

Stage Two

Overarching case scenario 64

AGE AND GENDER Male aged 64 years

ETHNIC BACKGROUND Caucasian
OCCUPATION AND HOBBIES Retired Manager: driver:

PRESENTING SYMPTOMS AND HISTORY Sudden onset of vertical diplopia whilst at cinema 1 week ago. Wears bifocals (1 year old) constantly, vision good for distance and near. Referred to hospital because of diplopia 3 years ago: monitored for 6 months, diplopia relieved by spectacles until last week. Frontal headaches for past week, getting worse throughout day.

GENERAL HEALTH AND MEDICATION Asthma for past 15 years: takes Serevent and Flixotide daily.

PRESENT Rx, CENTRATION AND ACUITIES CR39 D25 bifocals

RE: $+1.00/-1.00 \times 120 \times 1.5\Delta$ UP LE: $+0.50/-0.50 \times 40 \times 2\Delta$ DN Add $+2.00 \times 2\Delta$ DN Add $+2.00 \times 2\Delta$

Distance RE:6/5 LE: 6/5 Near RE: N5 LE: N5

VISION RE: 6/9 LE: 6/6

REFRACTION RE: +0.75/-0.75 x 105 LE: +0.25/-0.25 x 35 Add +2.00

VA Distance RE: 6/5 LE: 6/5 Near RE: N5 LE: N5

ACCOMMODATION RE: 1.25 LE: 1.25

BINOCULAR STATUS Without Rx Cover Test primary position Distance 12Δ left hypertropia 6Δ UP Re and 6Δ DN LE gives single vision for distance and reading

MOTILITY vertical diplopia in all directions of gaze, maximal separation looking down and right, left eye sees the furthest image

CONVERGENCE both eyes adduct to follow target

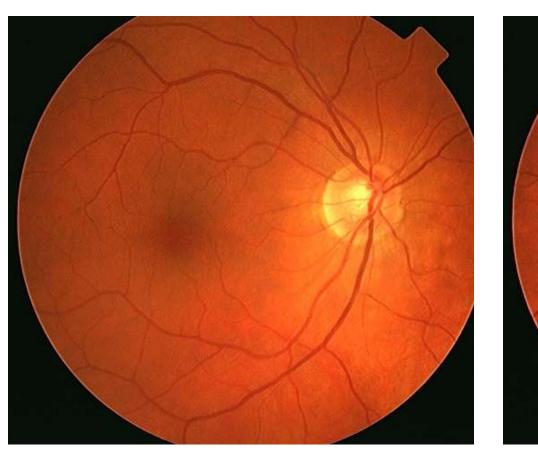
PUPIL REACTIONS pupils equal and round: direct, consensual and near response seen

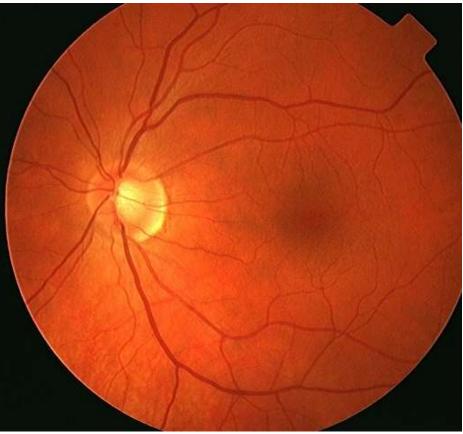
FUNDUS EXAMINATION see attached

FIELDS see attached

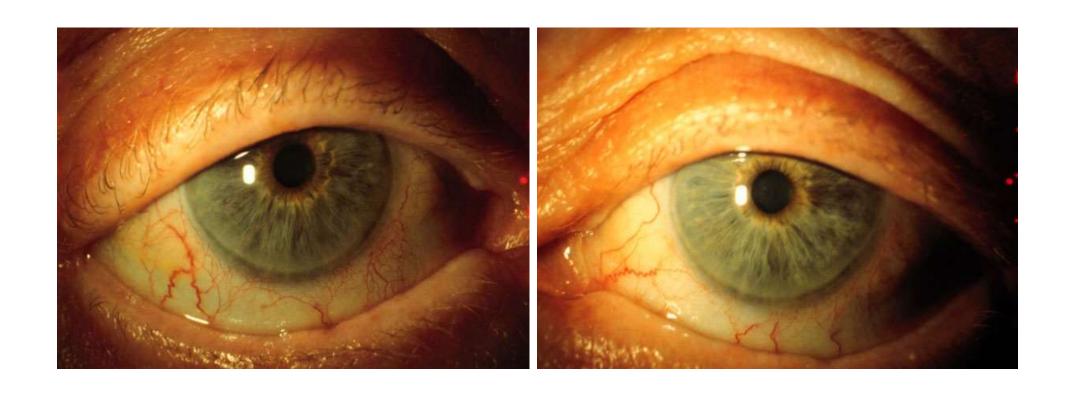
IOP Pulsair NCT RE: 16, 15, 12 mmHg LE: 14,14,11 mmHg 2.00pm

Fundus Image





External Eyes



Field RE & LE

