

ACES case studies



- or -
What the slit lamp saw!

Aims

- Present a variety of interesting ACES cases.
- Demonstrate some unusual presentations of ocular conditions.
- Demonstrate the benefits of slit lamps and other ophthalmic equipment.



Case 1: Sudden loss of vision.

- 76 year old Male.
- Self presented with 2 day loss of peripheral vision.
- Bilateral ARMD, with known poor central VA.
- Previously reported good navigational vision.
- GH good, not diabetic.



Case 1: Sudden loss of vision.

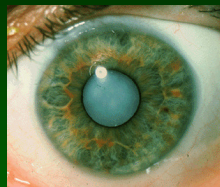
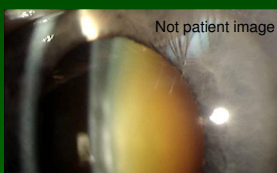
- RVA HM, LVA HM (only in one quadrant).
- Ophthalmoscopy:-
 - Right Eye: clear media, healthy disc and peripheral fundus.
 - Right: central extensive macular degeneration.
 - Left Eye: No View of Fundus. (tropicamide 1.0%)



Case 1: Sudden loss of vision.

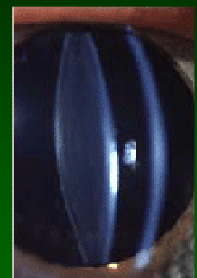
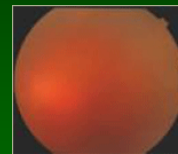
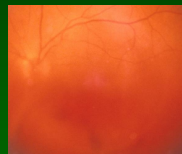
Diagnosis without slit lamp

- Rapid onset (or suddenly discovered)
Dense Cataract.



Case 1: Sudden loss of vision.

- Diagnosis with slit lamp:
Extensive vitreous haemorrhage



Case 1: Sudden Reduction Vision.

Other presentations in this category:

Without Pain

- Macular haemorrhage / hole
- Central / Branch vein occlusion
- Central retinal artery occlusion
- Central serous retinopathy

With Pain

- Corneal infection / Trauma
- Uveitis
- Acute CAG



Case 2: Painful Eye

- 45 year old Male.
- 5-6 days of pain in LE, mild epiphora, photophobia, mild redness.
- No discharge.
- Normal Vision
- No pain on accommodation.
- GH good.



Case 2: Painful Eye

- RVA 6/5 LVA 6/6pt
- Pupils PERRLA
- Mild general conjunctival hyperaemia
- Healthy cornea, no staining
- Lids/Lashes healthy
- I.O.P. R 15mmHg L 14mmHg

Diagnosis without slit-lamp; ?viral conjunctivitis



Case 2: Painful Eye



- Diagnosis with slitlamp. - Anterior Uveitis
- Photophobia



Uveitis / Iritis

- Pain (non accommodation)
- Photophobia
- Red Eye
- Vision reduction

- Anterior chamber reaction



Case 3: Painful Eye

- 92 year old, female
- 2/52 History of sore L eye,
- No sight test for 15 years!
- G.P. , course of topical Chloramphenicol, not resolving, referred to ACES.



Case 3: Painful Eye

- RVA HM/CF, LVA NPL
- Bilateral dense Cataracts.
- L Conjunctival Hyperaemia
- Pupils R reactive L unreactive

- Cloudy L Cornea
- L Rubeosis



Case 3: Painful Eye

- I.O.P.
 - R 13mmHg L 48mmHg
 - NVG (rubeosis iridis)
 - CRVO
 - Diabetic
 - Phacolytic glaucoma



Case 4: Mild Trauma

- 43 year old male gardener
- Attended ACES after “flicking” weeds in RE, 3 days ago.
- Eyewash used at time.
- Vision normal
- Since incident continuous discomfort, some discharge.
- Eye Red



Case 4: Mild Trauma

- Examination
- RVA 6/4 LVA 6/4
- Large sub-conjunctival haemorrhage.
- Cornea clear, No staining.

- Diagnosis without slit lamp.
- Sub-Conj^l Haem^l.
 - Conjunctival / ?corneal abrasion



Case 4: Mild Trauma

- Diagnosis with slit lamp:
 - Organic matter removed from bulbar conjunctiva.



Case 5: Red Eye

- Two week history of persistent red eye with discomfort.
- 5 days Golden Eye ointment OTC pharmacy
- 5 days Chloramphenicol 0.5% drops from G.P. then Fucithalimic 1% gel.
- Referred to ACES scheme.

- (14 day history but worsening symptoms and G.P. referral)



Case 5: Red Eye

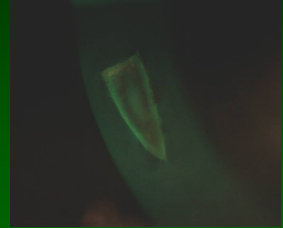
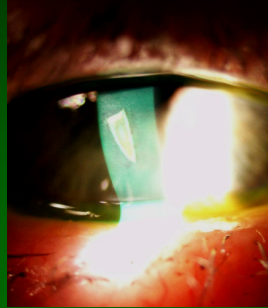
- ACES appointment, c/o red, sore, gritty right eye. Minor discharge.
- RVA 6/9 LVA 6/6
- Conjunctiva shows mild hyperaemia.
- Lid eversion – healthy, no foreign body.
- Lids / lashes healthy.
- Pupils PERRLA, no photophobia.
- I.O.P's normal

- Diagnosis without slit-lamp
 - Viral / Bacterial conjunctivitis
 - Dry eye
 - Preservative sensitivity

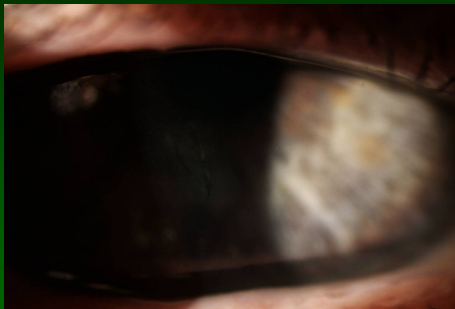


Case 5: Red Eye

- Insect wing embedded on cornea



Case 5: Red Eye



Thank you

