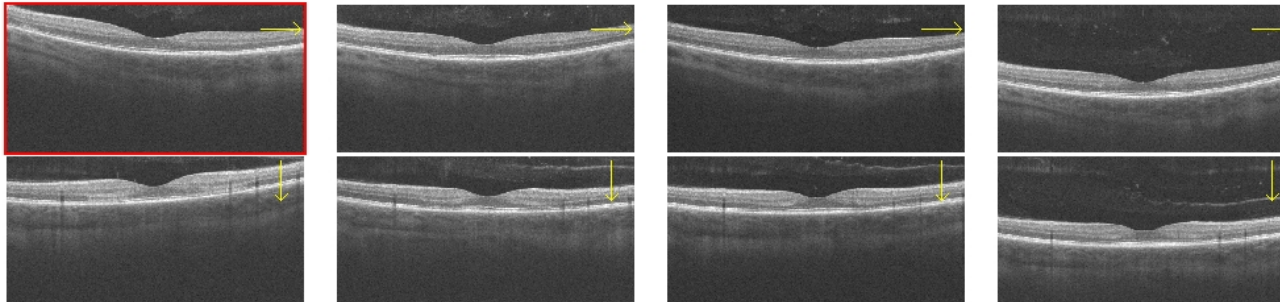


Date: 09/13/2022, SSI=79.2

Date: 09/29/2022, SSI=77.1

Date: 12/02/2022, SSI=80.8

Date: 04/07/2023, SSI=84.3



Gina 4 07 23

ID: 1987.0213.AD60.E699.826E.EA1A

Central 10-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot

Fixation Target: Central

Fixation Losses: 0/16

False POS Errors: 0 %

False NEG Errors: 0 %

Test Duration: 05:43

Stimulus: III, White

Background: 31.5 ASB

Strategy: SITA-Standard

Pupil Diameter:

Visual Acuity:

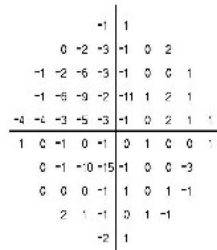
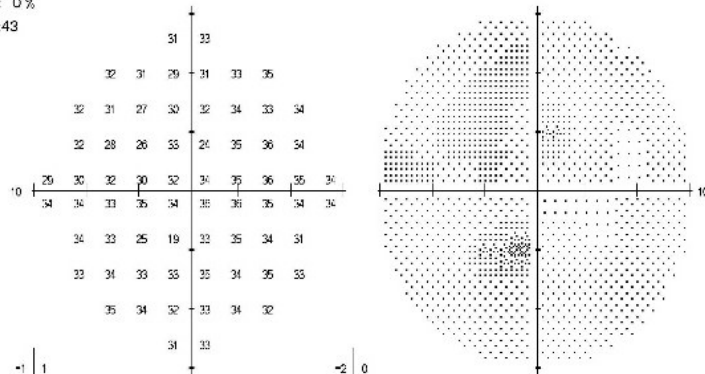
RX: +3.00 DS DC X

Date: 04-07-2023

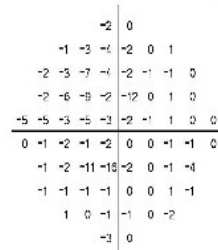
Time: 7:38 AM

Age: 36

Fovea: 37 dB

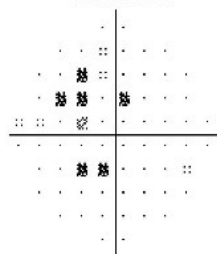


Total Deviation

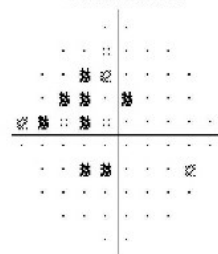


Pattern Deviation

MD -1.20 dB
PSD 3.09 dB P < 1%



∴ < 5%
∴ < 2%
∴ < 1%



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Fixation Monitor: Gaze/Blind Spot

Fixation Target: Central

Fixation Losses: 0/15

False POS Errors: 2 %

False NEG Errors: 0 %

Test Duration: 05:08

Fovea: 38 dB

Stimulus: III, White

Background: 31.5 ASB

Strategy: SITA-Standard

Pupil Diameter:

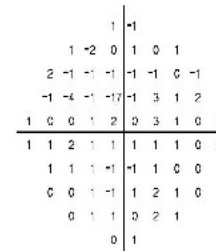
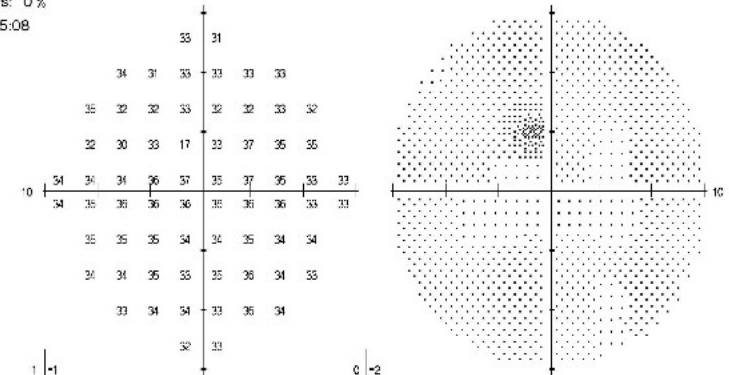
Visual Acuity:

RX: +3.00 DS DC X

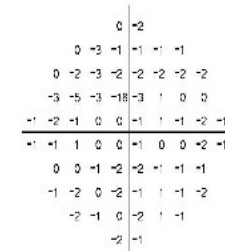
Date: 04-07-2023

Time: 7:31 AM

Age: 36

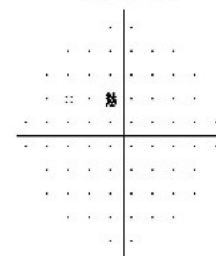


Total Deviation

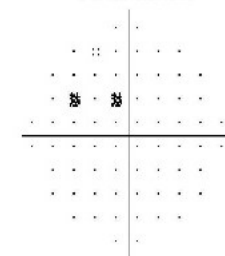


Pattern Deviation

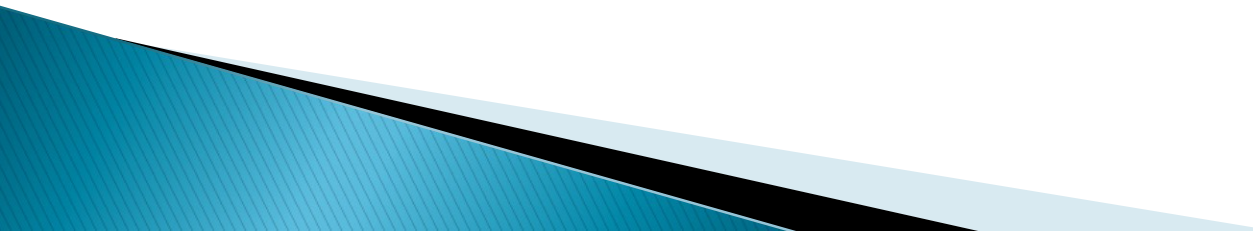
MD +0.14 dB
PSD 2.31 dB P < 2%



∴ < 5%
∴ < 2%
∴ < 1%



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- ▶ Plan
 - ▶ mfERG, VEP, neuro–ophthalmology consult
 - ▶ Testing not performed
 - ▶ Diagnosed Acute Macular Retinitis
- 

COVID–Related Retinopathy

- ▶ Acute Macular Neuroretinopathy (AMN)¹
- ▶ Paracentral Acute Middle Maculopathy (PAMM)^{1,2}
 - Characterized by sudden onset of single or multiple paracentral scotomas, which persist indefinitely or may resolve partially over several months.¹
 - Most scotomas spare central fixation.¹
 - Believed to be secondary to retinal capillary thrombosis
 - Lesions typically more visible on OCT/OCTA than on color photographs or exam

1. Goyal M, Murthy SI, Annum S. Retinal manifestations in patients following COVID-19 infection: A consecutive case series. Indian J Ophthalmol 2021;69:1275-82.

2. Sonmez HK, Polat, OA, Erkan, G Photodiagnosis and Photodynamic Therapy Vol 35, Sep 2021

Kayla

- ▶ 30yo WF referred with possible papilledema
- ▶ Vision OS became dim about a week ago and has just cleared, now back to normal
- ▶ Vision OD became dim and blurred yesterday
- ▶ No other visual or ocular complaints
- ▶ She has Undifferentiated Connected Tissue Disease and has had extensive workup by Rheumatology
- ▶ Possible Lupus v Seronegative Rheumatoid Arthritis
 - Complete hair loss, oral ulcers and tongue fissures (fungal), 20lb. Wt. loss, swollen painful joints, whole body rash
- ▶ AND.....

And.....

- ▶ She is 12 weeks pregnant

Kayla

- ▶ VA R 20/20 L 20/15
- ▶ IOP 10mm Hg OU
- ▶ Color 12/12 correct OD, OS
- ▶ Pupils normal OU; Neg. APD
- ▶ SLE: Ant. Seg. Quite OU, AC D/Q
- ▶ Discs OU are elevated everywhere but temporal
- ▶ Maculae NL but possible yellow spot OD
- ▶ Periphery: scattered lattice, neg breaks
- ▶ Vessels NL OU
- ▶ Vitreous: 1+ Ant. Cells, 2+ Post. Cells OU

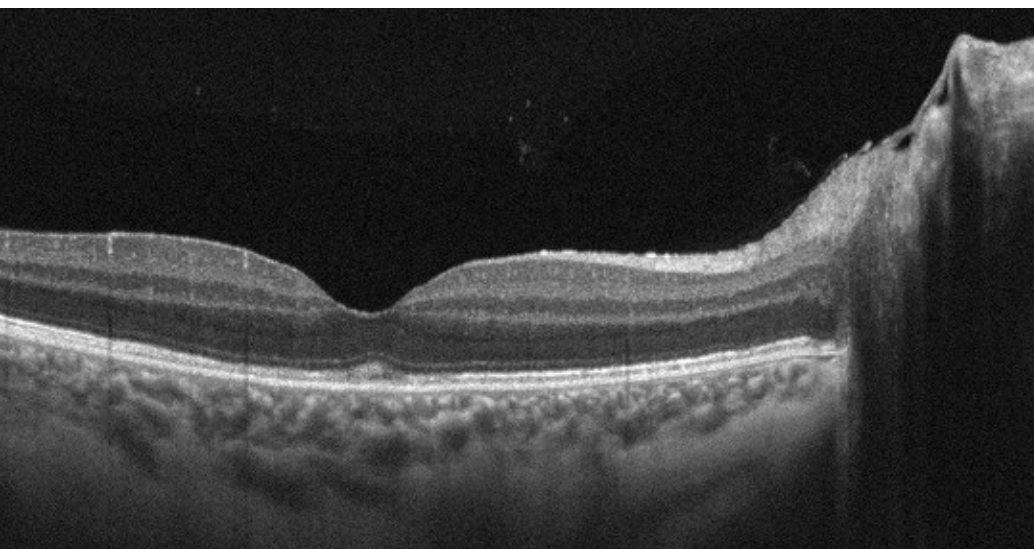
Kayla 5 2 23





5 2 23 OD

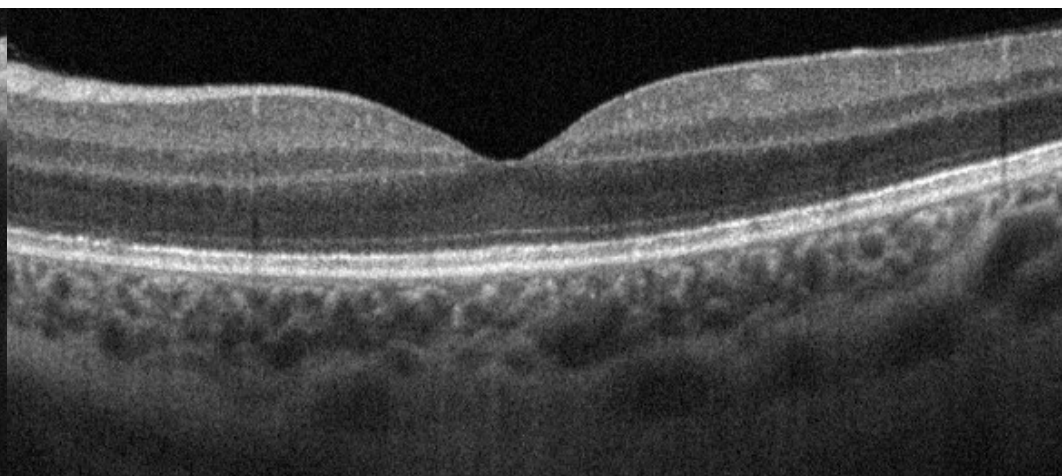
OS



of Averages: 53.50

☒ Auto Zoom

10.00mm Scan Length



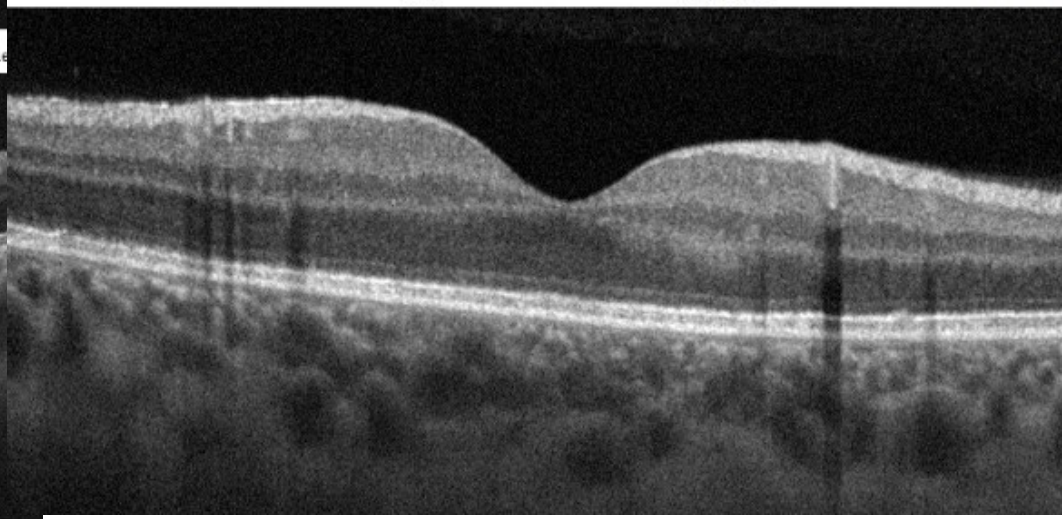
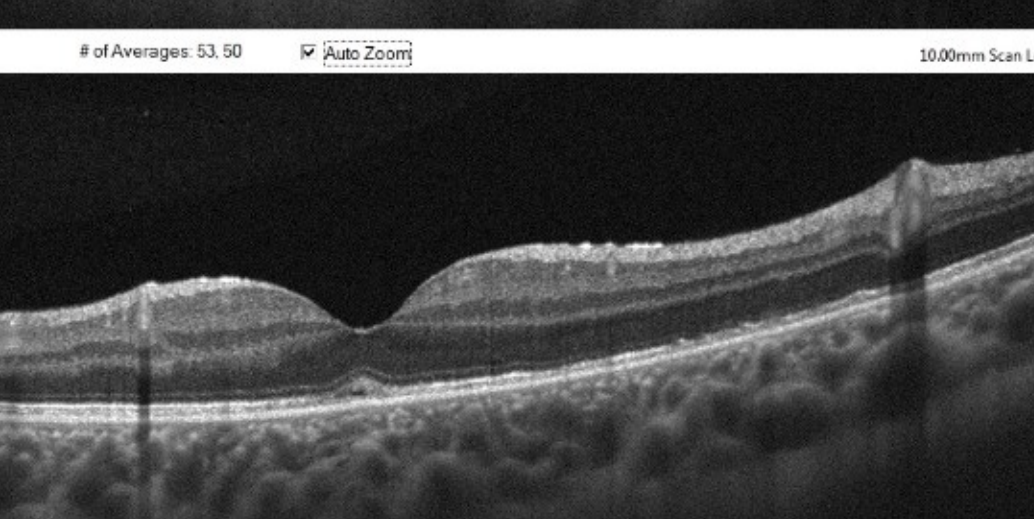
1x1

☒ 1x2

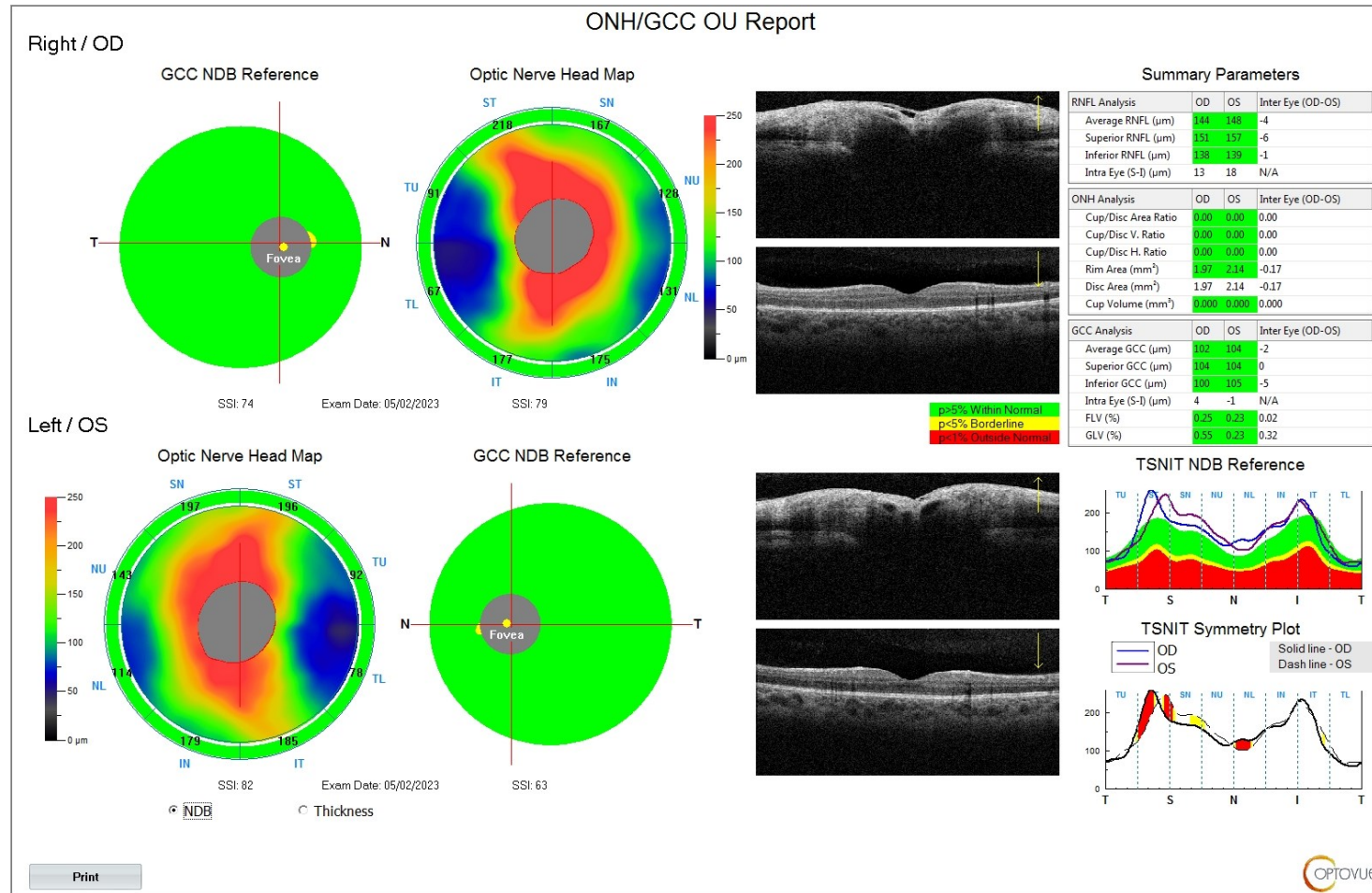
2x2

☒ Auto Zoom

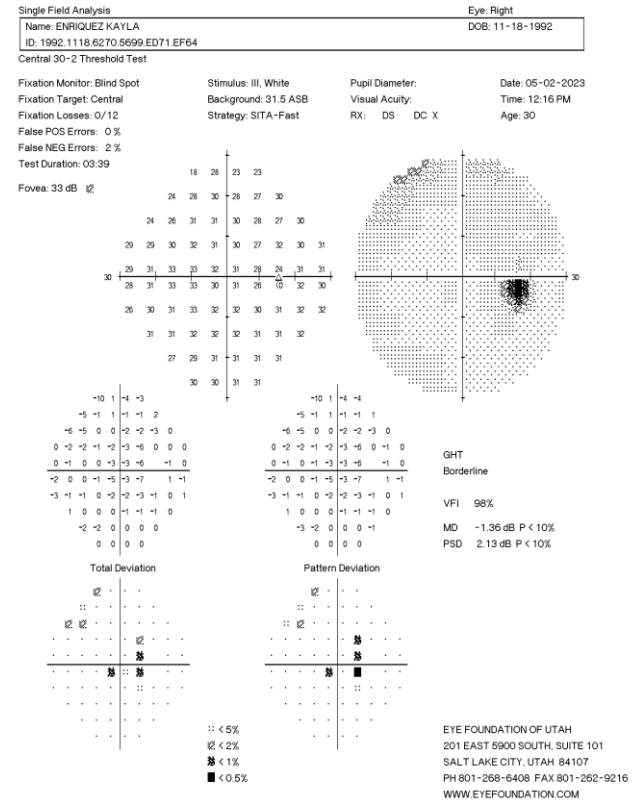
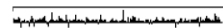
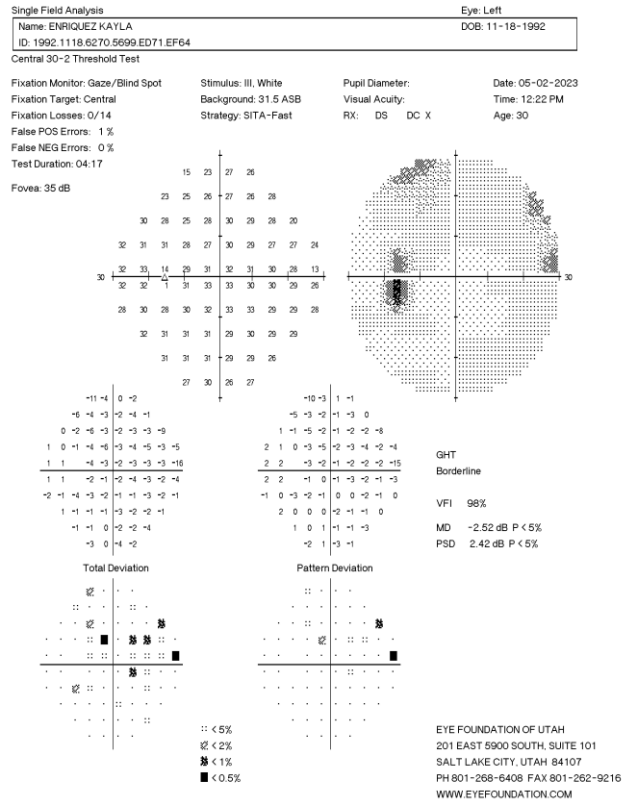
6.00 x 2.00 Scan Size (mm)



5 2 23



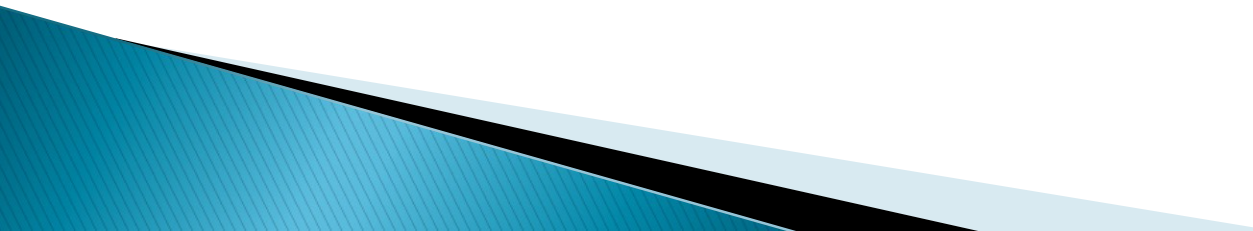
5 2 23



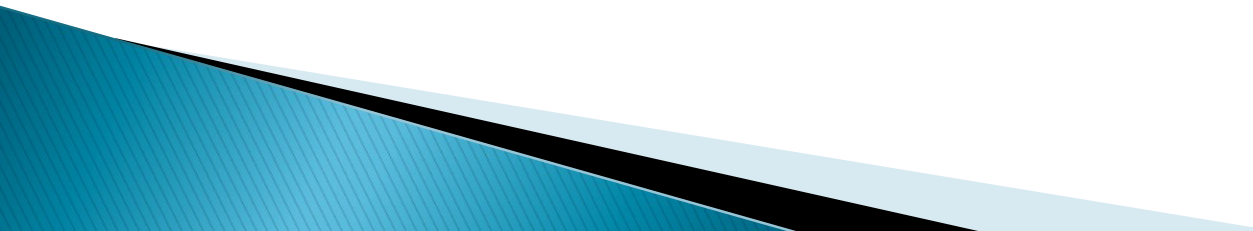
▶ Impression

- Uveitis (Vitritis)
- Probable bilateral optic nerve edema

▶ Plan

- Discussed possible MRI Brain, orbits: Agreed
 - Discussed possible Lumbar Puncture: Deferred
 - Will consult with her rheumatologist and request blood results
 - Discussed possible neuro–oph consult: JMEC doesn't accept her insurance
- 

5 12 23

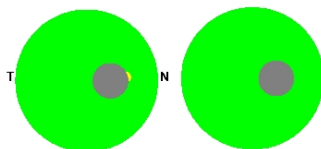
- ▶ MRI Brain was unremarkable except for some swollen lymph glands in neck
 - ▶ Patient reports her vision has cleared OU
 - ▶ C/O mild transient pain above RE
 - Does not increase with ocular movement
 - ▶ VA R 20/25+ L 20/20
 - ▶ SLE, DFE unchanged OU
 - ▶ Again discussed neuro–oph consult, lumbar puncture
 - Patient deferred
- 

OD

Nerve Fiber ONH/GCC Change Analysis

Right / OD

GCC NDB Reference



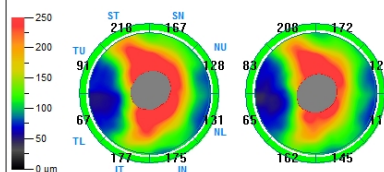
Visit Date: 05/02/23 (30.5)

SSI = 74 (GCC) / 79 (ONH)

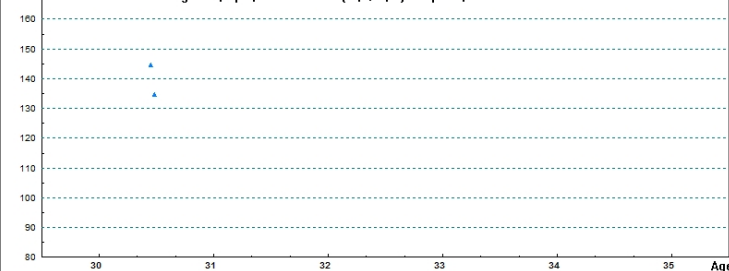
Visit Date: 05/12/23 (30.5)

SSI = 57 (GCC) / 79 (ONH)

RNFL Analysis



μm RNFL Rate Of Change = N/A $\mu\text{m}/\text{Yr}$ 95% CI [N/A, N/A] p = N/A

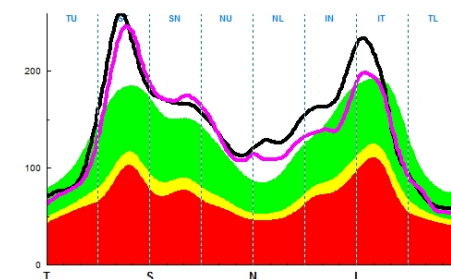


☒ NDB

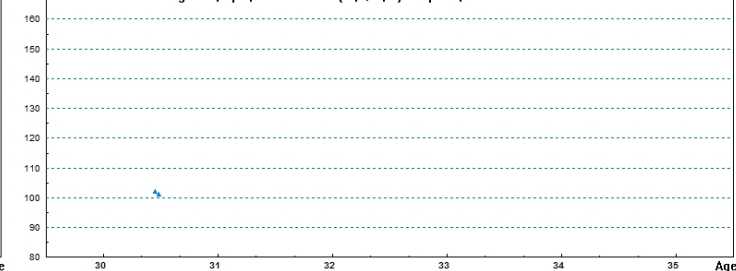
☐ Thickness

Comparison to NDB

GCC Analysis	05/02/23	05/12/23
Average GCC (μm)	102	101
Superior GCC (μm)	104	101
Inferior GCC (μm)	100	101
FLV (%)	0.25	0.16
GLV (%)	0.55	0.43
RNFL/ONH Analysis	05/02/23	05/12/23
Average RNFL (μm)	144	134
Superior RNFL (μm)	151	147
Inferior RNFL (μm)	138	122
Cup/Disc H. Ratio	0.00	0.00
Cup/Disc V. Ratio	0.00	0.00
Rim Area (mm^2)	1.97	1.96



μm GCC Rate Of Change = N/A $\mu\text{m}/\text{Yr}$ 95% CI [N/A, N/A] p = N/A



Print

Change Analysis

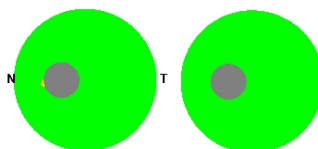
OU Report



Nerve Fiber ONH/GCC Change Analysis

Left / OS

GCC NDB Reference



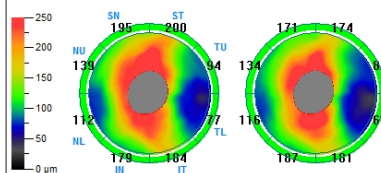
Visit Date: 05/02/23 (30.5)

SSI = 63 (GCC) / 82 (ONH)

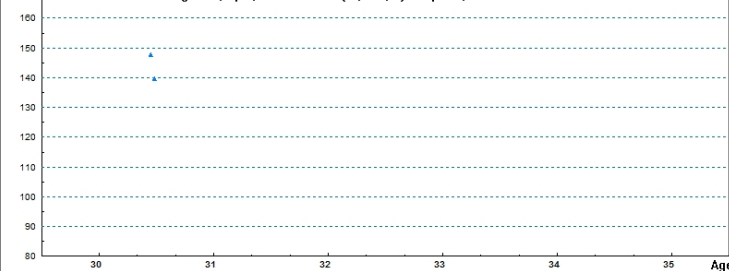
Visit Date: 05/12/23 (30.5)

SSI = 67 (GCC) / 77 (ONH)

RNFL Analysis



μm RNFL Rate Of Change = N/A μm/Yr 95% CI [N/A, N/A] p = N/A

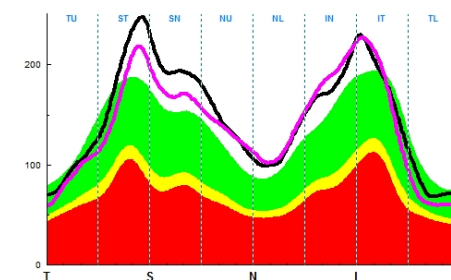


NDB

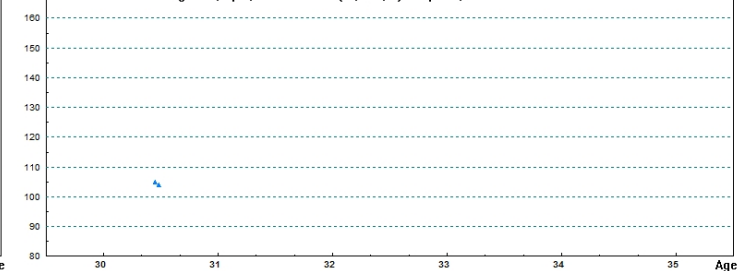
Thickness

Comparison to NDB

GCC Analysis	05/02/23	05/12/23
Average GCC (μm)	104	104
Superior GCC (μm)	104	103
Inferior GCC (μm)	105	104
FLV (%)	0.23	0.14
GLV (%)	0.23	0.19
RNFL/ONH Analysis	05/02/23	05/12/23
Average RNFL (μm)	147	139
Superior RNFL (μm)	157	141
Inferior RNFL (μm)	138	137
Cup/Disc H. Ratio	0.00	0.00
Cup/Disc V. Ratio	0.00	0.00
Rim Area (mm ²)	2.19	2.21



μm GCC Rate Of Change = N/A μm/Yr 95% CI [N/A, N/A] p = N/A



Print

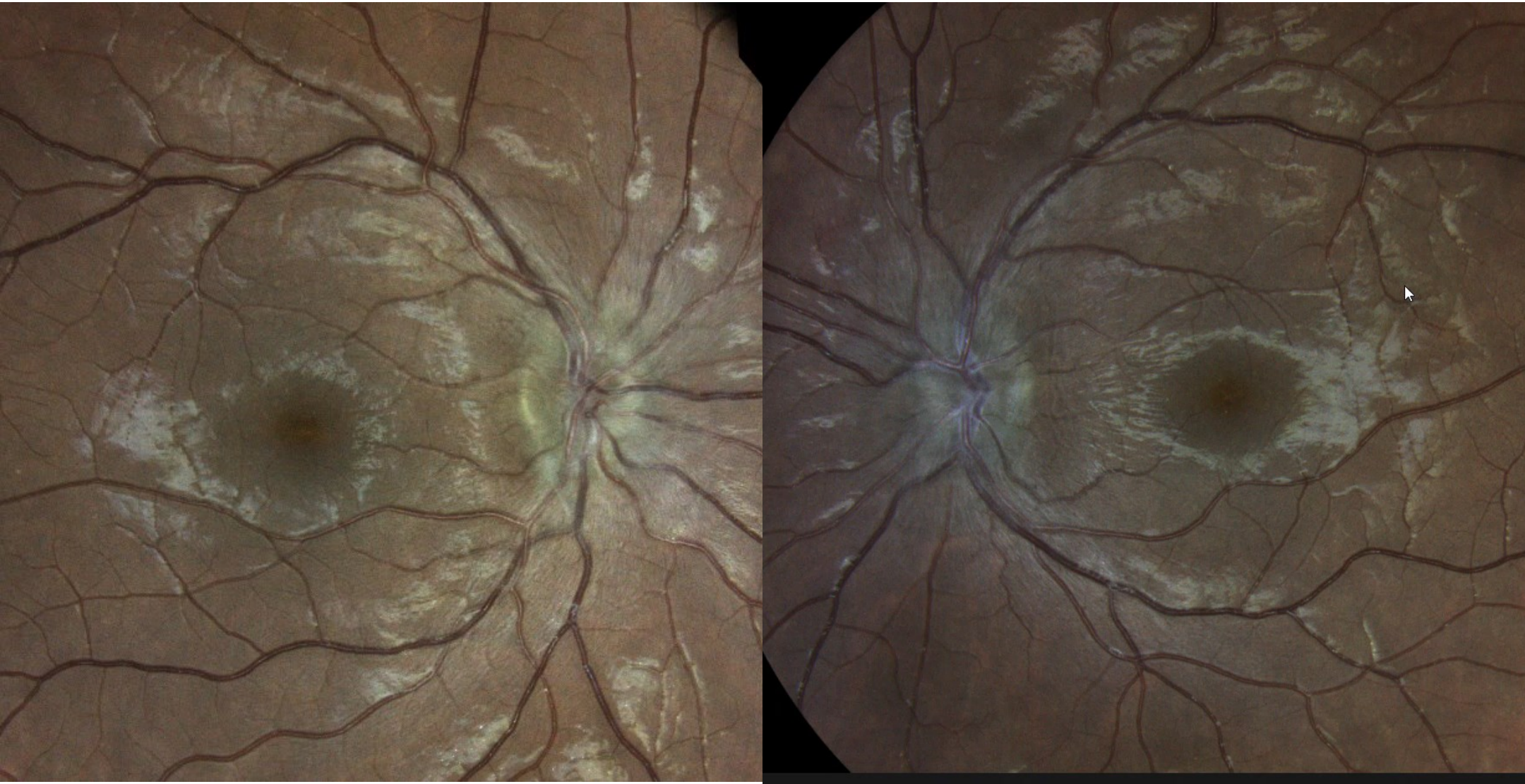
Change Analysis

OU Report

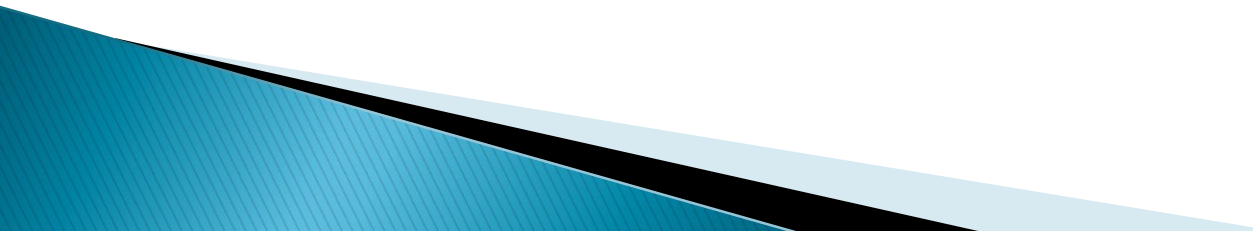


May 2

v May 12



Salt Lake County Health Dept. Call

- ▶ Her RPR is reactive
 - ▶ Patient has syphilis
 - ▶ OB GYN consult, he wants to know if her visual/ocular problems be related?
 - ▶ I recommended LP, CSF analysis to check for syphilis
 - ▶ He agrees to arrange
- 

FU call June 3

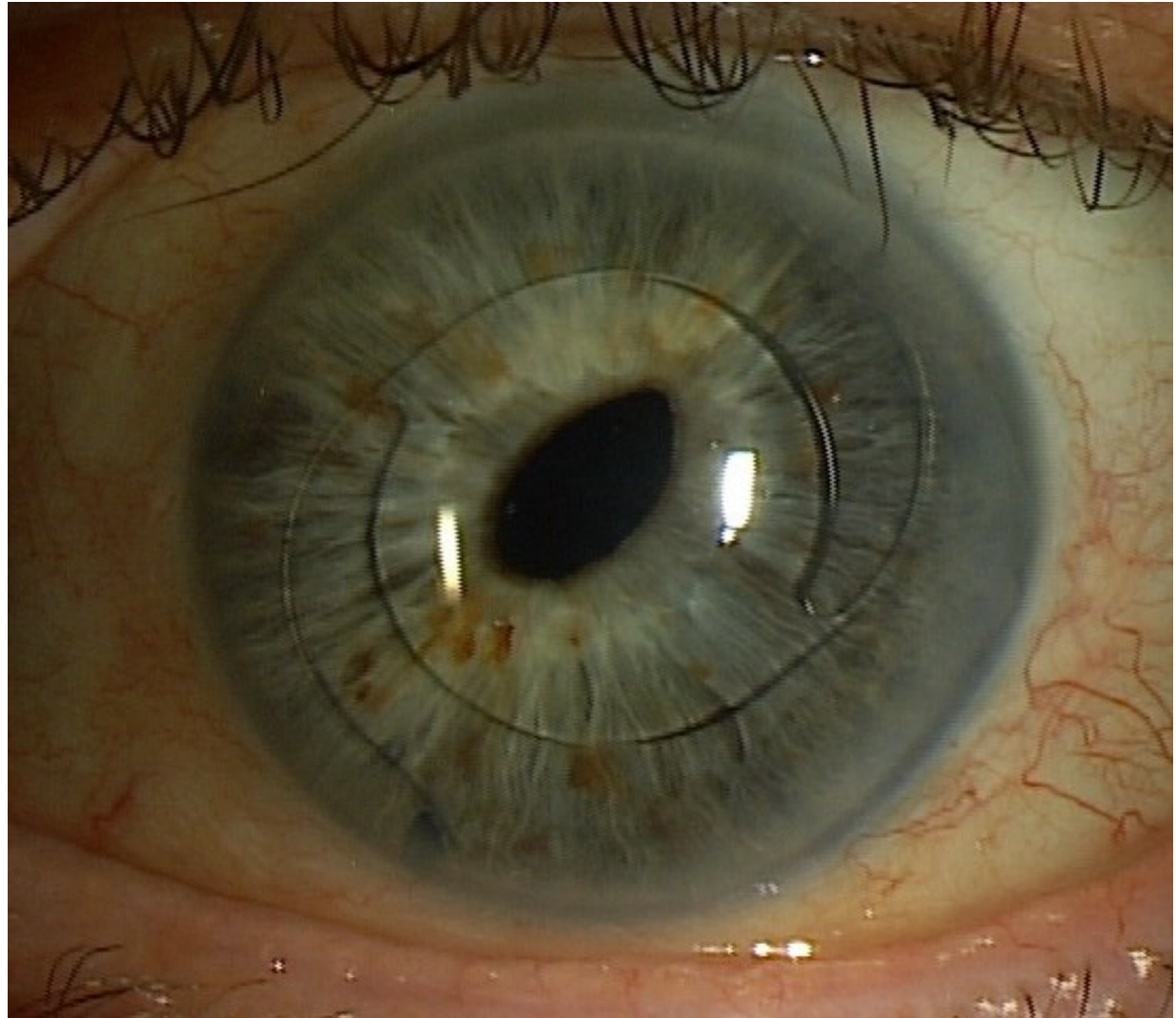
- ▶ Opening pressure was 195 mm H₂O
- ▶ CSF tested positive for neurosyphilis
- ▶ Underwent two days of inpatient IV AB treatment
- ▶ Now will have home IV treatment for another two weeks

Eugene 4.03.23

- ▶ 68yo WM C/O red LE x 5 days
- ▶ Got something in his eye while cleaning metal
- ▶ Looked in mirror and noticed red LE and oval pupil
- ▶ Was seen in ED yesterday
 - Given topical antibiotic
- ▶ No pain but does report decreased VA OS
- ▶ H/O prior phaco/IOL with IOL exchange at JMEC
- ▶ He is sure oval pupil is new

Eugene 4.03.23

- VA cc R 20/20 L 20/25-
- IOP R 21 L 16
- SLE, DFE as seen



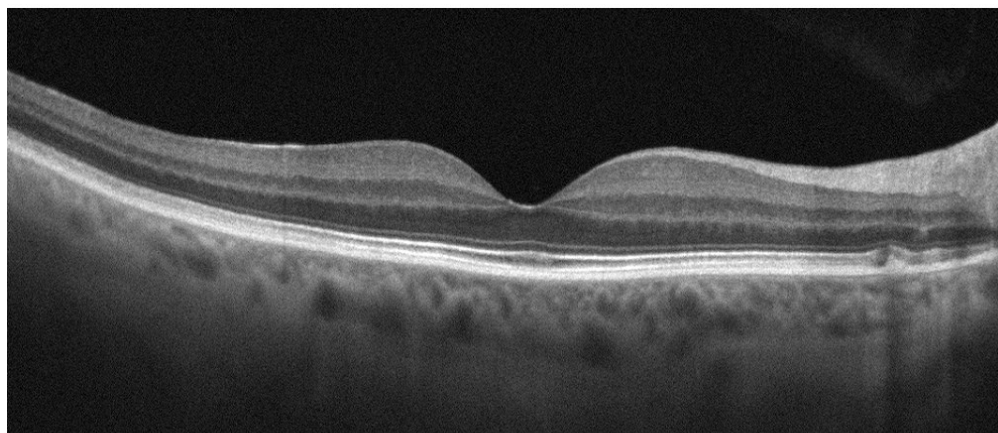
Eugene



Eugene 4.3.23

OD

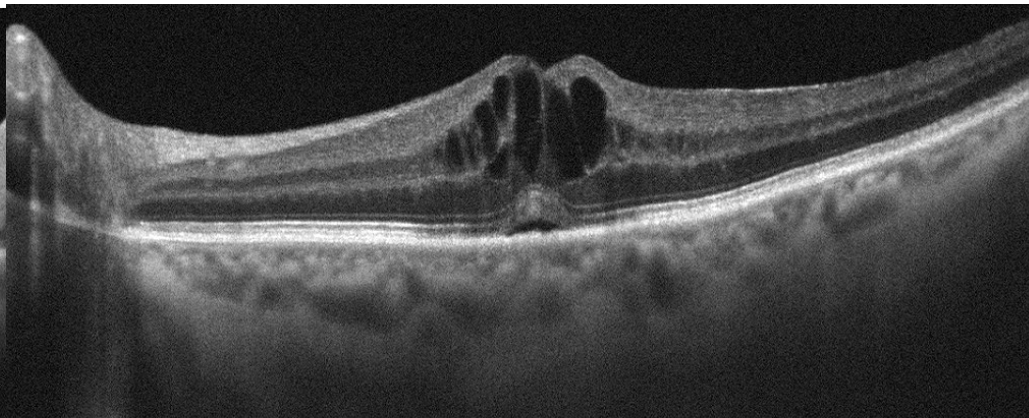
OS



of Averages: 60, 46

☒ Auto Zoom

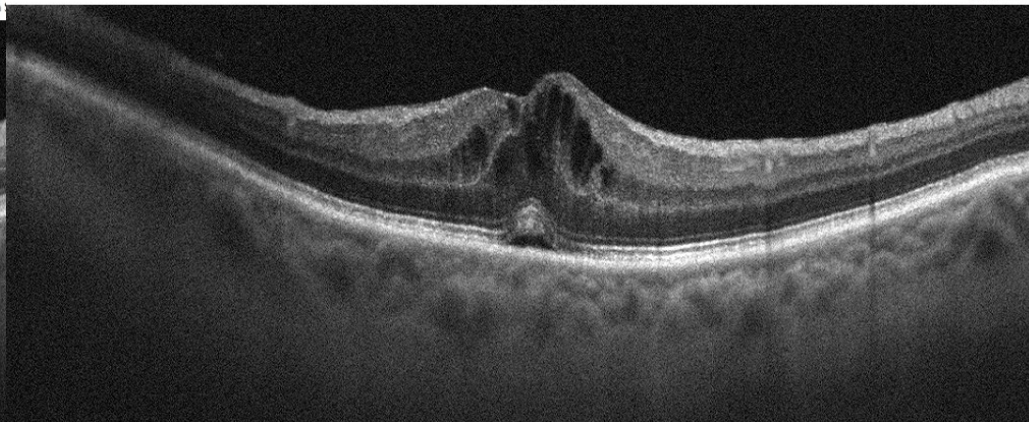
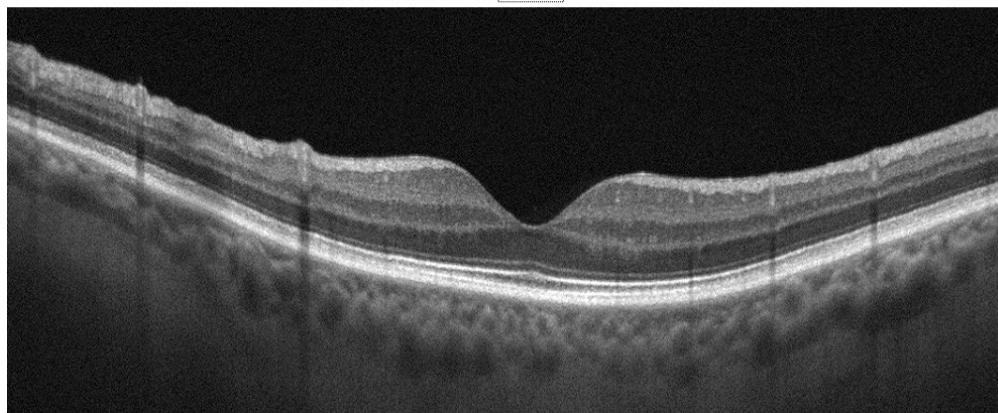
10.00mm



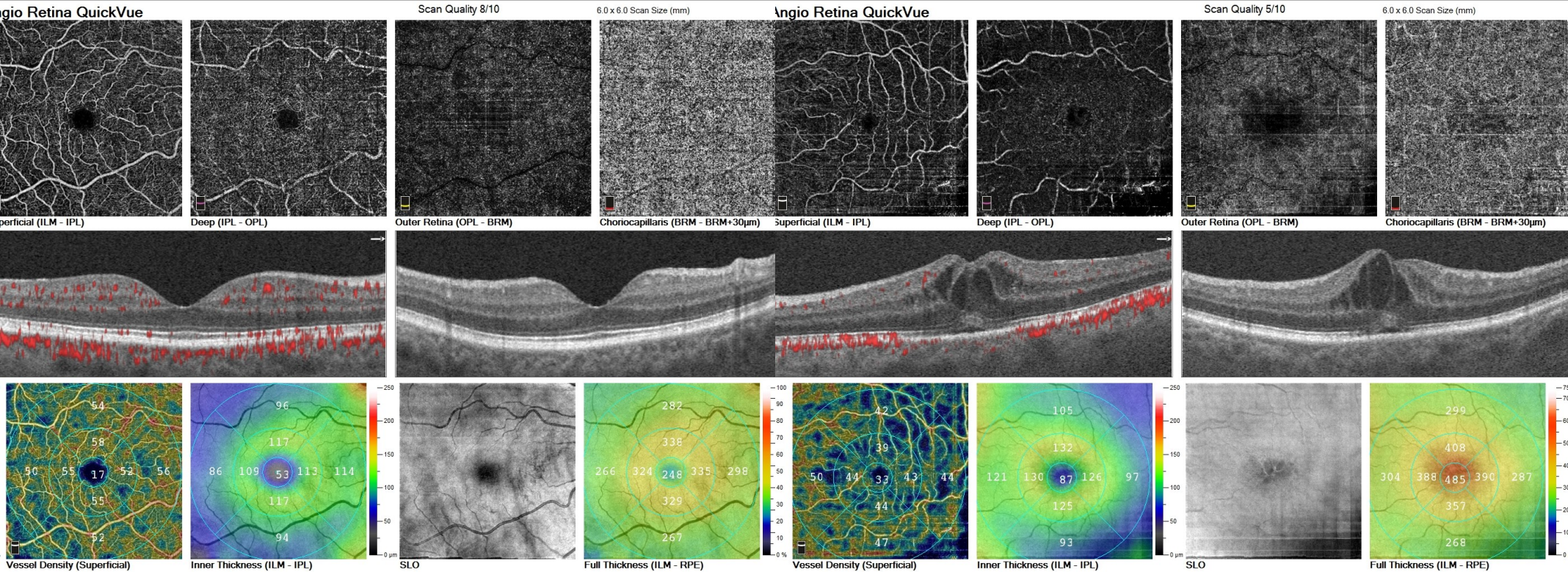
of Averages: 52, 40

☒ Auto Zoom

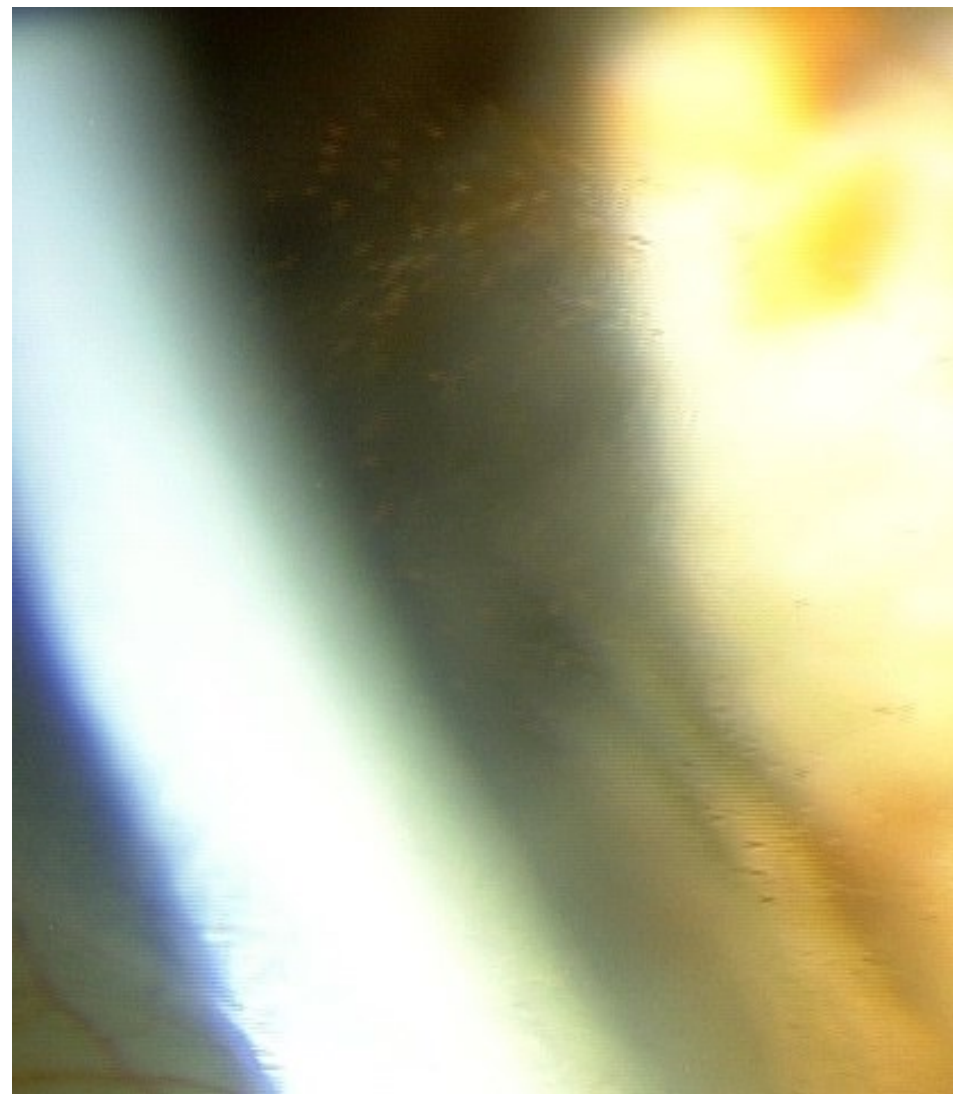
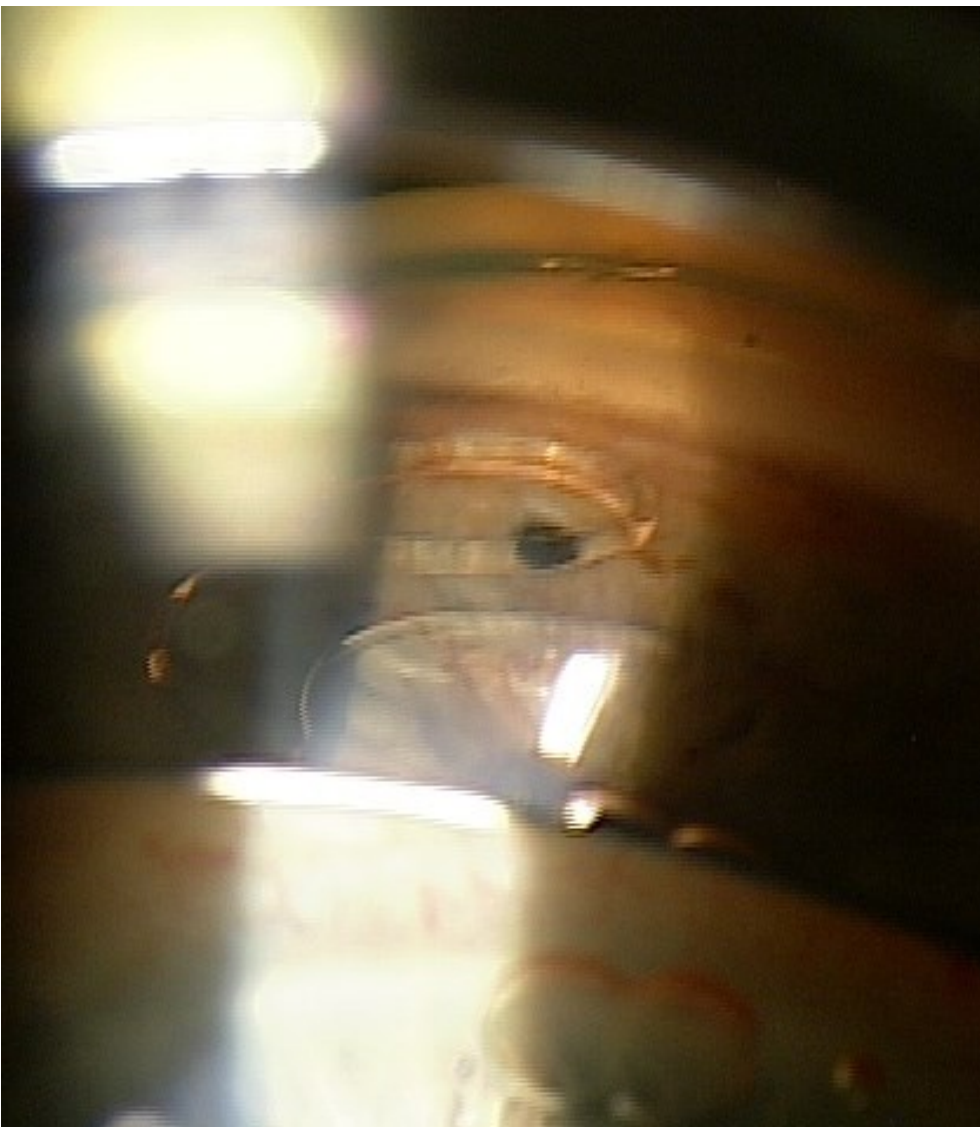
10.00mm Sca



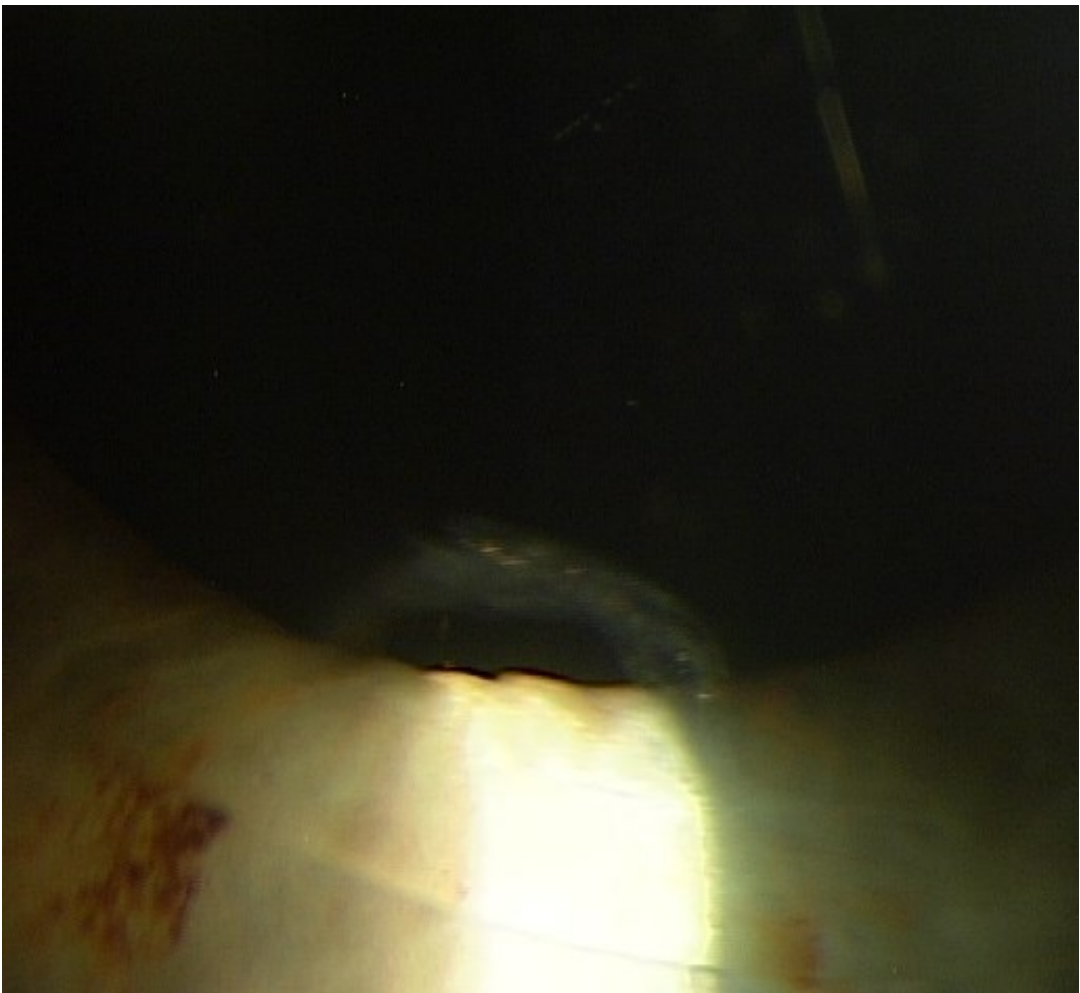
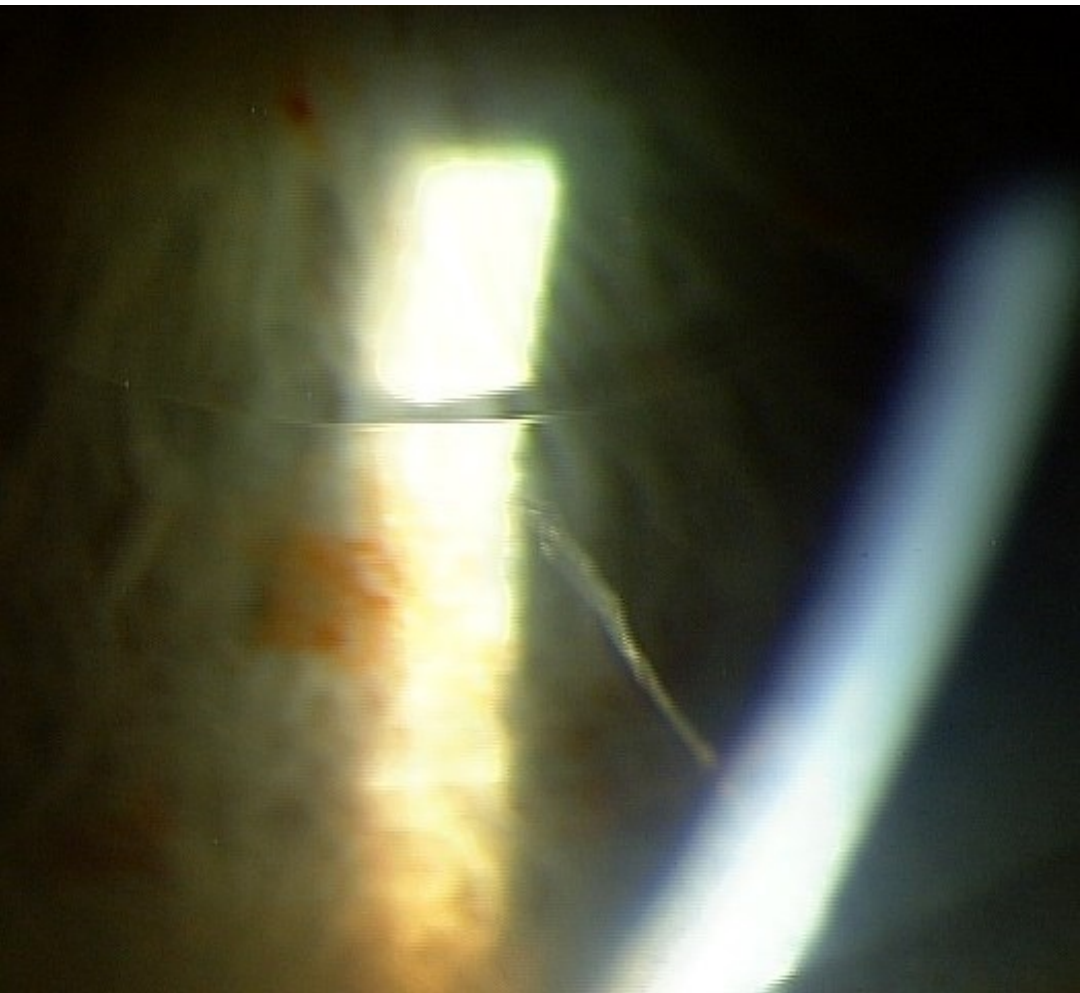
4.03.23



4.03.23



4.03.23



What is your diagnosis?



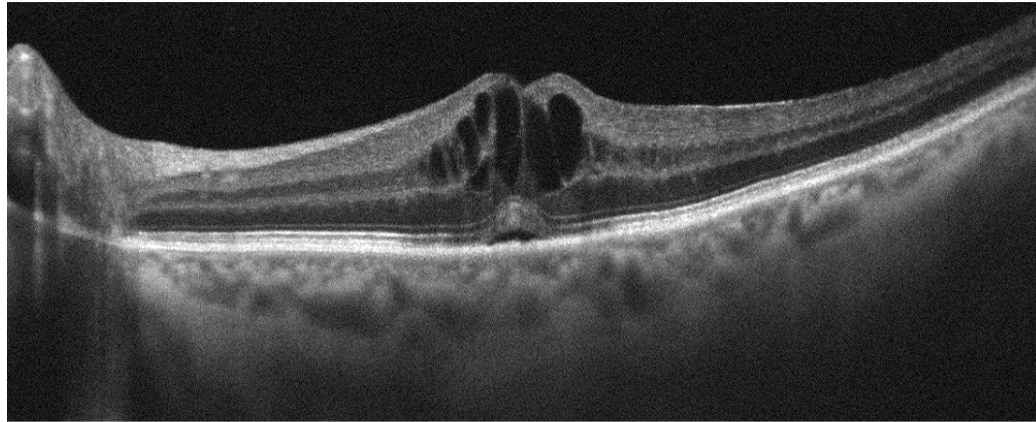
What is your treatment plan?



Rob's Plan

- ▶ Irvine–Gass Syndrome
- ▶ Management
 - Schedule YAG lysis of vitreous strand
 - Continue moxifloxacin as prescribed at ED
 - Add Pred Acetate OS QID

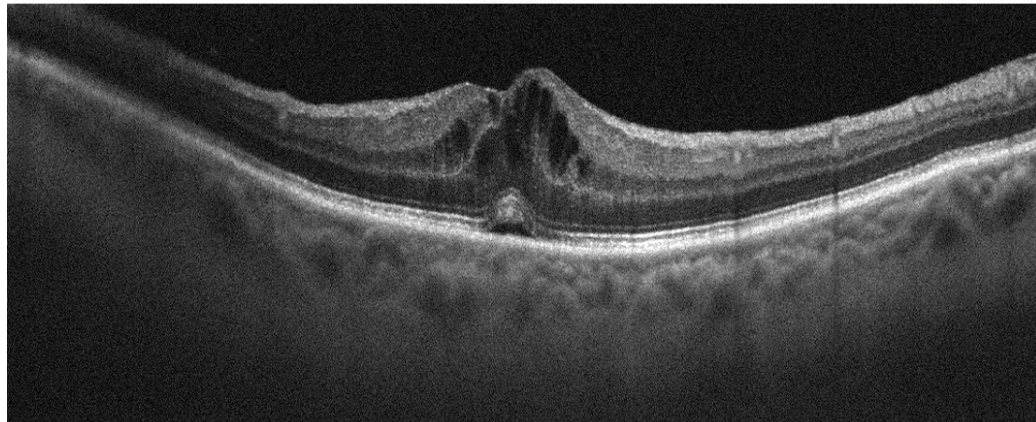
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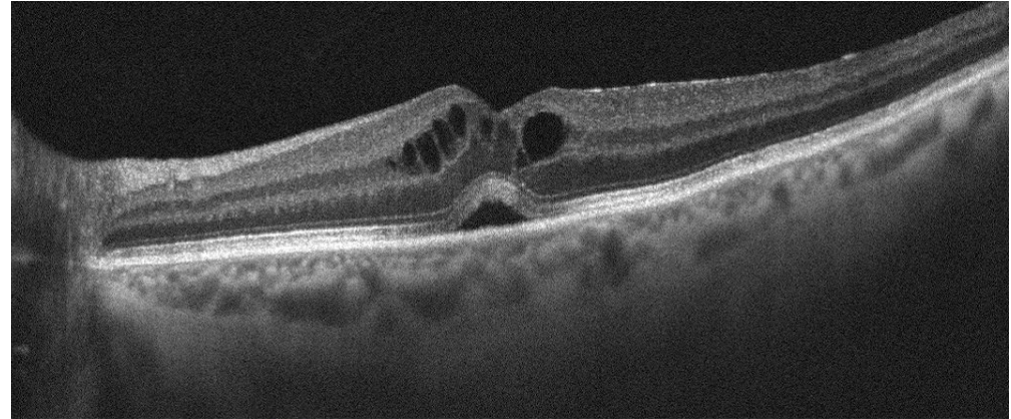
of Averages: 52, 40

☒ Auto Zoom

10.00mm Scan Length



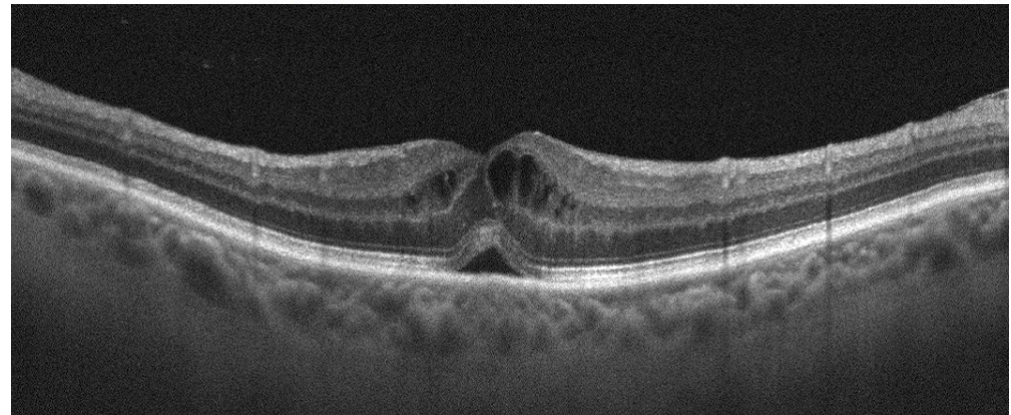
4.20.23



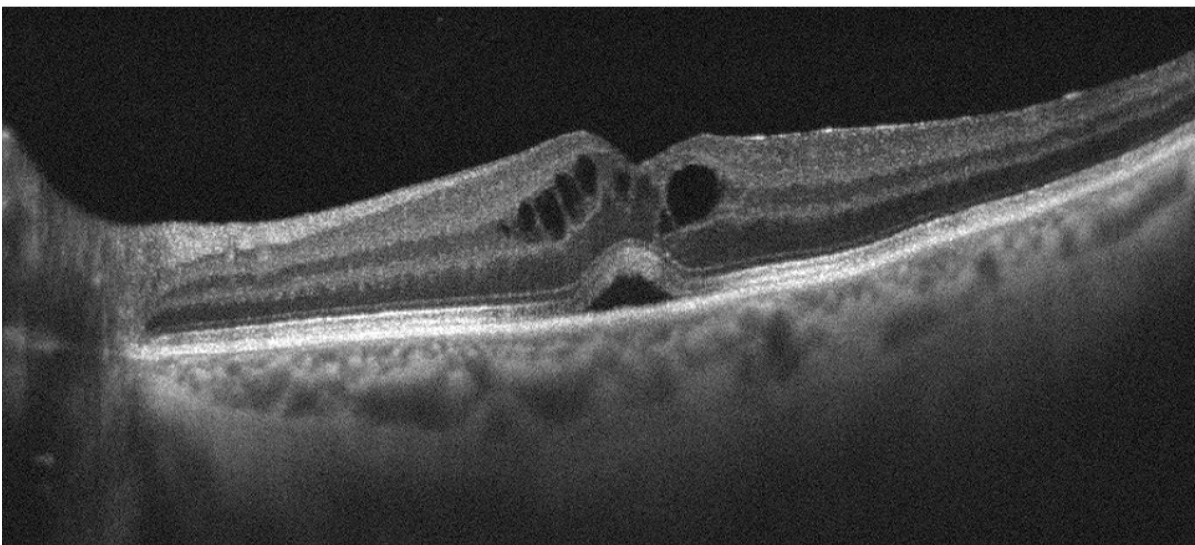
of Averages: 52, 60

☒ Auto Zoom

10.00mm Scan Length



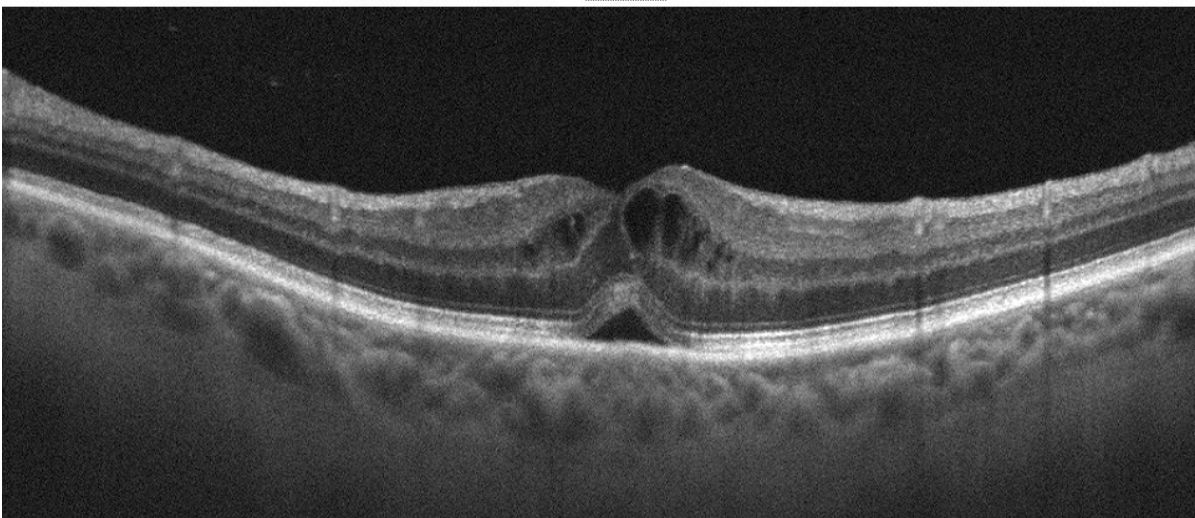
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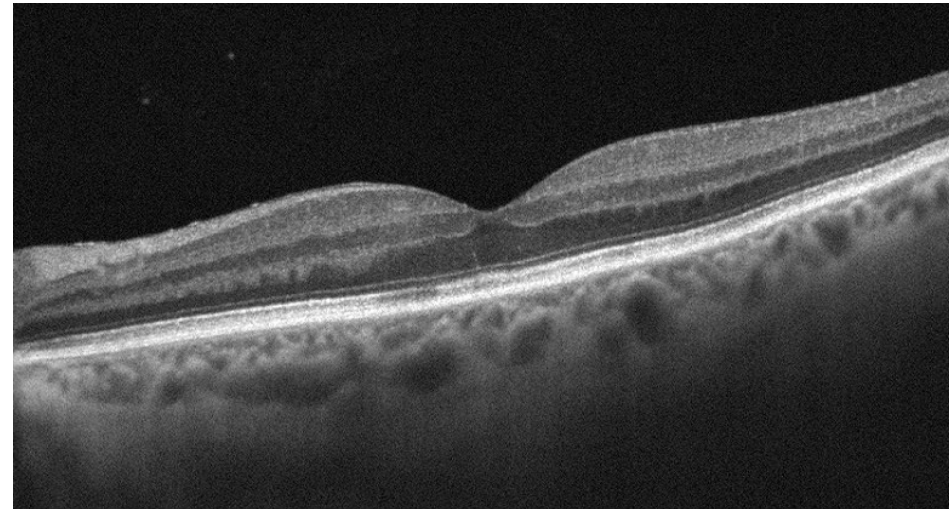
of Averages: 52, 60

☒ Auto Zoom

10.00mm

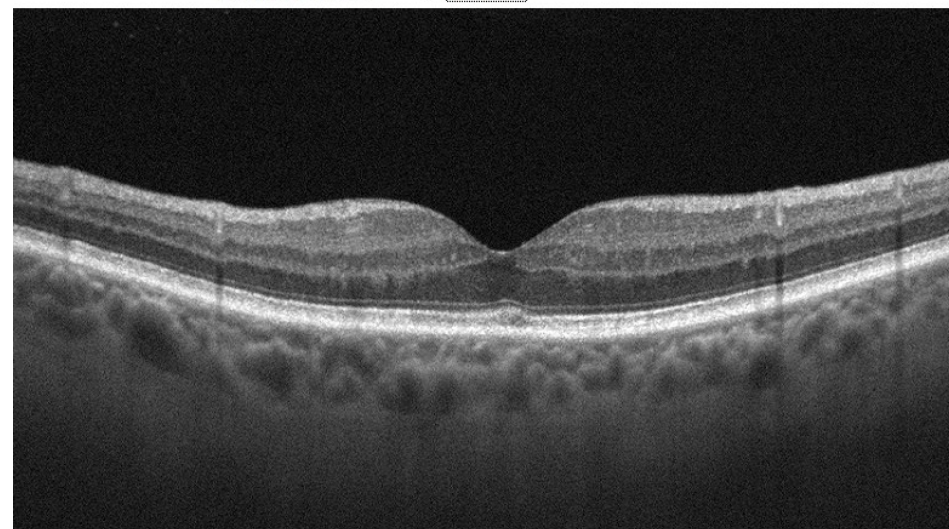


5.11.23



of Averages: 60, 59

☒ Auto Zoom



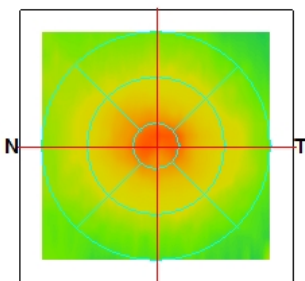
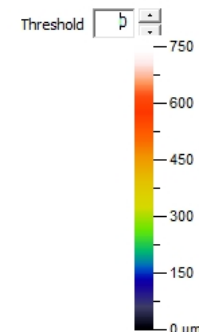
☒ ETDRS Change

☐ RPE Elevation

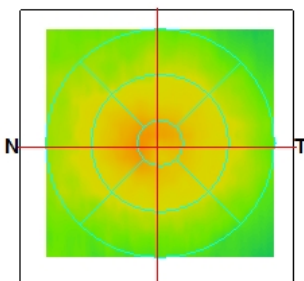
Retina Map Change Analysis

Full Retina Thickness Map

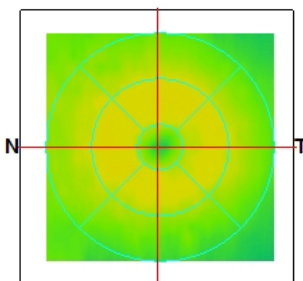
Left / OS



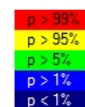
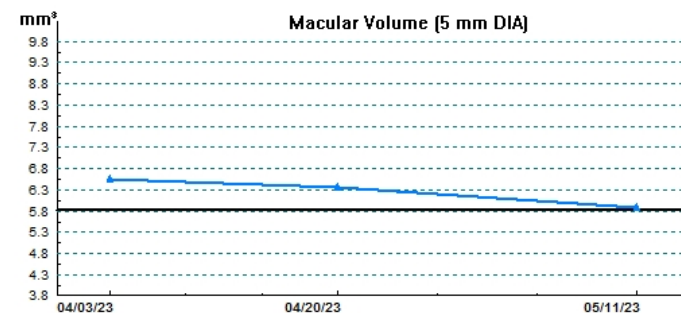
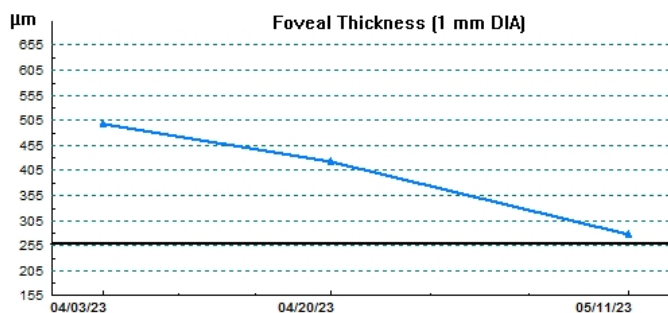
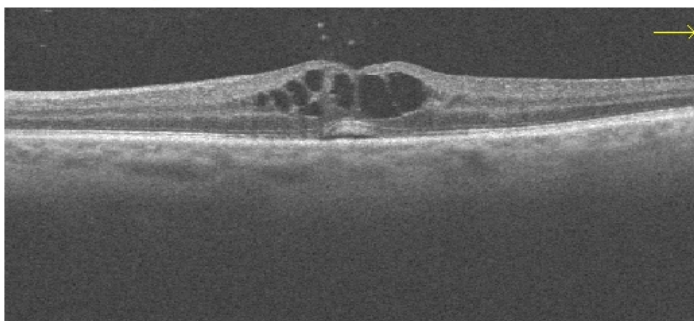
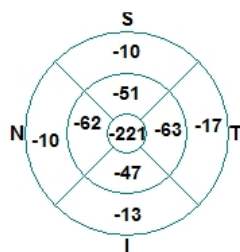
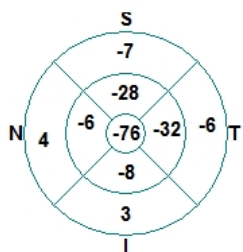
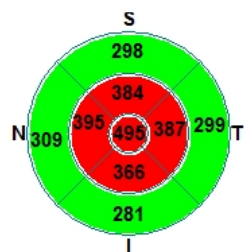
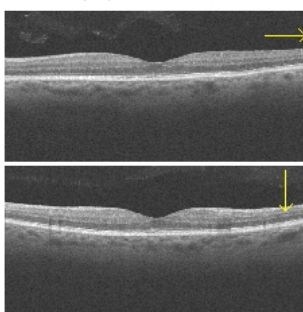
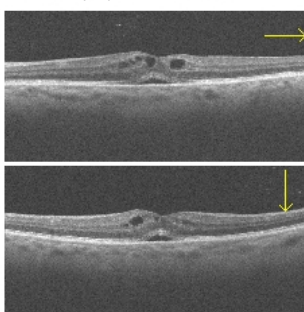
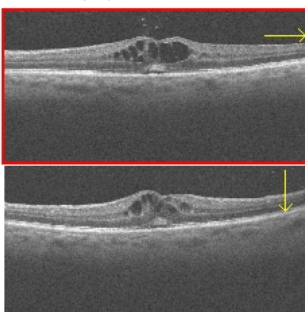
Date: 04/03/2023, SSI=45.1



Date: 04/20/2023, SSI=48.1



Date: 05/11/2023, SSI=72.7



Print

Change Analysis

OU Report