



THE COLLEGE OF  
OPTOMETRISTS

# Stage Two

Overarching case scenario 32

**AGE AND GENDER.** 62 year old female

**ETHNIC BACKGROUND** Caucasian

**OCCUPATION AND HOBBIES.** Director/Owner of carpet cleaning business

**PRESENTING SYMPTOMS AND HISTORY**

Diagnosed with macular hole LE about a year ago. Had some treatment, not sure what, but vision still poor in that eye. Now discharged from hospital and needs to be able to see better.

Main issues are seeing business paperwork and accounts both hard copy and on screen as still very much involved with her business.

RE is amblyopic, vision always been poor. No headaches, no flashes or floaters, no diplopia.

Lives with husband who does most of the cooking and household chores now due to her sight problem.

Mother suffered with diabetes and high blood pressure.

**GENERAL HEALTH AND MEDICATION** General health is ok, takes simvastatin for high cholesterol and sulfasalazine for joint problems.

**PRESENT Rx, CENTRATION AND ACUITIES:**

R +1.25/-0.25x180 6/60. Near Add +2.50 N 24

L +1.50/DS 6/36. Near Add + 2.50 N 24

**PD/NCD** 62/58 mm

**VISION** R 6/60 L 6/60

**PINHOLE VISION** R 6/36 L 6/36

**REFRACTION**

R +5.50/-1.75x160 6/24. Near Add +4.00 N8

L +1.50/-0.75x75 6/36. Near Add +4.00 N18

Tried +8.00 Add VA R N6 (single letters), found it very difficult; L N 10 Not comfortable binocularly.

Tried x2 magnifier with existing Rx N12 binocularly

**BINOCULAR STATUS** with Rx Distance and Near large left exotropia.

**PUPIL REACTIONS** D, C and N full but slow R&L; LE RAPD seen

**FUNDUS EXAMINATION:** see attached

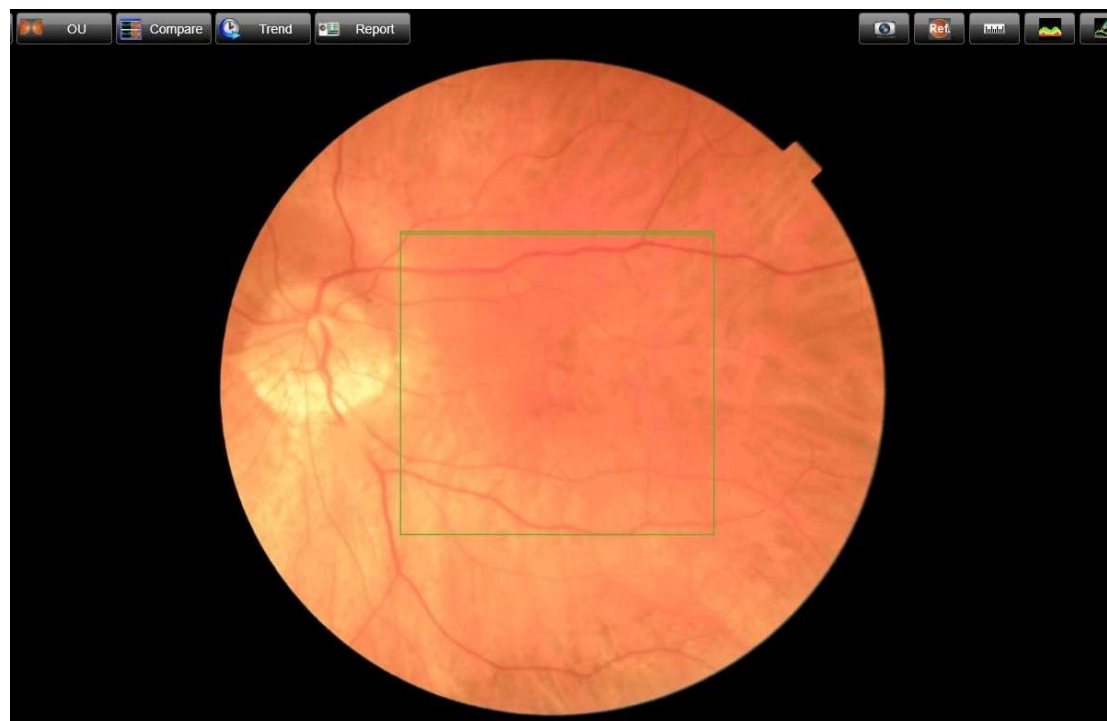
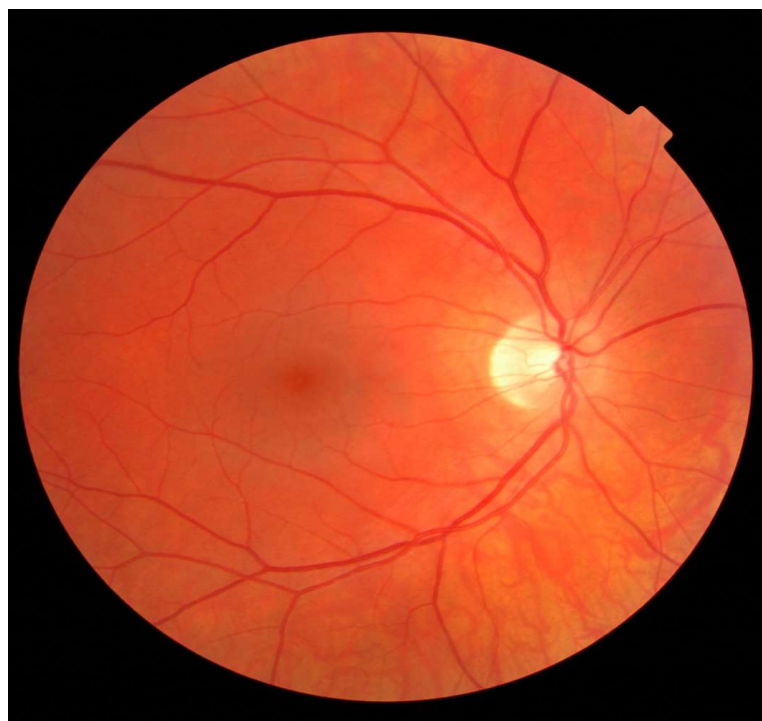
**FIELDS** Not possible with Henson, confrontation fields appeared full R&L.

Amsler shows central scotoma LE.

**IOP** R 18mmHg L 19mmHg @ 2.15pm with Perkins

**EXTERNAL EYE EXAMINATION:** all healthy R&L

# Fundus Image



# LE OCT Image

