

SHOW AND TELL: QUICK FIRE PEARLS FOR CLINICAL PRACTICE

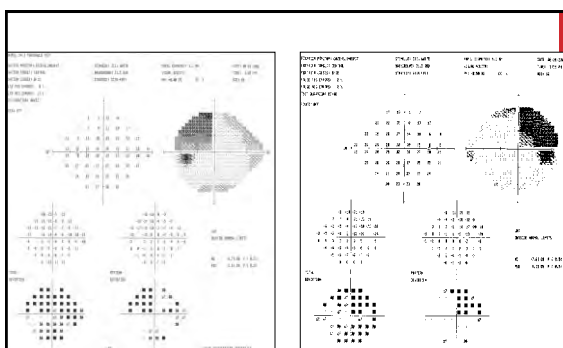
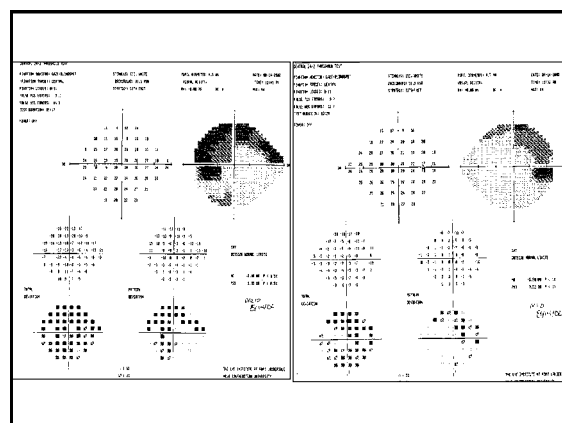
Joseph Sowka, OD, FAAO,
Diplomate



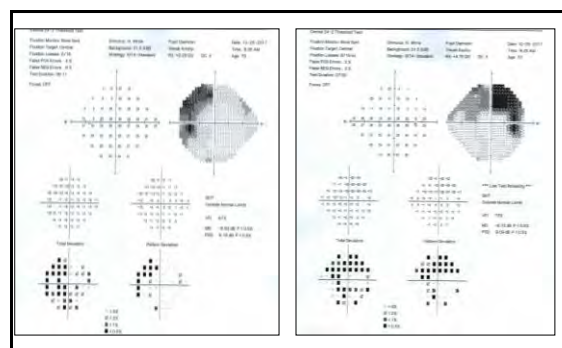
PEARL #1: LOOK AT THE FIELD GRAYSCALE

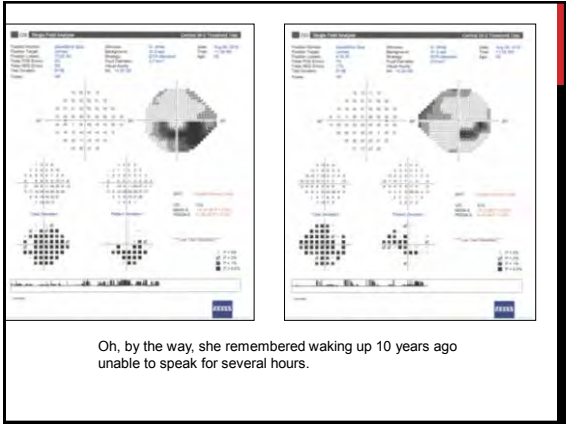
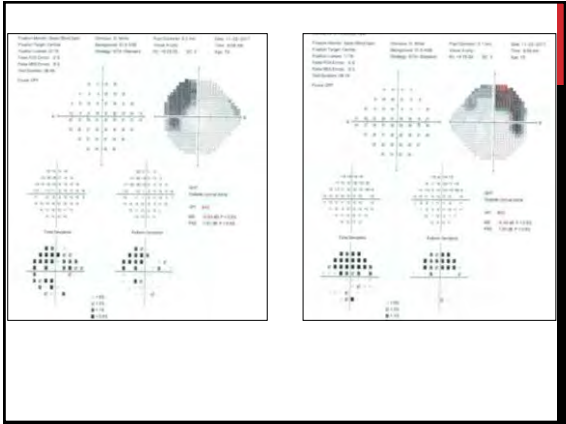
68 YOWF

- Treated for glaucoma at various facilities
- Old records obtained
- “Pressure excellent”
- “Disc pallor OU”
- “Old longstanding familial optic atrophy”
- “Consider neuro-ophthalmology consult”
- “Continue current medications”

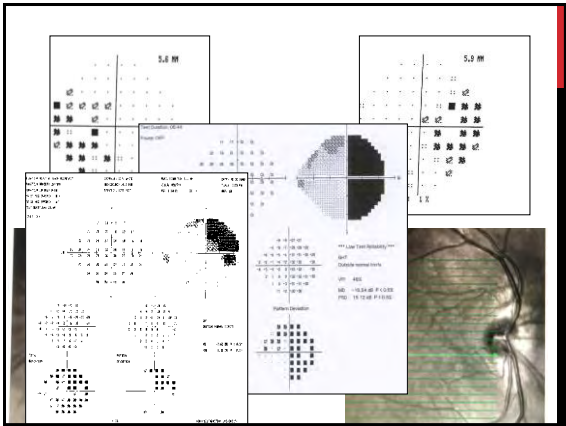
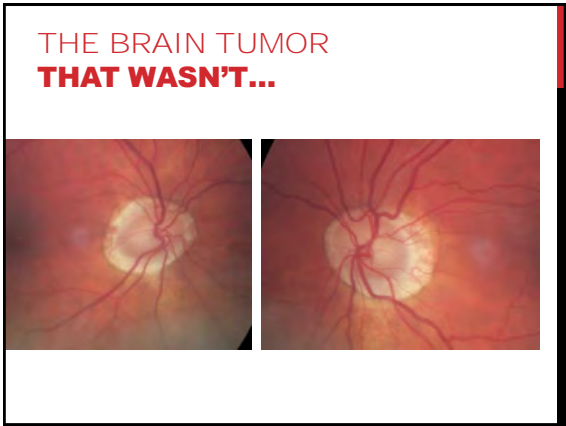
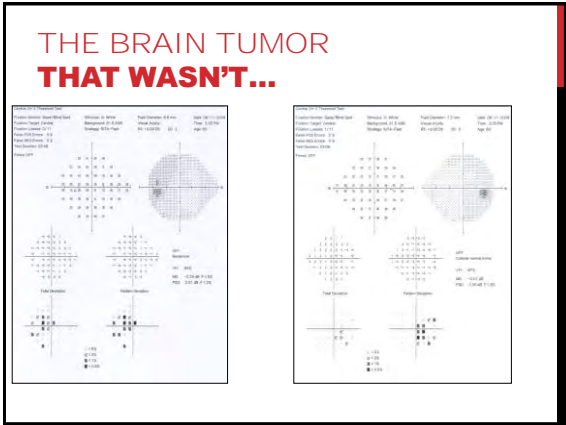


Don't forget to pull the “omas” out of glaucoma





PEARL #2: RECOGNIZE AN ENLARGED BLIND SPOT



PEARL #3: DON'T TRY TO FIGURE OUT UVEITIS

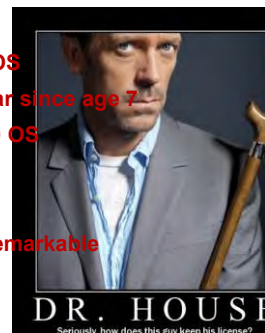
FIGURE OUT UVEITIS?

- 64 YOF- POAG OU and recurrent chronic anterior uveitis
 - (+) ACE; (-) CXR
 - "I don't have sarcoid!!"
- My personal success rate: 0.0%
- Useful patterns:
 - Child+ JRA
 - Hyphema = ankylosing spondylitis
 - Chronic= sarcoid
 - Iris atrophy/ TIDs = herpes
 - Elevated IOP = herpes
 - Prodrome = herpes
 - Recurrent = herpes

PEARL #4: DON'T OVERREACT TO A HIGH IOP

CASE: IT JUST ISN'T CLEAR

- 24 YOFB
- CC: Blurred vision OS
- Happens twice a year since age 7
- BVA 20/15 OD, 20/20 OS
- PERRL (-) RAPD
- CF: FTFC OD, OS
- Medical history unremarkable



CASE: IT JUST ISN'T CLEAR

- Conjunctiva clear OU
- Cornea: steamy edema, KP's
- A/C deep
- IOP: 21 mm Hg OD, 70 mm Hg OS



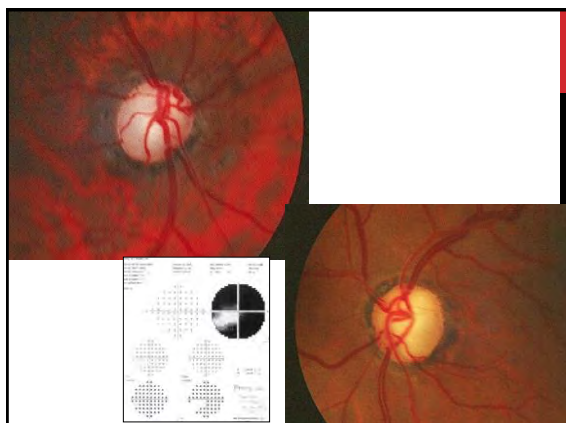
MANAGEMENT THIS PATIENT

- In Office: Pred Forte, Timoptic 0.5%, Alphagan, Trusopt (i gt. each, separated by 5 min)
- After 30 min: IOP 50 mm Hg; edema completely gone!
 - "Now everything is perfect. Can I go now?"
- Repeat regimen:
 - After 30 min: IOP 35 mm Hg → Send patient home with Pred Forte Q2H; Alphagan TID
 - F/U 24 Hrs: IOP 10 mm Hg
 - Threshold fields, OCT: Normal OD, OS

WHAT ABOUT THE CHRONIC IOP ELEVATION?

AS GOOD AS IT GETS?

- 63 YO BM
- Knows he has POAG – doesn't follow through with treatment
 - Poor care in Caribbean
- IOP 43 mm Hg OD; 60 mm Hg OS
- Angles open by gonio OU
- Hand Motion OD, 20/40 OS
 - Small temporal island of vision OS



So, who wouldn't want this patient in their practice?

What are the options?

PEARL #5: PATIENTS WITH ADVANCED GLAUCOMA ARE NOT CONSIDERED TO BE CONSIDERED TO BLINDNESS

AS GOOD AS IT GETS?

- 63 YO BM - POAG
- Medications:
 - Timolol/brimonidine FC, brinzolamide, travoprost OS; travoprost OD
- IOP: 29-34 mm Hg OD, 10-13 mm Hg OS
- Never misses appointment
- Thankful things are as good as they are

