



**RON USES THE SLIT LAMP TO
EXAMINE THE PATIENT'S EYE**

**AND GETS AN
STD.**

*(Save your patient AND sound smart in front of the
ophthalmologist)*



Stye



Chalazion

Stye vs. Chalazion

- Stye: Acute infection of oil gland in lid margin
- Stye Tx: Warm compress, erythromycin ointment
- Chalazion: Acute or chronic infection of meibomian gland
- Chalazion Tx: Stye Tx + Doxy 14d + consider ophtho referral if refractory



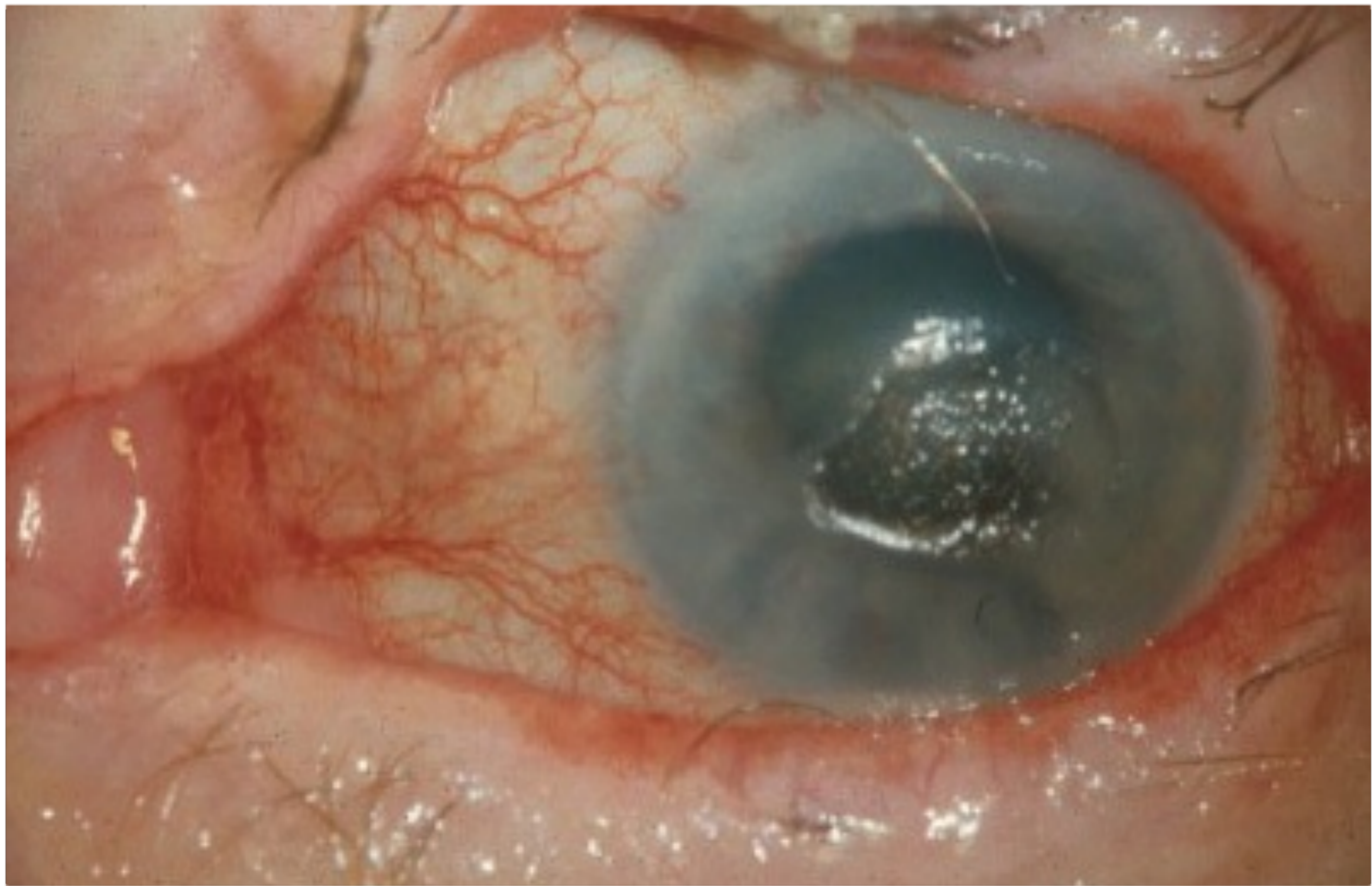
Conjunctivitis...

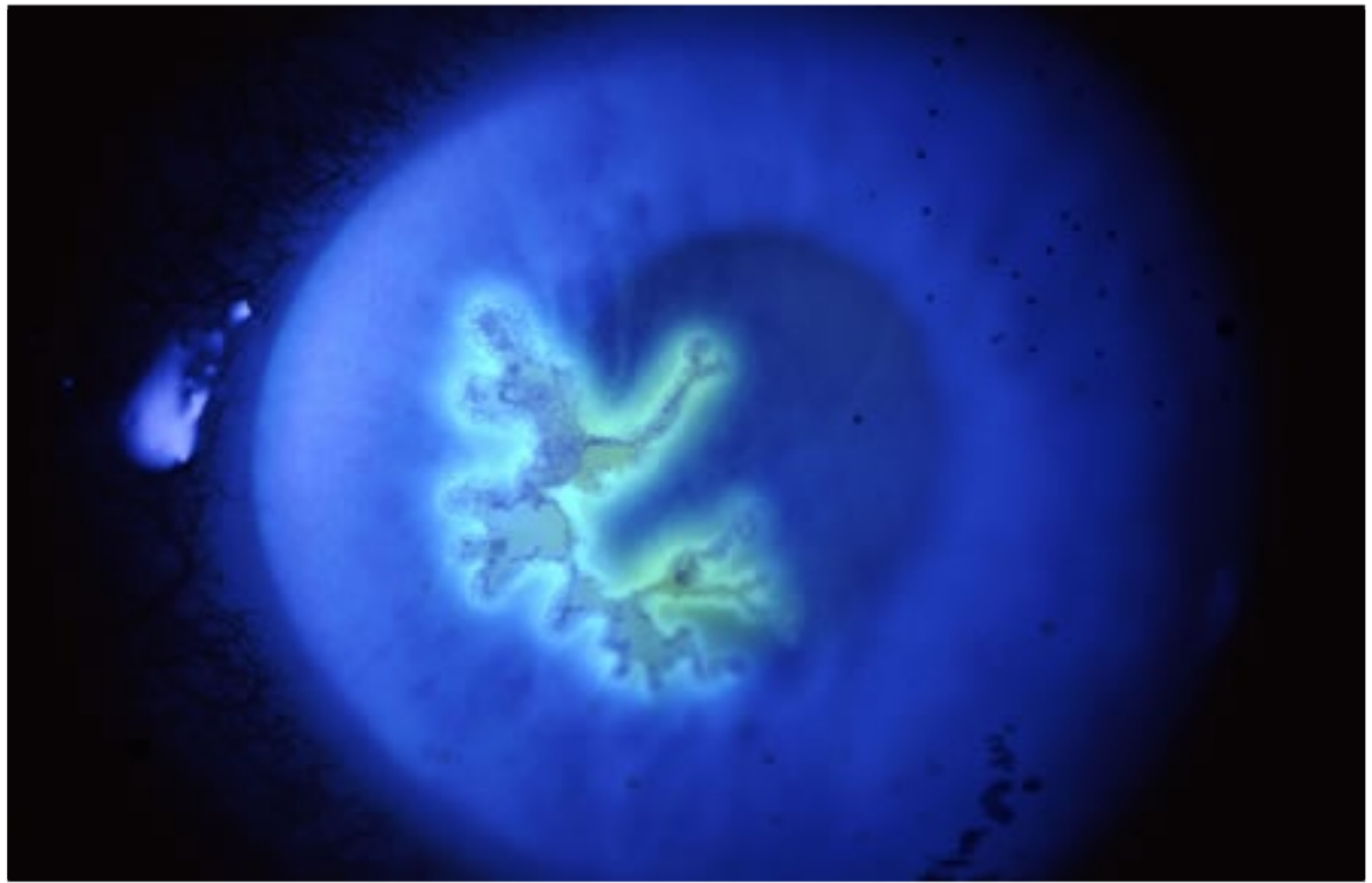


Allergic vs. Viral vs. Bacterial

- **ALLERGIC:** Bilateral, hx allergies, watery discharge, no pus or lesions; TX: antihistamine, artificial tears, cool compress
- **VIRAL:** Uni or bilateral, URI sx, watery discharge, no pus; TX: same as for allergic, follow-up
- **BACTERIAL:** Mucopurulent discharge; Tx: topical abx (polymyxin or erythromycin), Ciprofloxacin or Tobramycin for contact lens wearers; Emergent ophtho follow-up

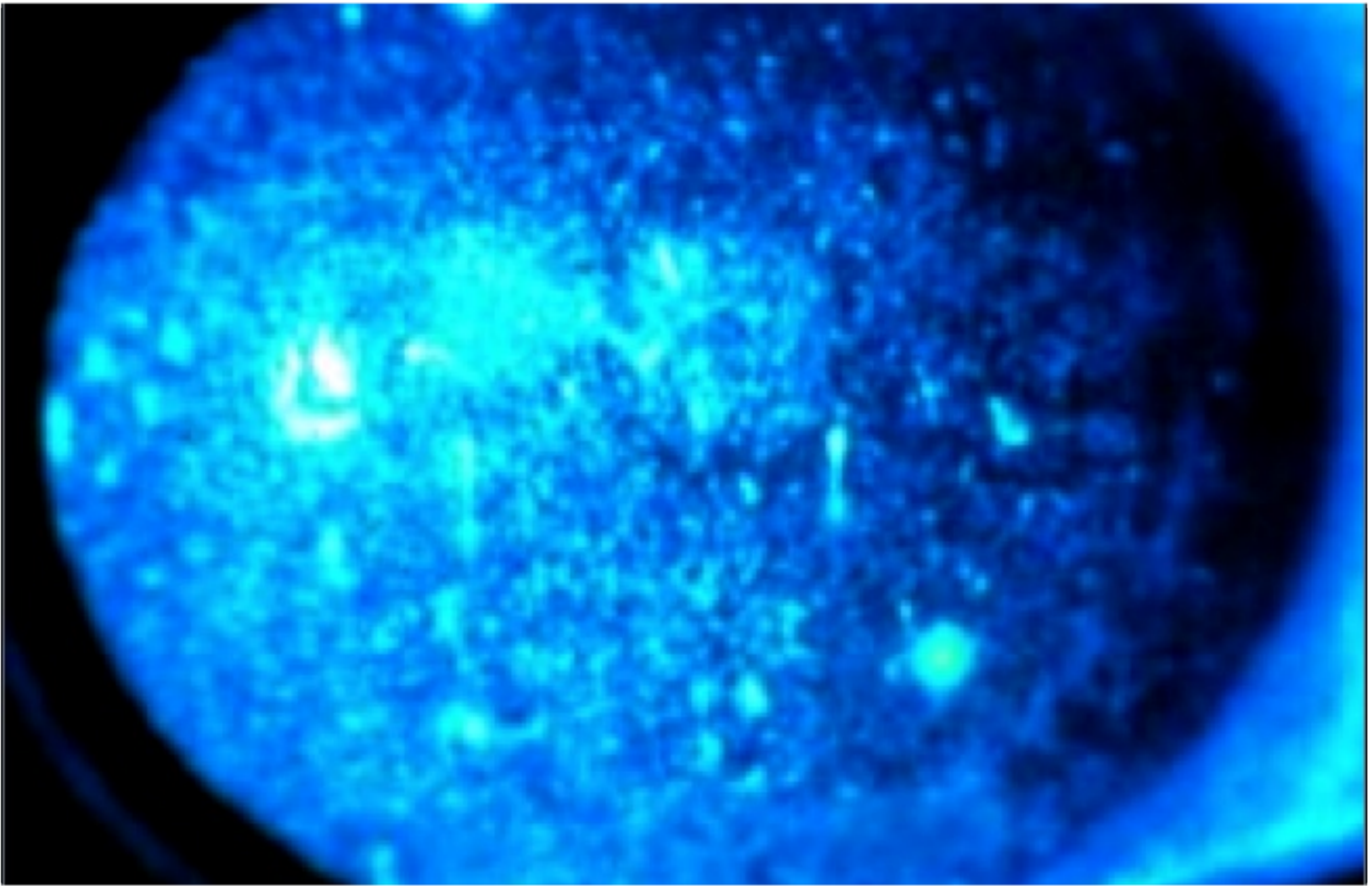






HSV Ophthalmicus

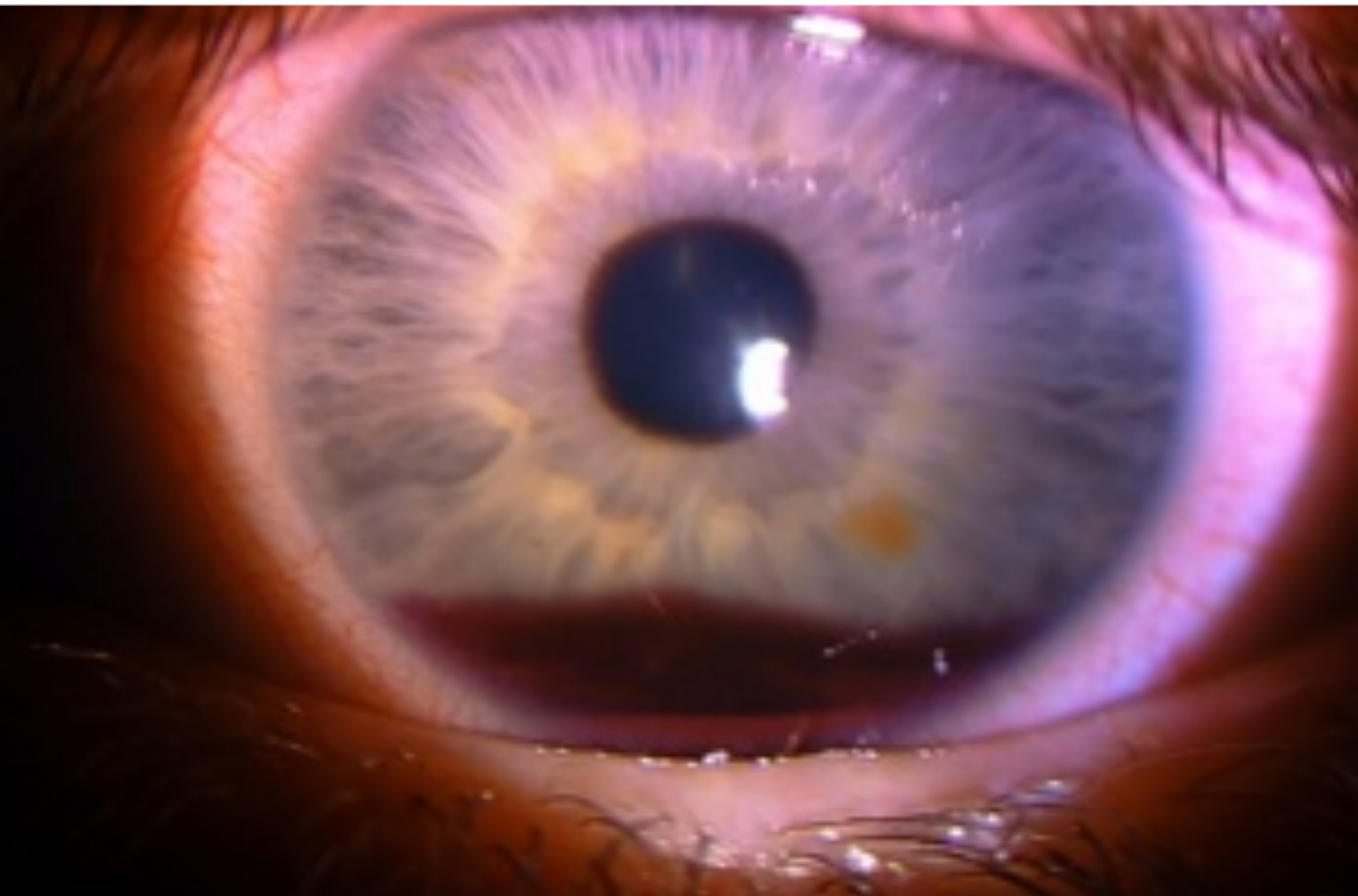
- Epithelial erosion and "melting"
- Mucus corneal plaque
- Dendritic pattern on fluoresceine staining
- TX: Oral acyclovir, topical erythromycin; narcotics, cycloplegics for comfort; emergent ophtho consult



Superficial punctate keratitis...

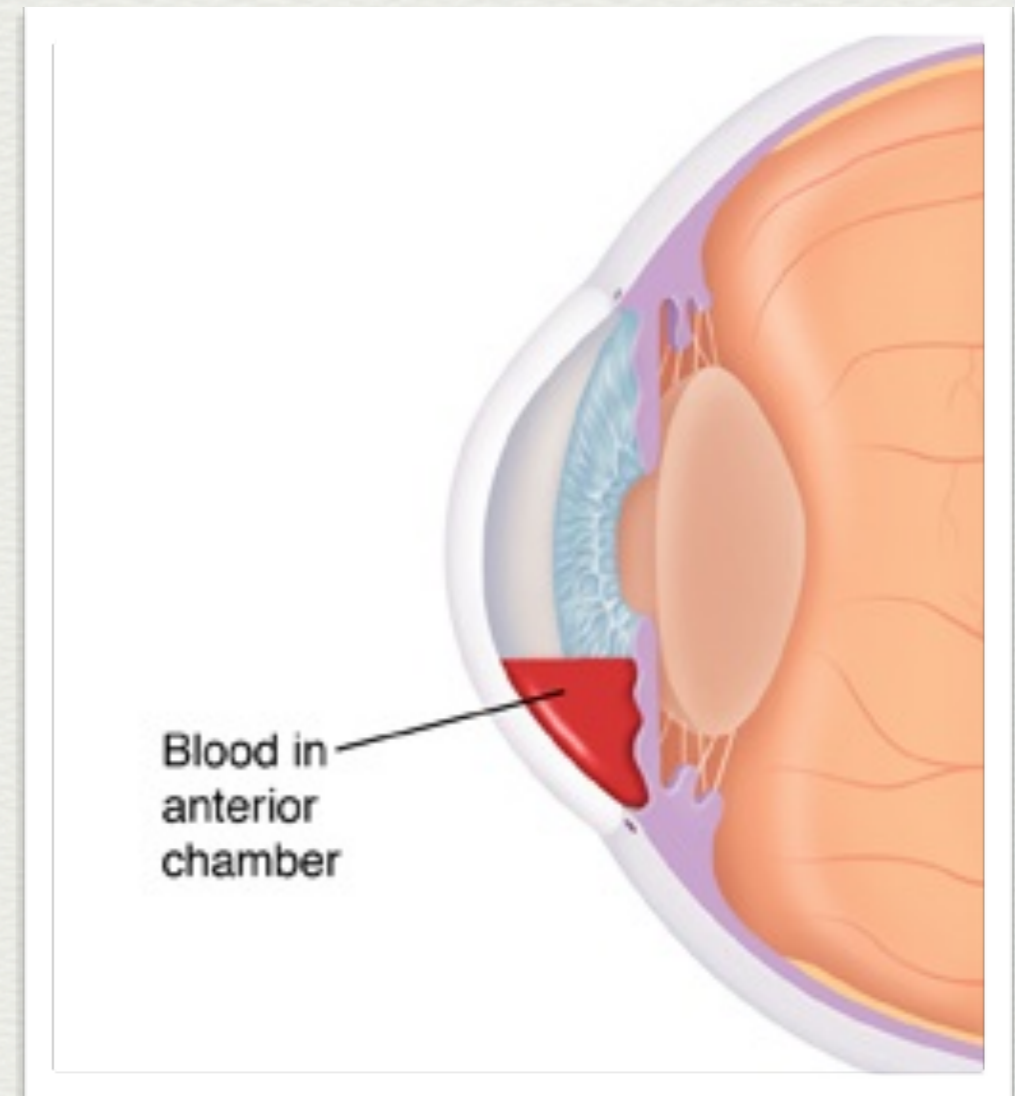
Ultraviolet Keratitis

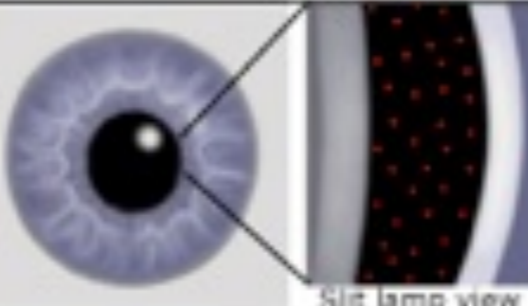




- Diffuse punctate fluorescein uptake
- From excess UV exposure
- TX: Same as for superficial corneal abrasions - pain control, cycloplegics, erythromycin ointment



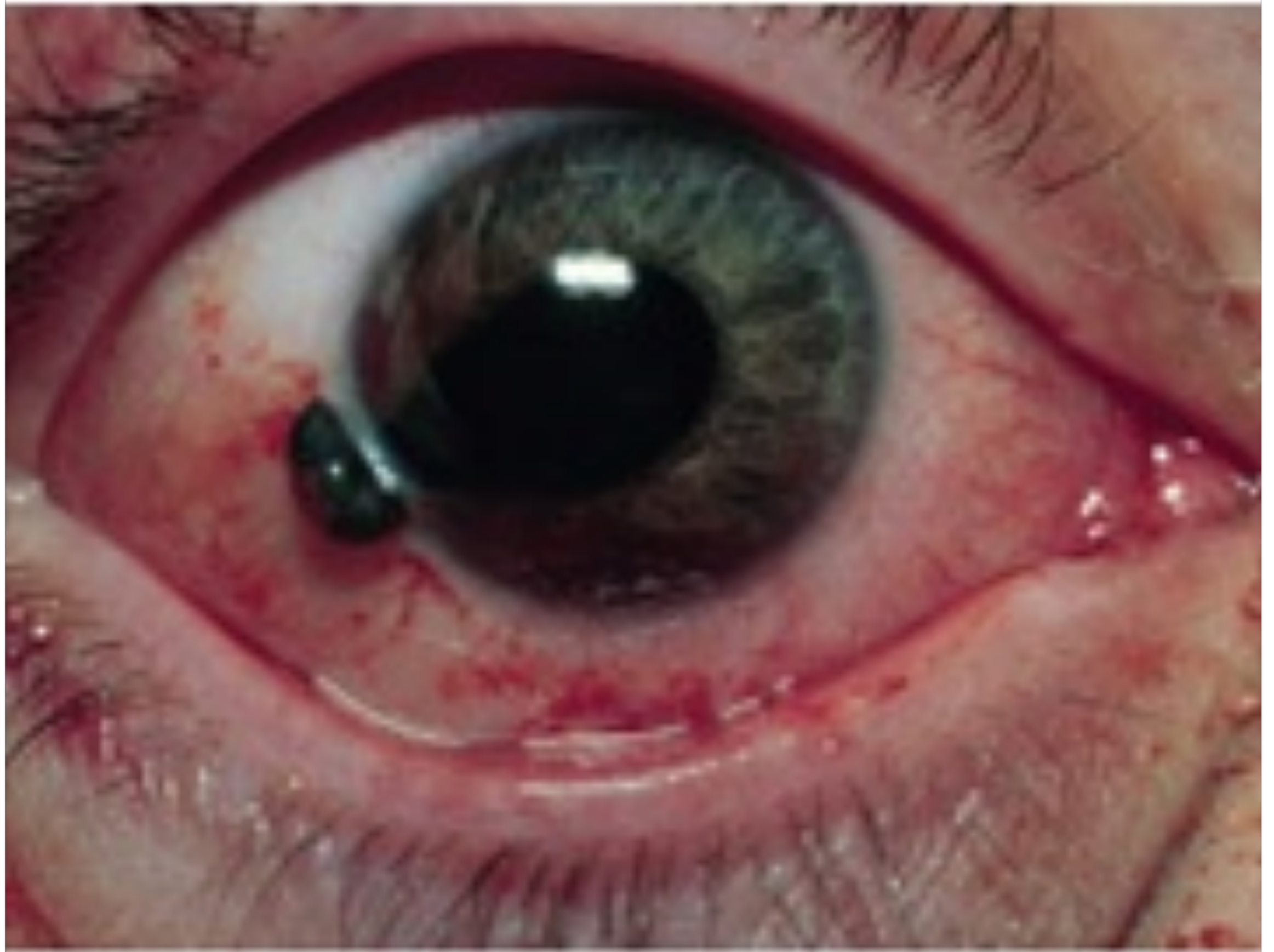
Hyphema

- Spontaneously or after trauma
- Rebleed 3 -5 days later
- **LOTS OF COMPLICATIONS!**
- TX: Upright position, protective eye shield, exclude **GLOBE RUPTURE**, atropine to dilate pupil
- Measure IOP after excluding globe rupture
- If high IOP, use timolol drops (Tx like glaucoma)



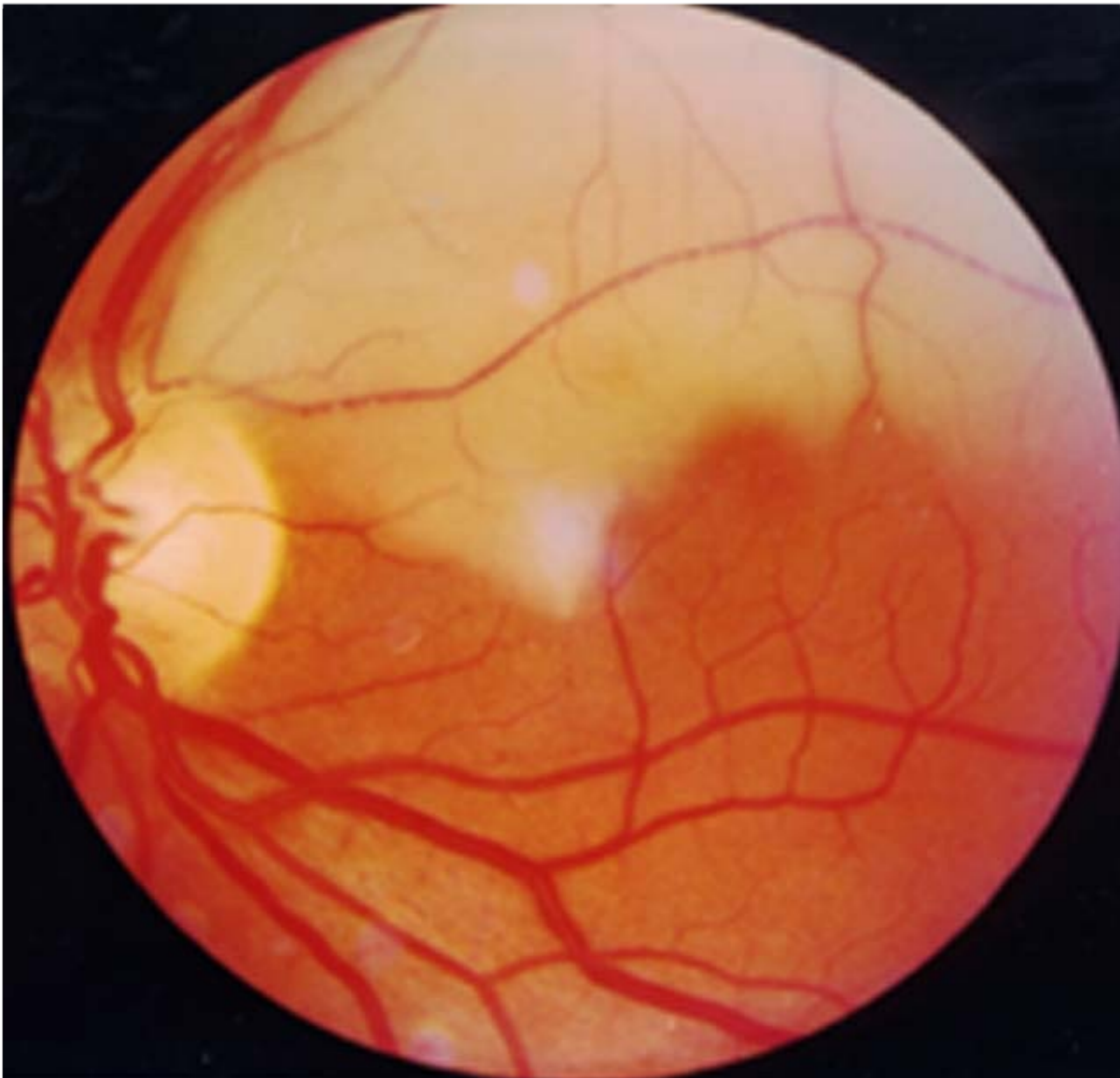
Grade	Anterior chamber filling	Diagram	Best prognosis for 20/50 vision or better
Microhyphema	Circulating red blood cells by slit lamp exam only	 <p>The diagram shows a cross-section of an eye with a small amount of red blood cells in the anterior chamber. A callout box labeled 'Slit lamp view' shows a magnified view of the anterior chamber with several red dots representing circulating red blood cells.</p>	90 percent
I	<33 percent	 <p>The diagram shows a cross-section of an eye where the bottom portion of the anterior chamber is filled with red blood cells, while the top portion remains clear.</p>	90 percent
II	33-50 percent	 <p>The diagram shows a cross-section of an eye where approximately the bottom one-third to one-half of the anterior chamber is filled with red blood cells.</p>	70 percent
III	>50 percent	 <p>The diagram shows a cross-section of an eye where more than half of the anterior chamber is filled with red blood cells.</p>	50 percent
IV	100 percent	 <p>The diagram shows a cross-section of an eye where the entire anterior chamber is completely filled with red blood cells.</p>	50 percent





Globe Rupture

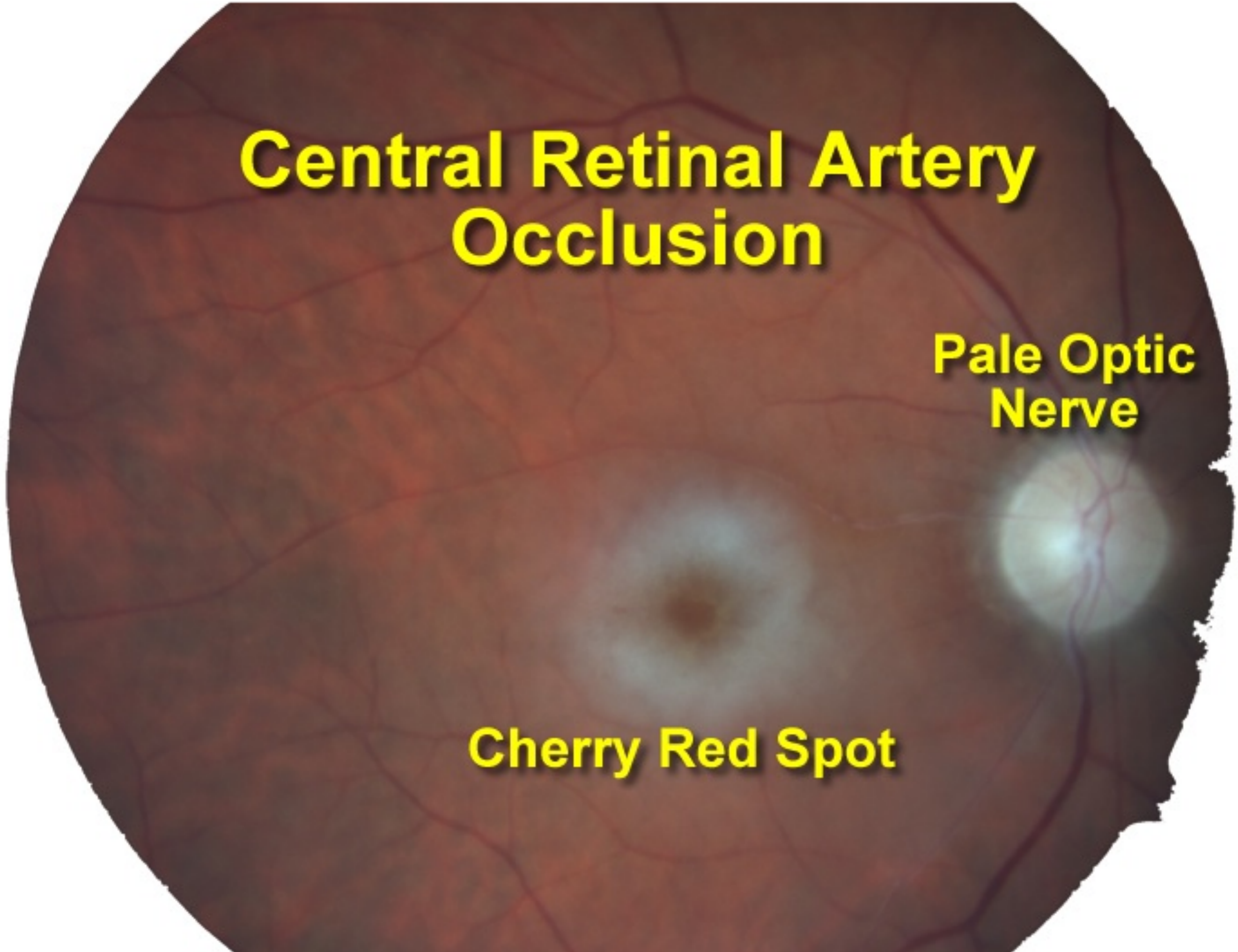
- Full-thickness injury to cornea or sclera
- Eye shield
- Anti-emetics
- Analgesia
- Prophylactic abx
- **DON'T TOUCH IT!**



Central Retinal Artery Occlusion

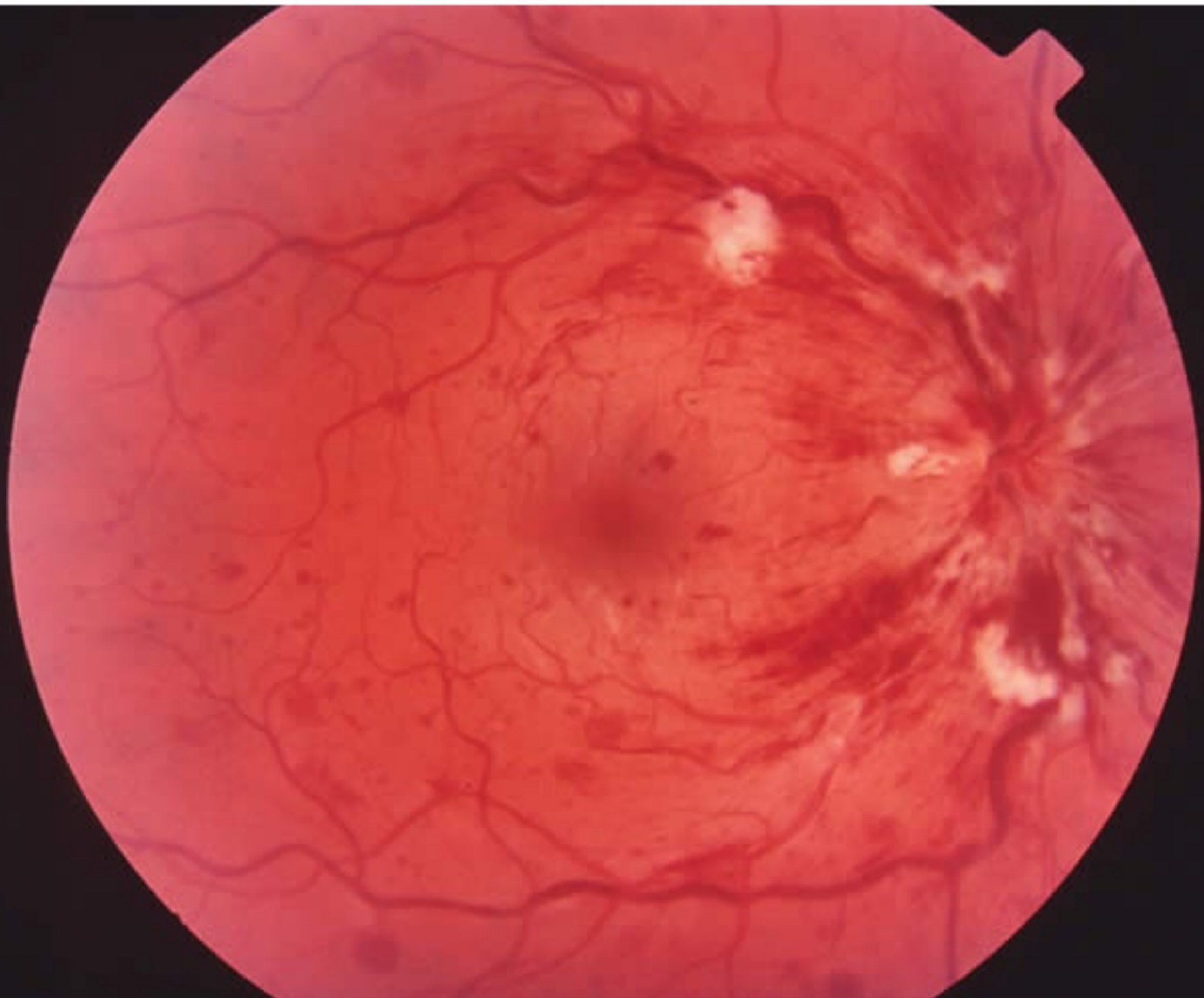
Pale Optic
Nerve

Cherry Red Spot



Central Retinal Artery Occlusion

- Often preceded by "amaurosis fugax"
- Painless vision loss, cause: embolus, thrombus, vasculitis, SS disease, trauma
- Exam: Pale funds + bright red macula
- TX: ocular massage (15s pressure), topical timolol, +/- IV acetazolamide



Central Retinal Vein Occlusion

- Painless, rapid vision loss
- Cause: thrombosis
- Diffuse retinal hemorrhages, "cotton wool spots", optic disk edema, "BLOOD AND THUNDER"
- TX: Aspirin, urgent ophtho referall

GOT OUT OF JAIL



MISSED THE VIEW