

In the Medals: My Favorite Cases

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- This course will present a number of timely and challenging cases that the primary care doctor of optometry is likely to encounter. Management utilizing the latest pharmacology and technology will be emphasized.
- Objectives:
- Ensure proper medical and family history is taken
- Provide a Comprehensive eye exam.
- List all meds and ocular meds
- ** Presentation will provide different cases – patient work-up, diagnosis, treatment options (topical and oral medications) and outcomes will be discussed.
- **Equipment**
- Slit lamp biomicroscopy
- **Gonioscopy**
- Differential Diagnosis
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- Methods to study PPMD
- Slit lamp biomicroscopy
- Histopathology
- Electron microscopy
- Specular microscopy (*in vivo*)
- Confocal microscopy (*in vivo*)
- Examination of family members
- Histology
- **ICE**
- Unilateral
- Sporadic
- Symptomatic
- Progressive
- Middle age
- F>M
- Corneal edema, glaucoma. Iris changes common
- Endothelial cells large, pleomorphic
- Endo cells may stain for keratin
- Normal anterior and posterior banded and nonbanded DM

- “Ice cells” on specular

- **Glaucoma:** Topical medications, filtering surgery.
- **Take home points**
- PPMD is a rare but also poorly recognized endothelial dystrophy.
- Annual eye examination with gonioscopy and IOP check. If unclear diagnosis, specular/confocal microscopy.
- Usually asymptomatic and non-progressive
- Symptomatic cases often associated with glaucoma.
- PPMD with iridocorneal adhesions likely to have increased IOPs.
- PPMD associated Glaucoma is difficult to manage, particularly in patients who have undergone Keratoplasty.
- The presence of iridocorneal adhesions is the most important factor that influences outcome of keratoplasty on PPMD patients.
- Paul’s Pearls
- Early onset
- Grouped vesicles with blister-like appearance, surrounded by grey haze
- Often unilateral
- Band or snail track variant
- VA usually unaffected
 - Early Choroidal Neovascular Membrane (CNVM) Development:
 - Optical Coherence Tomography (OCT) Diagnosis
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- OCT
- **In-vivo medical diagnostic imaging modality**
 - Performs high-resolution, cross-sectional
 - tomographic imaging of the internal microstructure
 - of biologic systems
 - Is able to detect sub-clinical conditions that may be hard to see with contact
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biomicroscopy and/or FA
- **Several studies have shown that OCT can detect sub-clinical macular edema due to conditions that cause decrease in visual acuity such as ERM, VMT, and CSME**
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- Conclusion
- A combination of case history, thorough ocular examination, OCT, and Fluorescein Angiography is important

- Pearls

- Overview

Review of pathology
Diagnosis
Management

- Chair-side tests
 - Ice Pack Test:
 - Tensilon® Test (Edrophonium chloride)
- Laboratory Test
- Serologic testing:
- Other Laboratory Tests...
 - Corticosteroids
 - **Prednisone**
 - Side effects: **aseptic bone necrosis, hyperglycemia, hypertenstion, osteoporosis, immune compromise, psychological disturbance, cataracts, glaucoma, proximal myopathy, growth retardation (in children), dysmorphic soft tissue changes.**
- Other immunosuppresives...
 - **Azathioprine**
 - **Cyclosporine**
 - **Mycophenolate**
- Plasmapheresis
 - **Plasma exchange**
 - **Removes AchR-Ab from circulation**
 - Mestinon 30mg PO q4h
 - **Other Considerations**
 - **Lifestyle**
 - **Concomitant disease**
 - **Emotional response**