

My (latest) Favorite Cases

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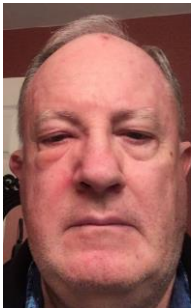
First, a few rules to live by...

1. Be observant and curious
2. Never panic before you examine
3. Don't be afraid to tackle new things
4. Always explain VA loss less than 20/20 or have a plan to do so
5. Do a thorough exam on every patient and record carefully, neatly and thoroughly!

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Unexplained Preseptal Cellulitis



- Hospitalized for 5 days with IV antibiotics:
- NO IMPROVEMENT

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Back to our dude....I referred him to a dentist, but why?

Cone Beam CT



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A Tooth for an Eye:

"I Think I Have Pink Eye"!

3 days after tooth extraction: much better!

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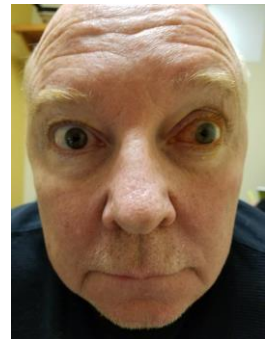
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67 WM

Differential Diagnosis: your call!

- Day 1: 20/20 J1
- Day 14: Comes in for second eye surgery OS: still 20/20 J1

- REBOUND IRITIS?
- EPISCLERITIS?
- PINK EYE?

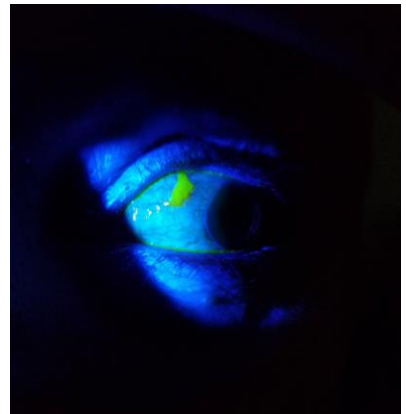


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More history?

- Nothing unusual
- Oh, maybe I felt something Sunday working in the yard



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22 Male with the dreaded
"3 week Pink Eye"

- Seen by his eye doctor, given eyedrop which stings
- Eventually sent to Omni



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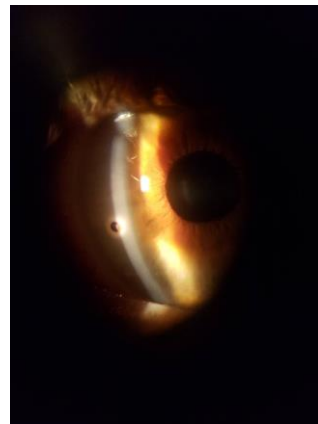
What about this
24 BF?
*RA since 2014
*3 weeks of injection
*NI with Pred BID

does not stain



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What else is in the differential of sectoral injection?



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Corneal Foreign Bodies

- Types: Metal, plastic, organic, and unknown
- They often want to know what it is that you took out.....be prepared!

“Reasons” not to take it out?

- “Deep”
- “On Visual Axis”
- Patient in pain
- Don’t know what it is

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Limbal FB’s the toughest!

Bottom line with sector injection:
 think conjunctival abrasion/FB/trauma and stain with fluorescein first

- THEN EPISCLERITIS, SCLERITIS!

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The Case of the Running Eye



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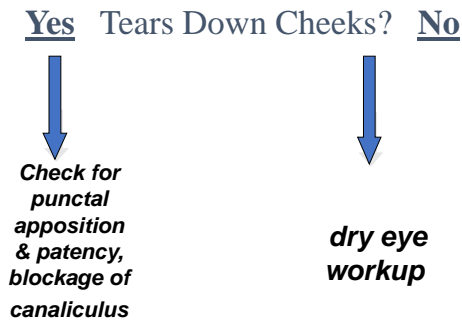
Pearl

- 41 WF
- Breast cancer survivor
- Worried about itching and “tearing” OS > OD, worse when “out of contacts”

- Always ask about tearing... “do the tears run down your face?”

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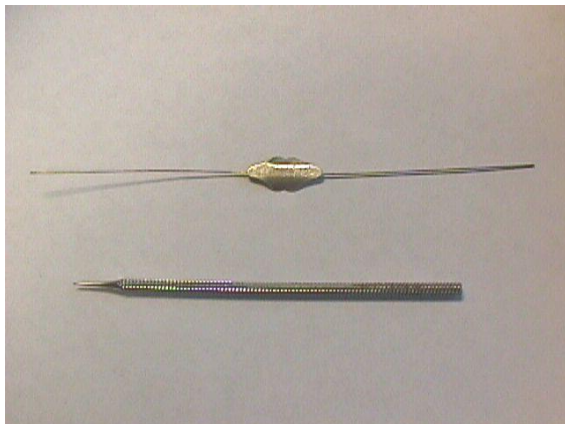


True epiphora

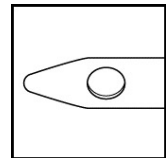
- examine punctal openings (size and apposition to globe), then dilate/irrigate to determine site of blockage

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Irrigating Cannulas/Dilators



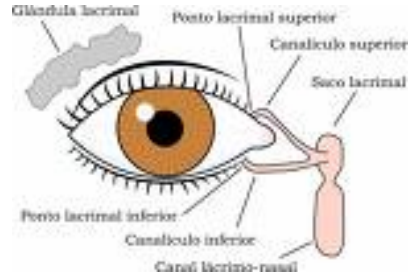
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Irrigation



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Take Home Pearl

- Always ask about tearing...“do the tears run down your face?”
- Think about adding lacrimal procedures to your practice!

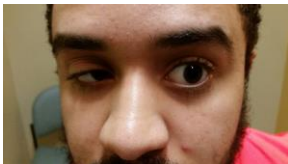
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22 HM with “swollen lid”



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Motility Restriction



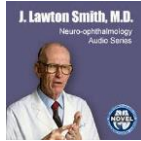
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Quick Facts

- MG may mimic any EOM palsy
- 75% of pts have ocular symptoms initially
- This is a neurological disease
- Treatment with anticholinesterase agents may not be effective>>>switch to steroids
- Consider thymus gland

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“New onset vertical diplopia in an adult is Myasthenia Gravis until proven otherwise”



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The Case of the Hurting Face

- 73 BF
- 1 week hx of severe mucopurulent drainage OS and a red eye
- Began noting “raw, irritated” skin above and below eye with itching



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- Was applying frequent hot soaks to area around OS
- Awoke the morning we saw her with swelling below RLL



Your diagnosis?



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Atopic Dermatitis

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Management

- Think of it as a form of eczema triggered by a variety of irritants
 - Soaps, harsh chemicals, heat, stress, foods, and certain infections such as
- Staph Aureus: a frequent cause of this condition with skin response in periorbital region

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