

OPHTHALMOLOGY IN GENERAL PRACTICE !!



When to treat and when to refer ??

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Advices and Principles

- ⊗ Basic ophthalmology : anatomy, physiology , pathology
- ⊗ Most common eye disorders
- ⊗ Emergencies
- ⊗ Basic examination tools : Snellen chart, torch, slit lamp, Fluorescein, BNX, and dilating drops, direct ophthalmoscope
- ⊗ Careful history and examination rolling out life threatening conditions

Not emergency cases

"A real emergency is something that threatens your survival, not just your desire to be comfortable."

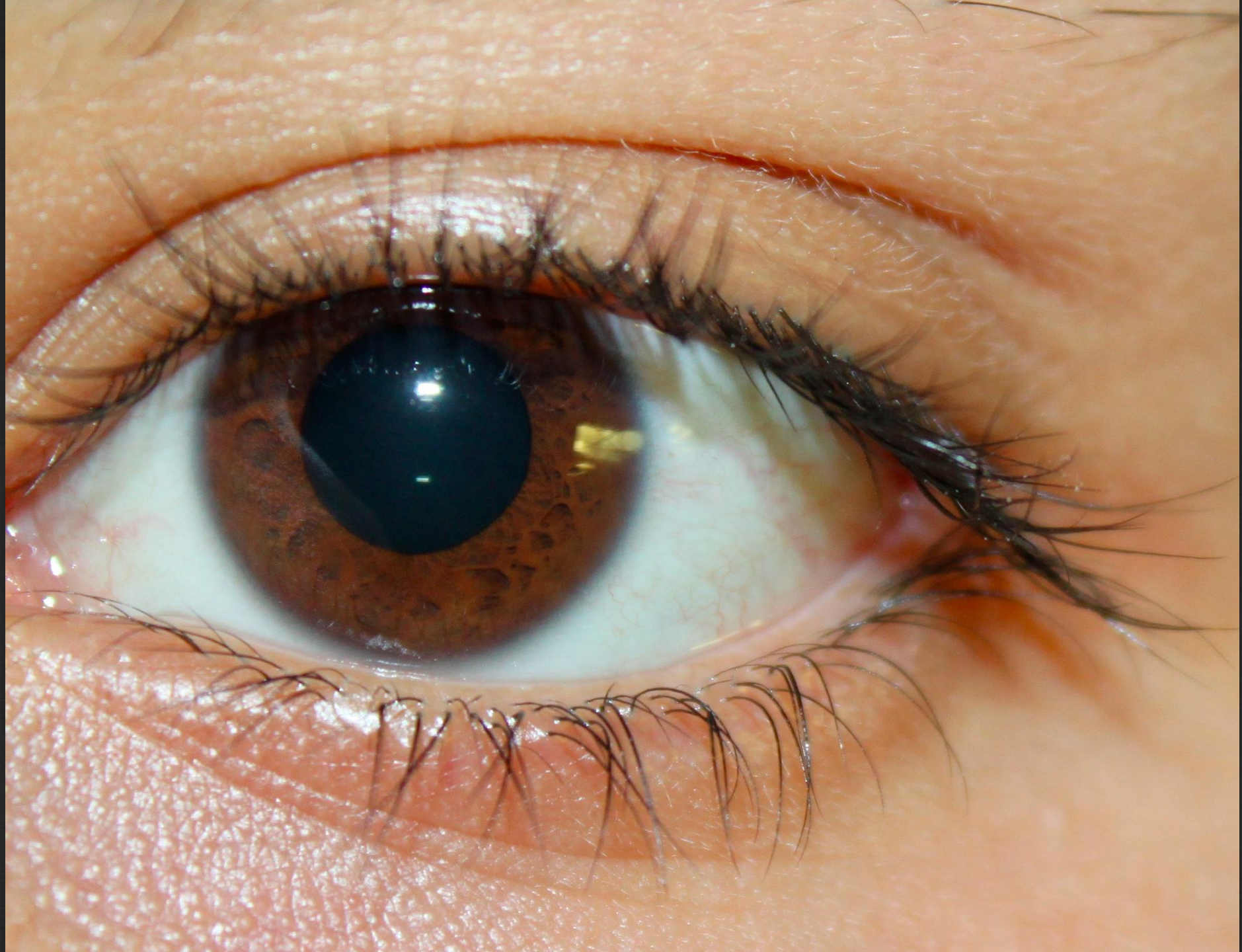
~David Bach

findingjoyinthejourney.net

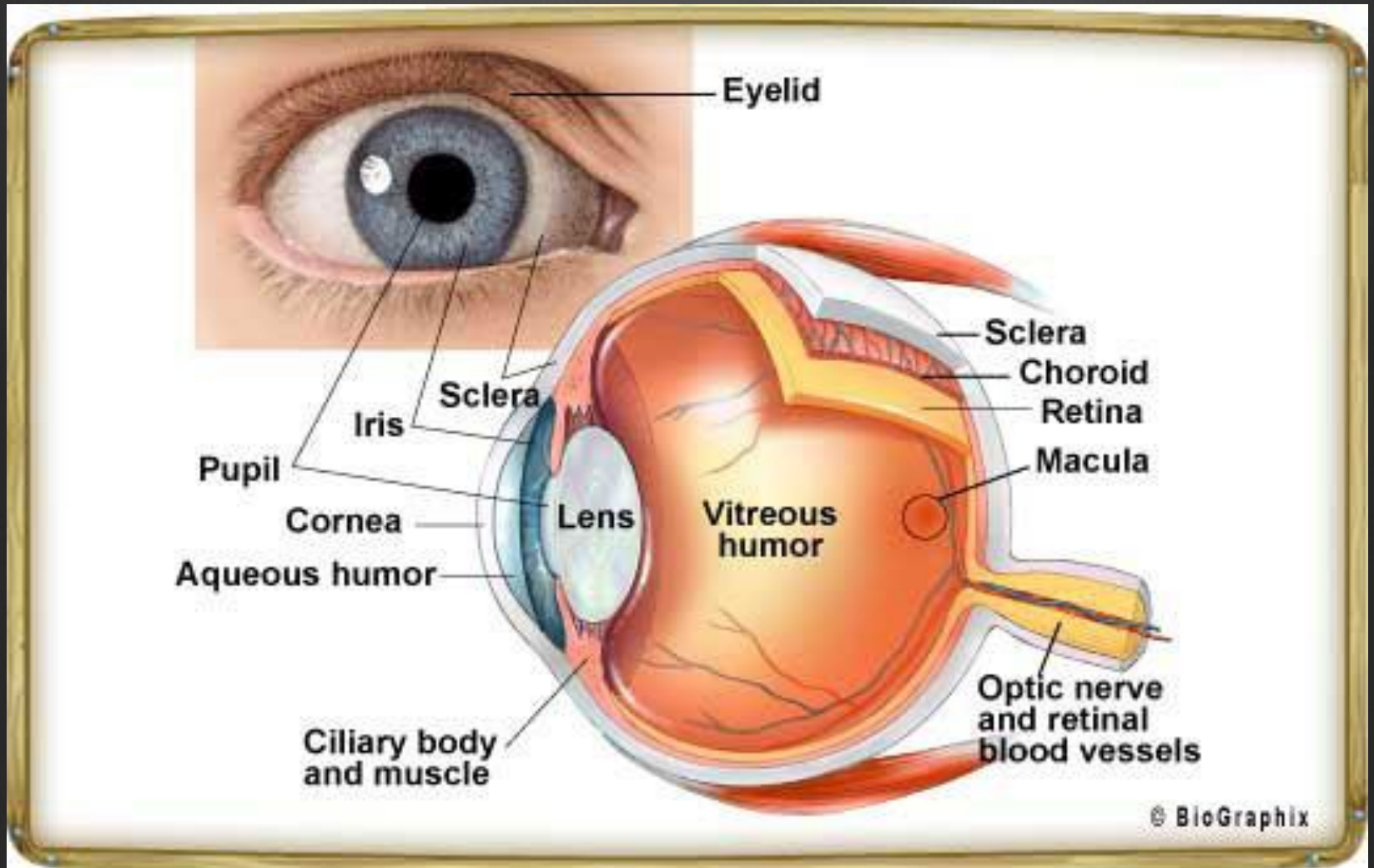
Look to face



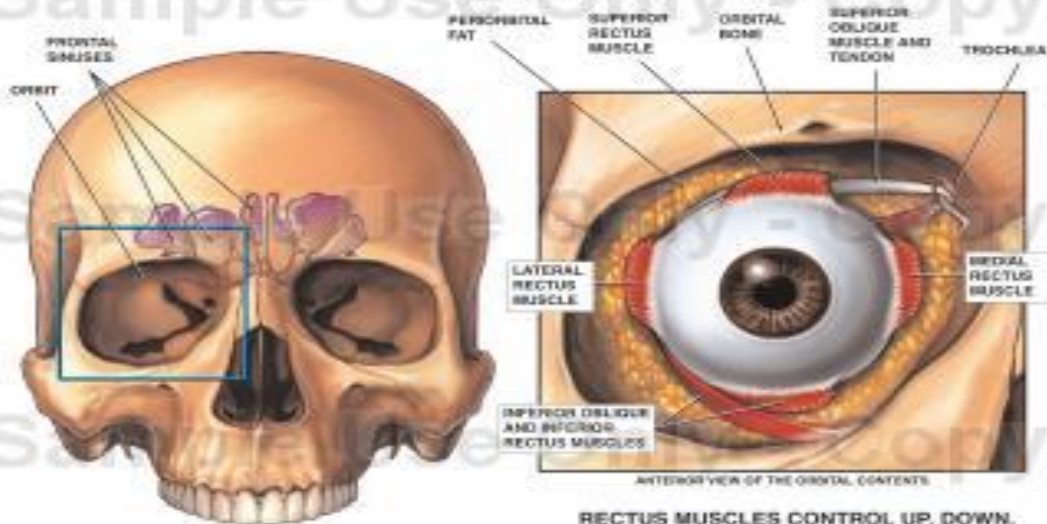




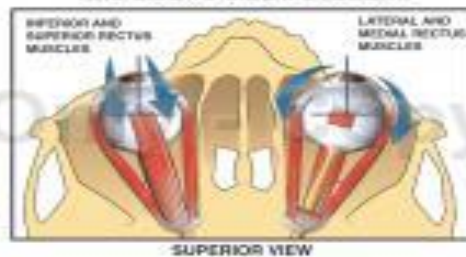
Structures ?



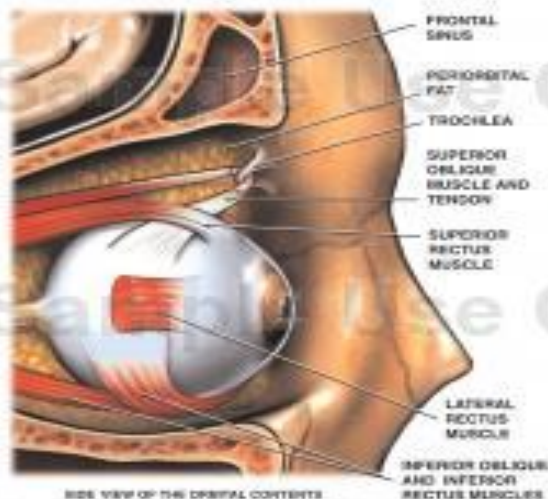
Anatomy and Movement of the Eye



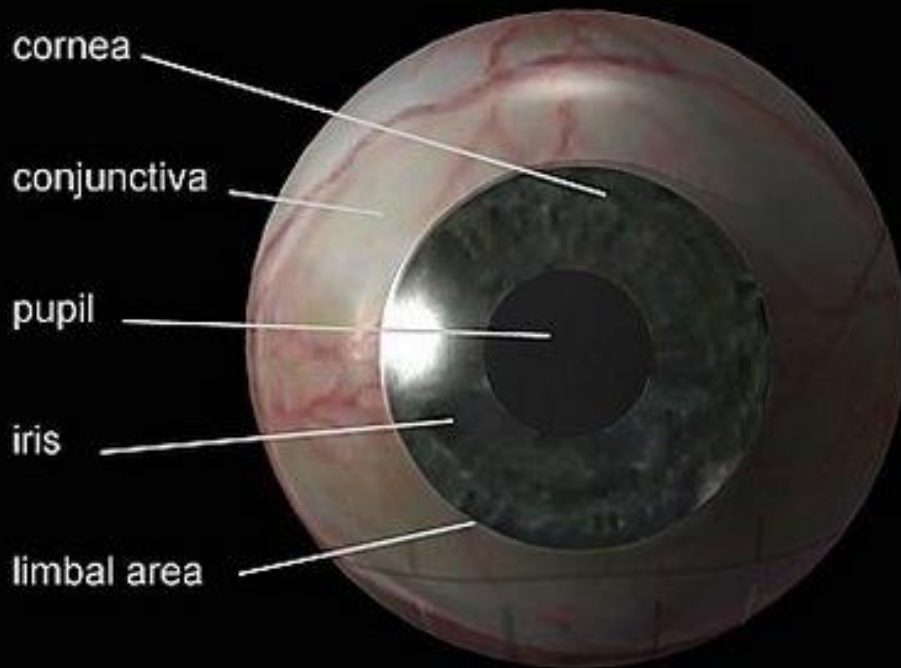
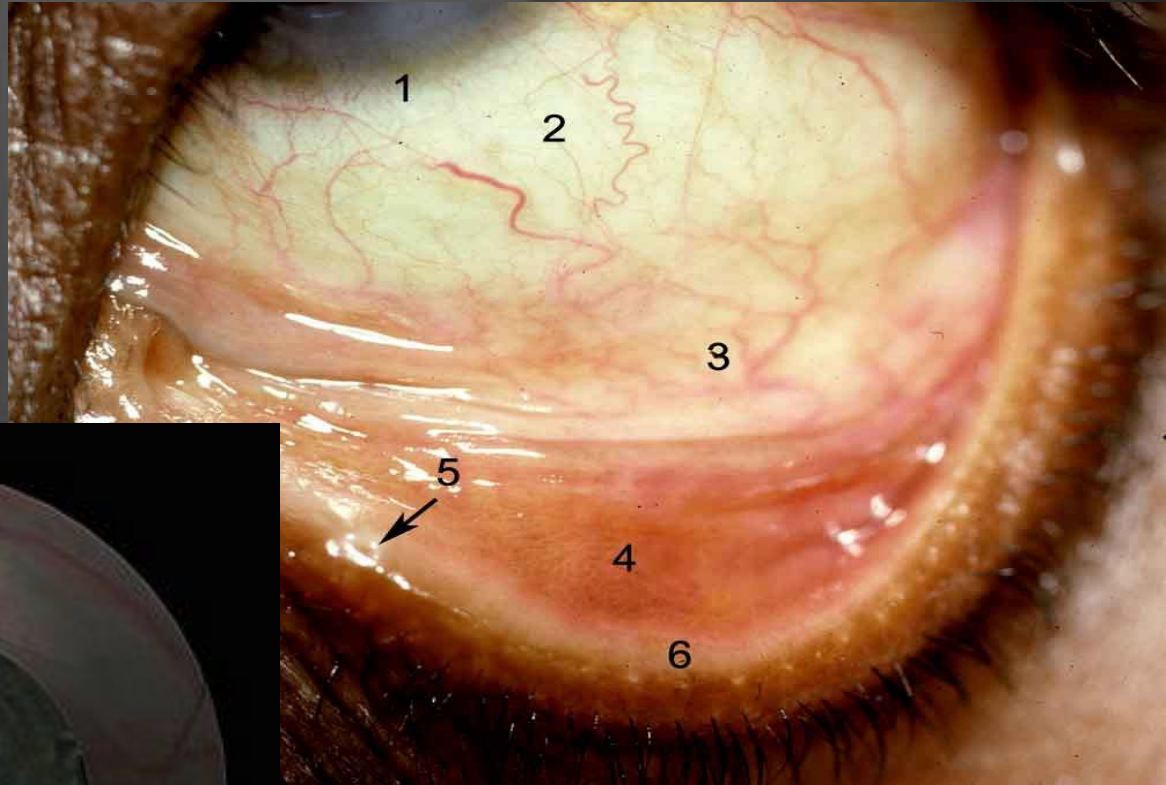
RECTUS MUSCLES CONTROL UP, DOWN, AND SIDE TO SIDE MOVEMENT.



OBLIQUE MUSCLES CONTROL ROTATION OF THE EYE DURING ANGLED VIEWING.

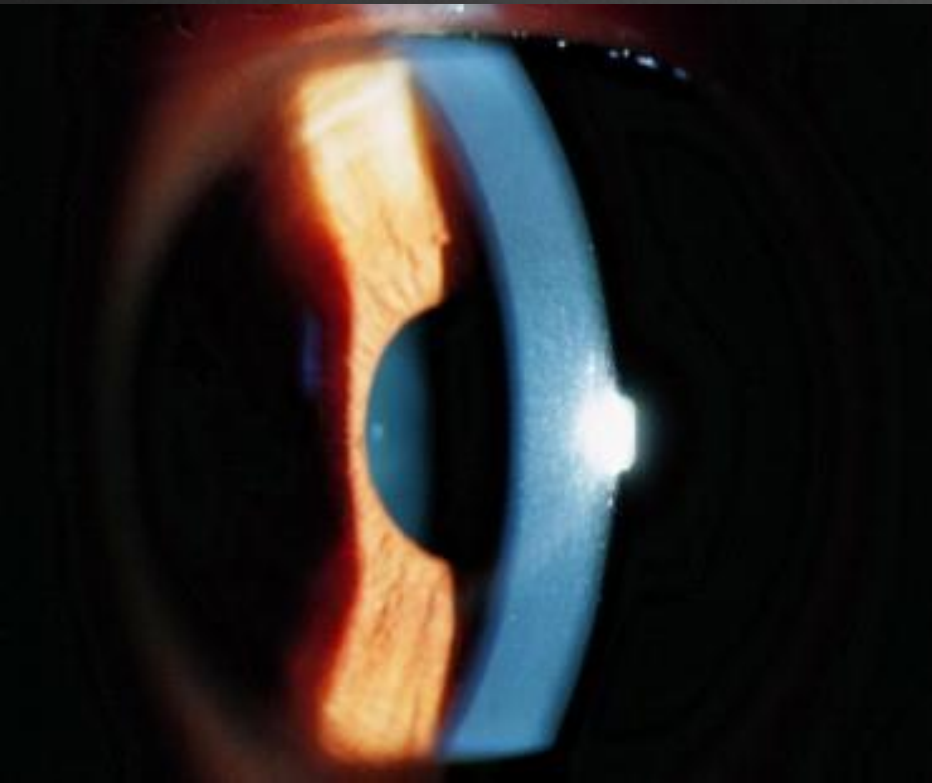


What I'm looking to ?



How I can look for the details

🎥 Slit lamp



Direct ophthalmoscope

- ⊗ Set it on +20 D
- ⊗ At 5cm you can see good magnified eye structures :
meibomian gland orifices, tear film, conjunctiva, cornea,
anterior chamber, iris.
- ⊗ Change it to your refraction to look via the pupil : media
opacities, optic disc and retina .

EyeQuick™ Digital Ophthalmoscope Camera

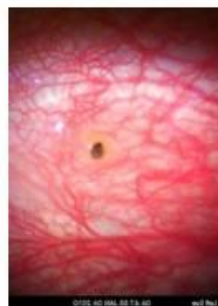


*FDA 510k pending –
Not for sale in the U.S.*

Actual external photos



Iris



Conj foreign body



Corneal f.b.



White cataract



Lid lesion

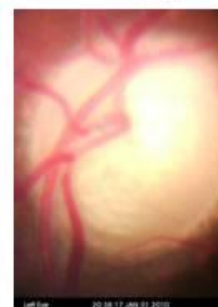
Actual retinal photos



Optic nerve



Glaucoma suspect



Advanced glaucoma



Diabetic heme



Papilledema



So you can treat :

- ⊗ Conjunctivitis
- ⊗ Corneal abrasions
- ⊗ Corneal F.B (superficial)
- ⊗ Sub tarsal F.B
- ⊗ Subconjunctival hemorrhage
- ⊗ Lid margin disease
- ⊗ Dry eye (mild-moderate)

Be like ??



Help !!

Do I need to refer
this patient ??

Red eye with !

- ⊗ Loss of vision
- ⊗ Pain
- ⊗ Prolonged
- ⊗ Not responding to treatment (conjunctivitis)
- ⊗ New signs or symptoms
- ⊗ Recurrent
- ⊗ Post ophthalmic surgeries
- ⊗ Old or known history of Uveitis, Glaucoma, Diabetic retinopathy ...etc.

Adeno viral keratoconjunctivitis



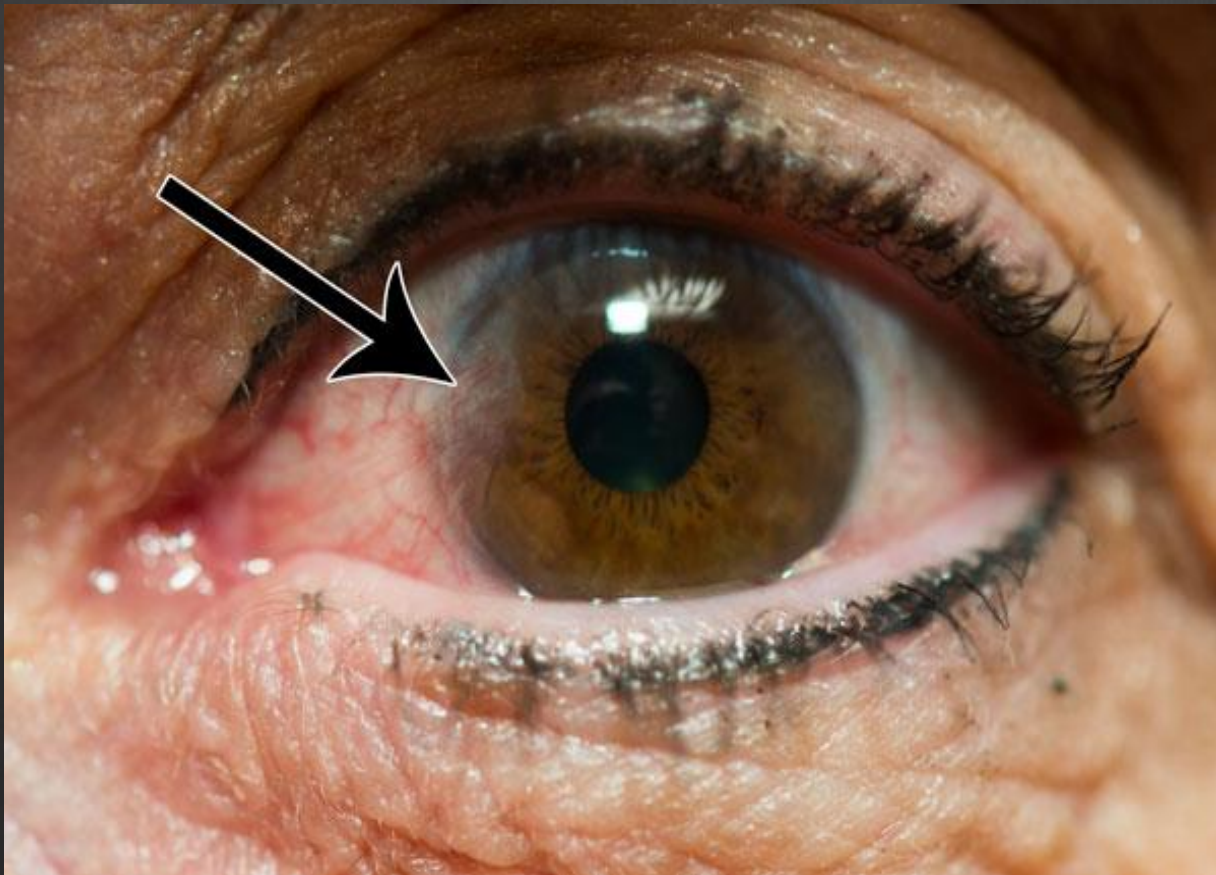
Gonococcal conjunctivitis



Marginal keratitis



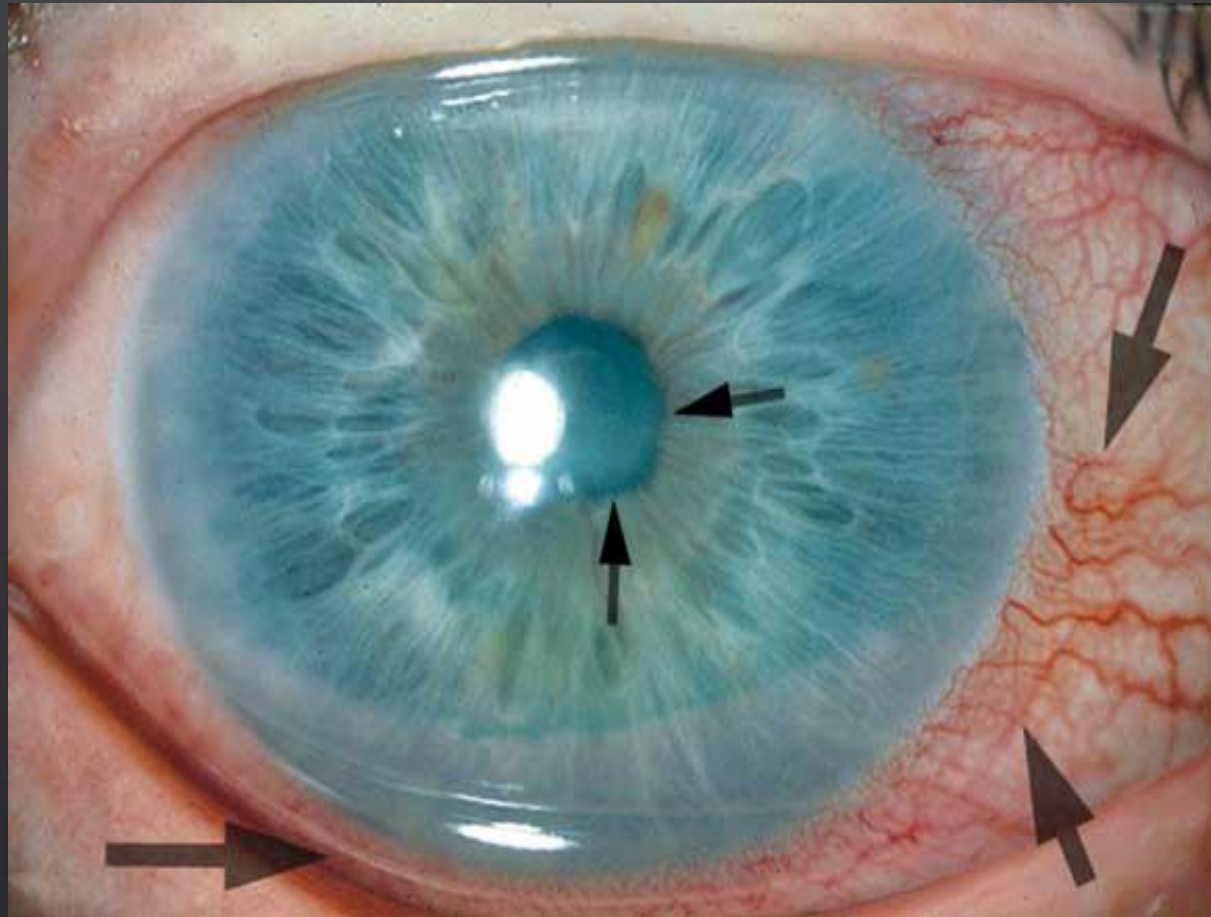
Pterygium



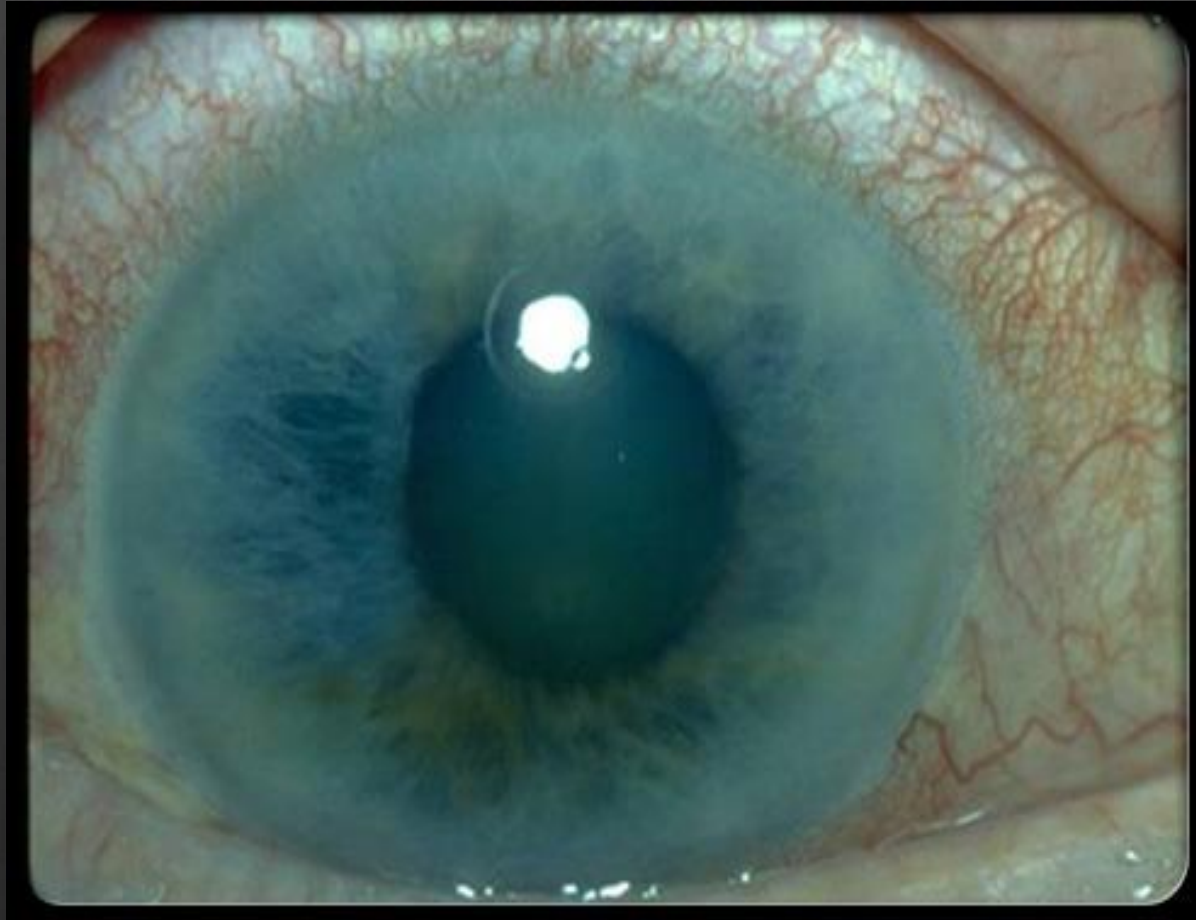
Epi – scleritis



Uveitis



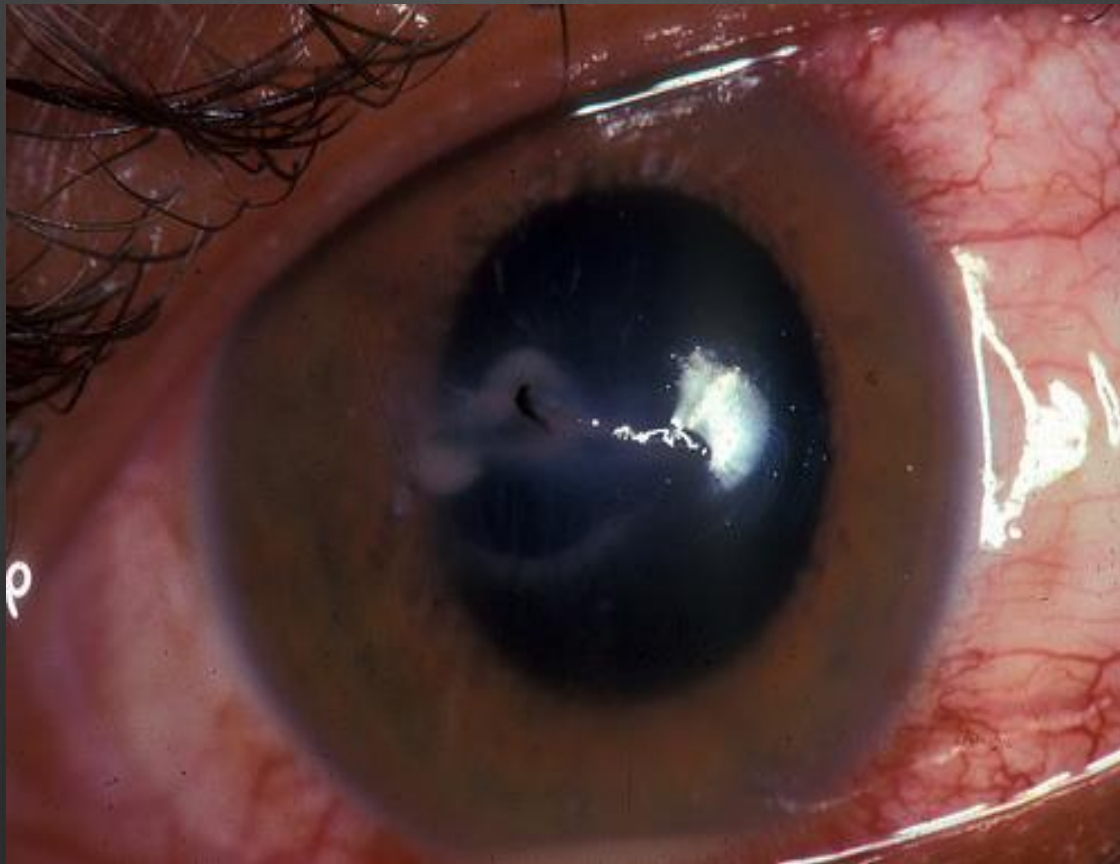
Chronic glaucoma



Trauma

- ⊗ Recent or old
- ⊗ Any case with hyphema
- ⊗ Chemical burn
- ⊗ Seen or suspected corneal foreign body
- ⊗ Obvious lid, conjunctiva, globe injury
- ⊗ Not clear from the history & exam
- ⊗ Loss of vision, double vision, ptosis, protrusion of the globe, facial asymmetry

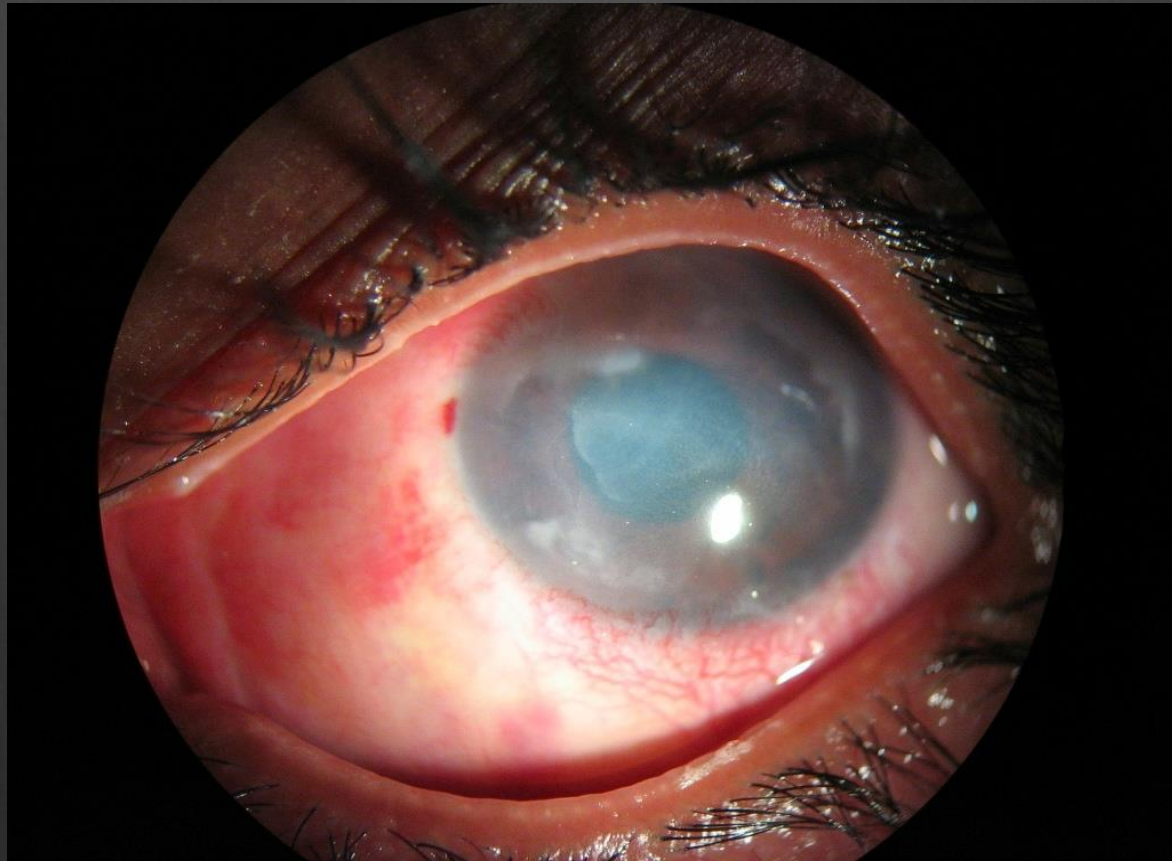
Corneal F.B



Globe F.B



Chemical burn



Orbital fracture

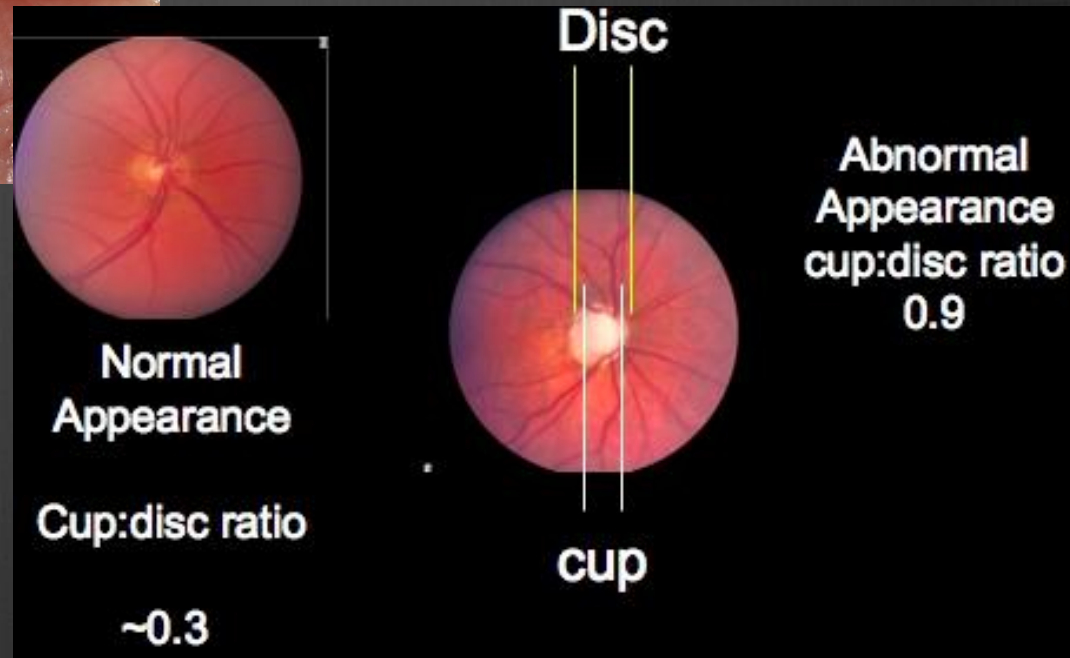


Old trauma



© Christopher Zoumalan MD

Old trauma with loss of vision



Chronic retinal detachment



Lid swelling, anomaly !

- ⊗ Acute ? Chronic ?
- ⊗ Congenital or acquired
- ⊗ Signs and symptoms of inflammation if any
- ⊗ Nodule ! Ulceration ? Tumor ?
- ⊗ Not responding to the current treatment
- ⊗ Pediatrics with difficult examination
- ⊗ Associated with other ophthalmic signs or symptoms
- ⊗ History of previous trauma or surgery

Pre septal – orbital cellulitis



Non resolving chalazion



Tumor ?



Lash misdirection



Ptosis



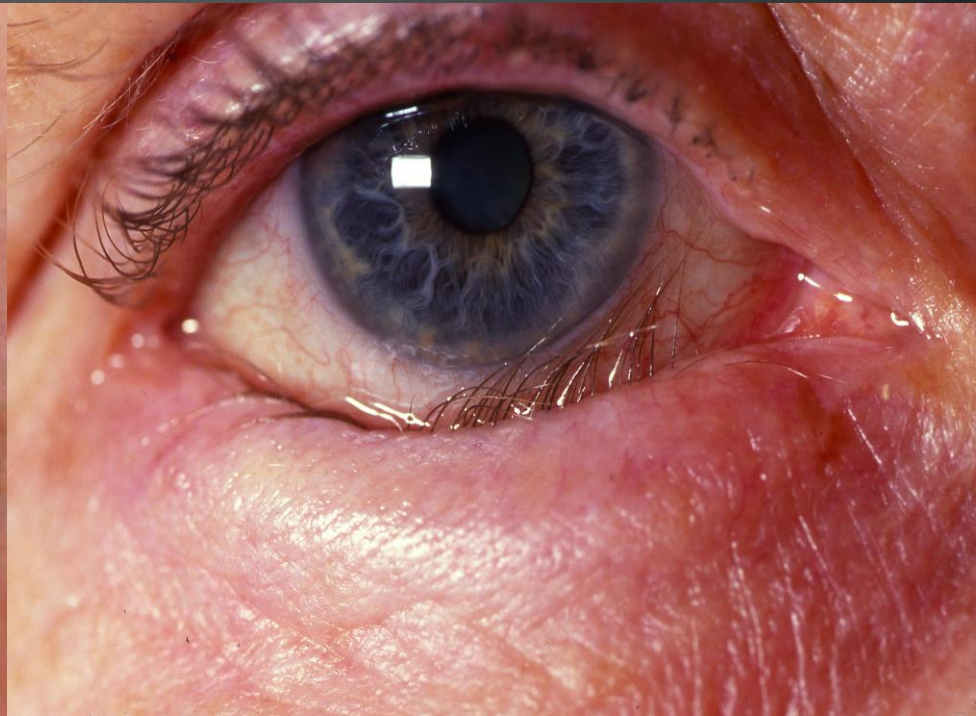
Blepharochalasis syndrome



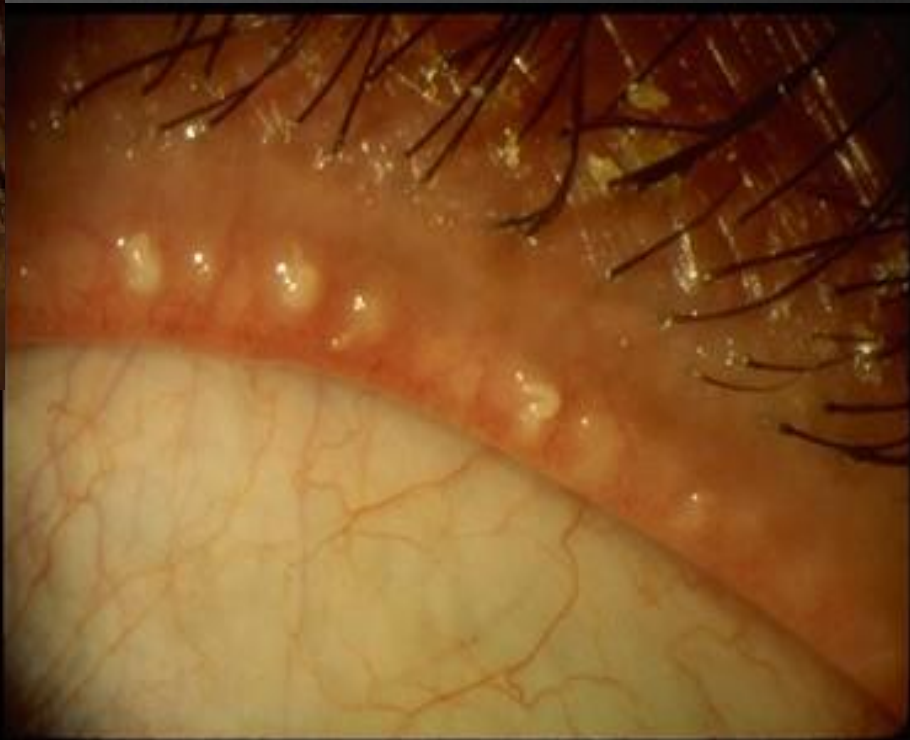
Lid retraction



Lid ectropion & entropion



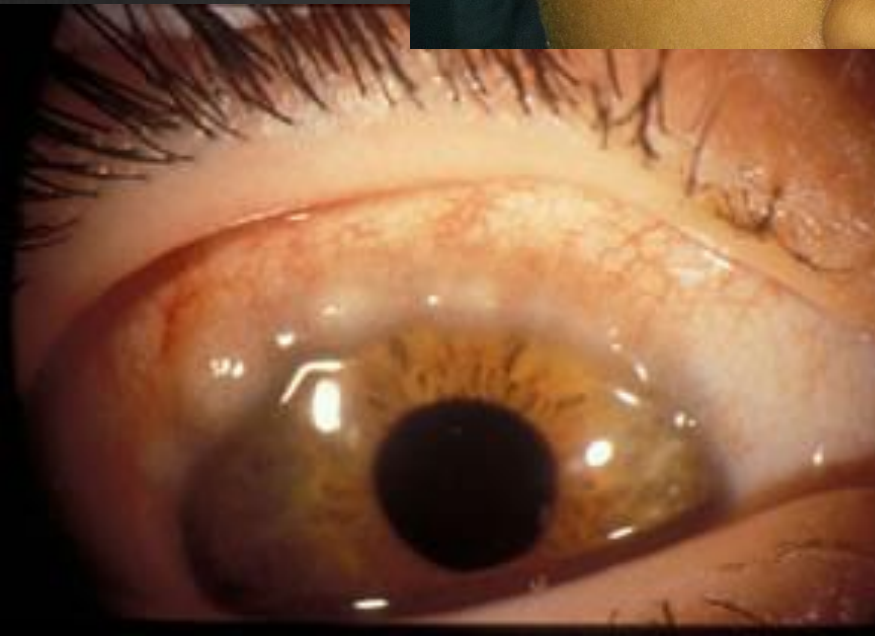
Blepharitis



Tearing

- ⊗ All the day ?
- ⊗ Related to season
- ⊗ Indoor & outdoor
- ⊗ Associated with discharge ?
- ⊗ Unilateral or bilateral
- ⊗ Since birth or recent

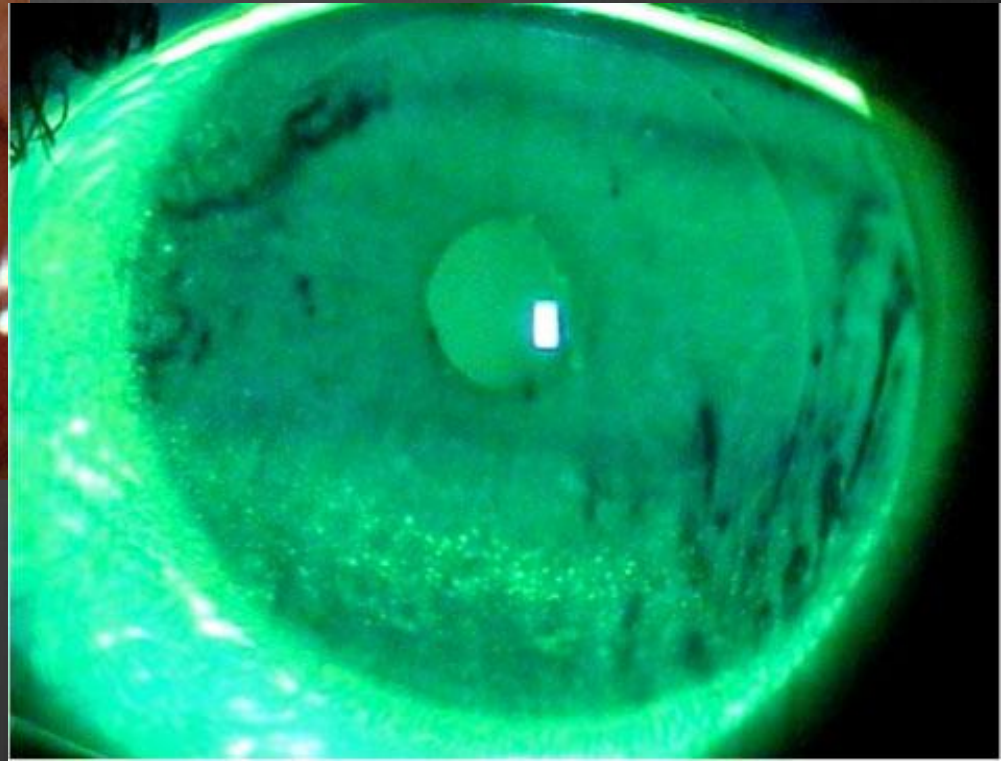
Vernal K.C



Naso lacrimal duct obstruction



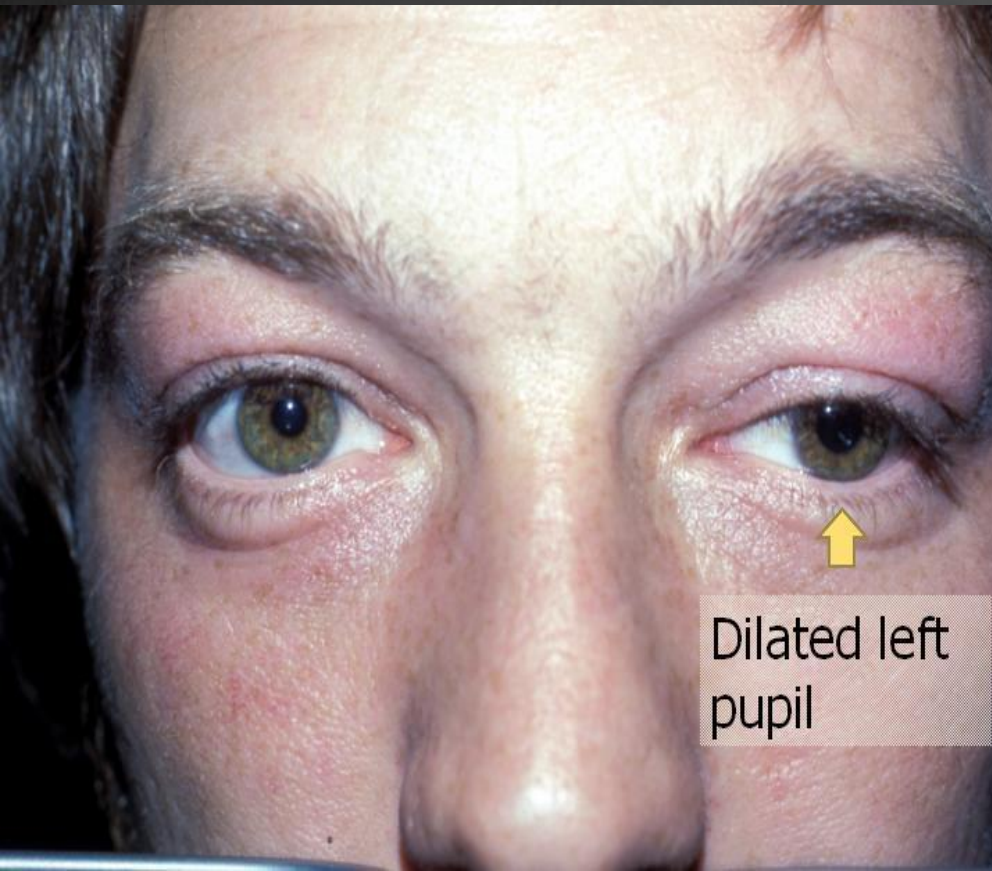
Keratoconjunctivitis sicca



Strabismus



Adult strabismus

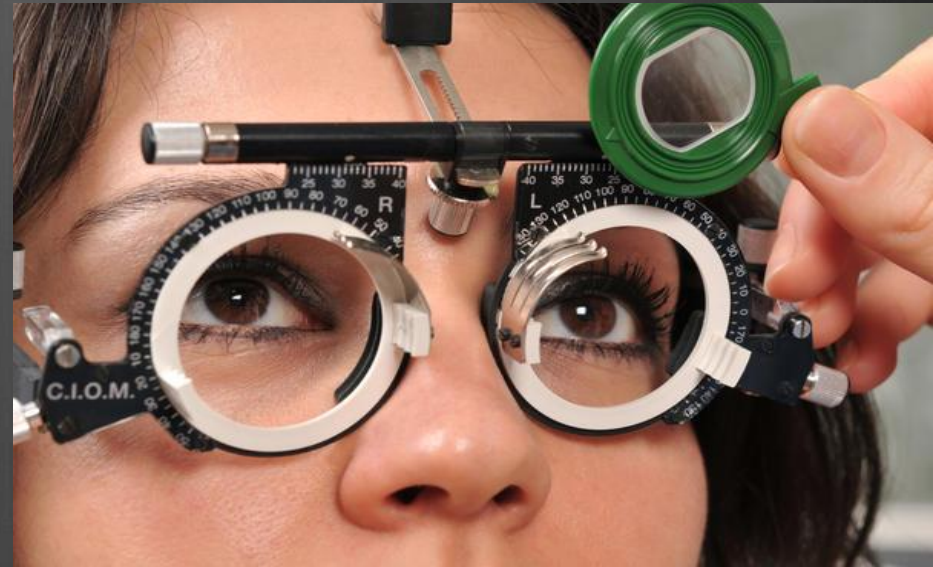


Blurring vision ?!

- ⊗ When
- ⊗ Which eye
- ⊗ Pain or redness
- ⊗ Associated symptoms (headache, nausea, vomiting...)
- ⊗ Medical conditions (DM, HTN, Renal failure...)
- ⊗ Ocular motility

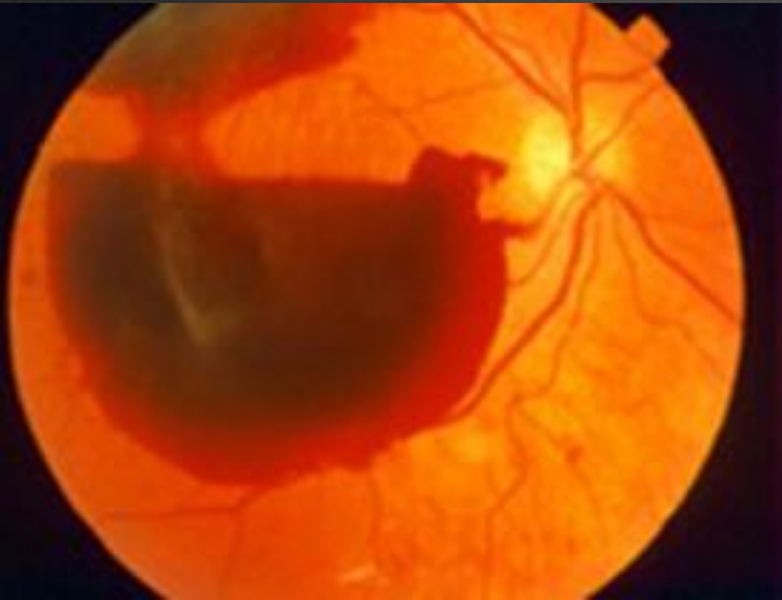
Refraction

- ⦿ Myopia
- ⦿ Hyperopia
- ⦿ Astigmatism
- ⦿ Presbyopia



Media opacity

- ⊗ Corneal scar
- ⊗ Cataract
- ⊗ Vitreous hemorrhage

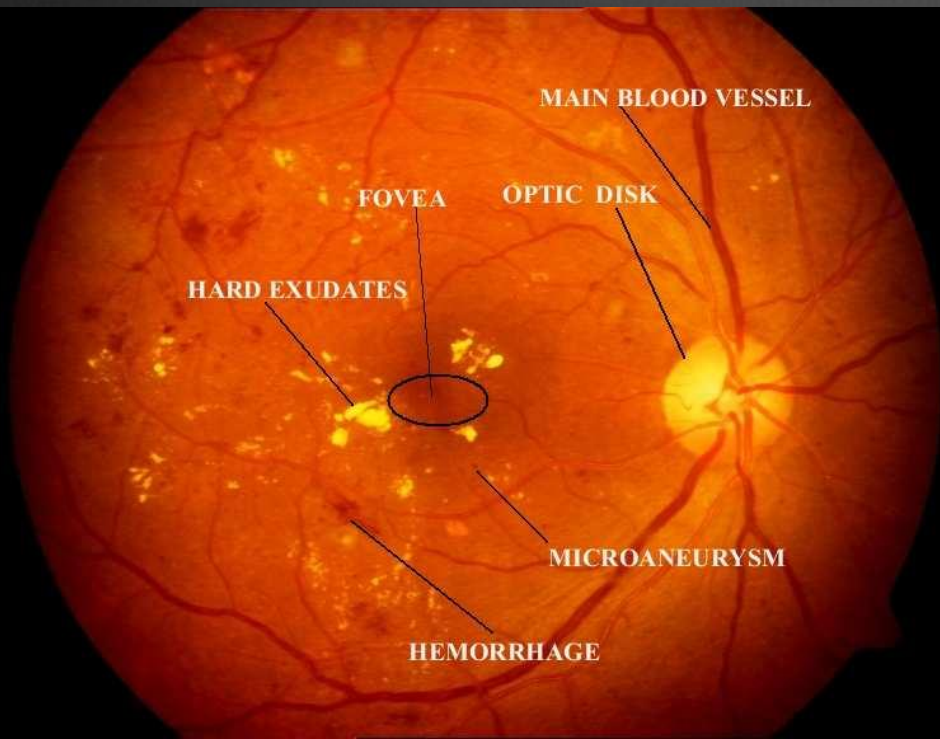


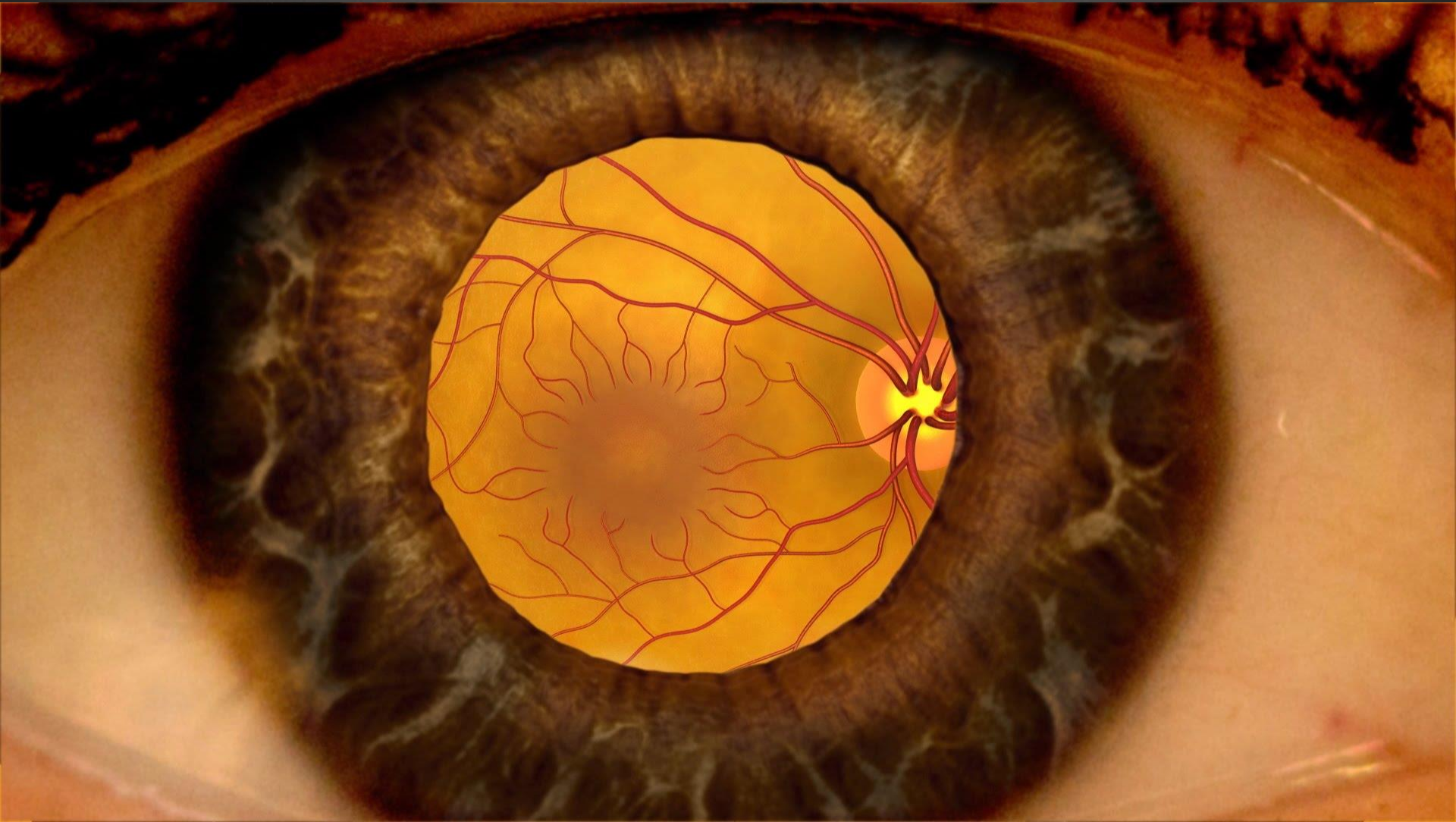
Medical conditions

- ⊗ Diabetic retinopathy
- ⊗ Renal failure
- ⊗ Immune diseases (RA, SLE, Sarcoidosis....)

Diabetic retinopathy

- ⊗ Non proliferative sever
- ⊗ Clinical significant macular edema
- ⊗ Proliferative

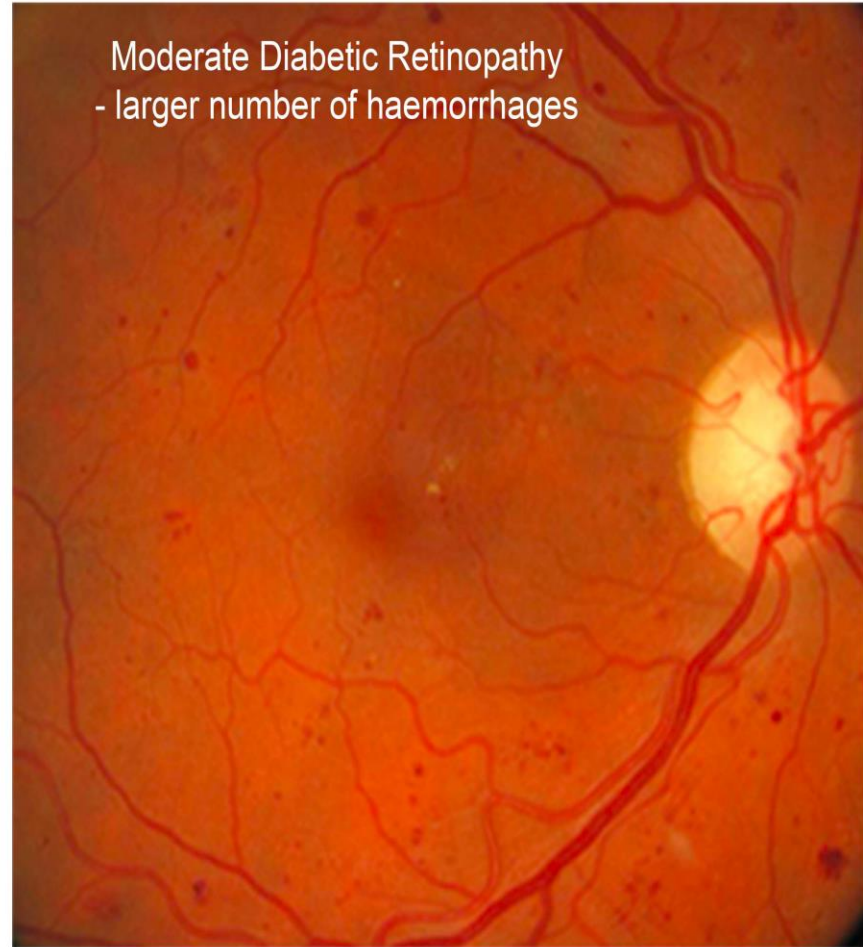


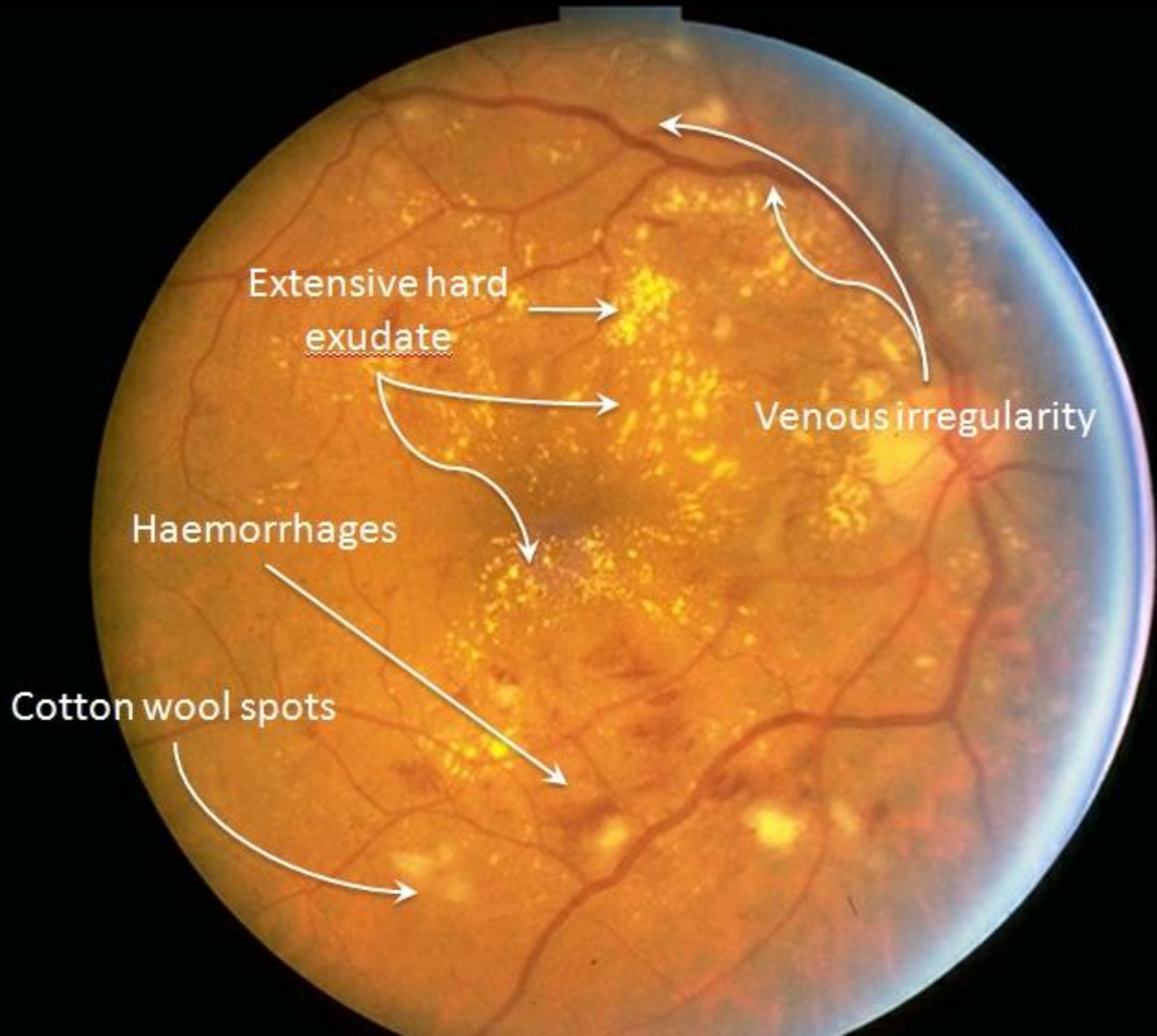


Mild and Early Diabetic Retinopathy
- small haemorrhages are circled



Moderate Diabetic Retinopathy
- larger number of haemorrhages







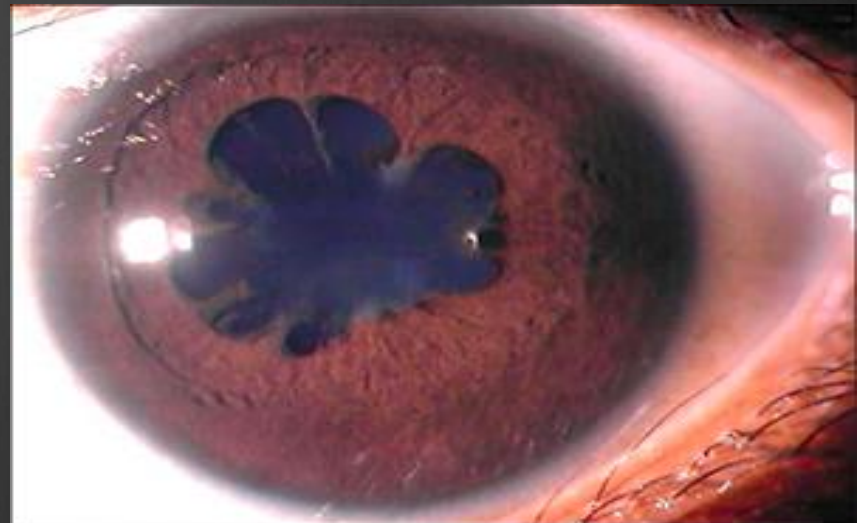
INTERNATIONAL CLINICAL DIABETIC RETINOPATHY DISEASE SEVERITY SCALE



Proposed Disease Severity Level	Findings Observable upon Dilated Ophthalmoscopy
No Apparent Retinopathy	<ul style="list-style-type: none"> € No abnormalities
Mild Non-Proliferative Diabetic Retinopathy	Microaneurysms only
Moderate Non-Proliferative Diabetic Retinopathy	More than just microaneurysms but less than Severe NPDR
Severe Non-Proliferative Diabetic Retinopathy	<p>Any of the following:</p> <ul style="list-style-type: none"> € More than 20 intraretinal hemorrhages in each of 4 quadrants € Definite venous beading in 2+ quadrants € Prominent IRMA in 1+ quadrant <p><u>And no</u> signs of proliferative retinopathy</p>
Proliferative Diabetic Retinopathy	<p>One or more of the following:</p> <ul style="list-style-type: none"> € Neovascularization € Vitreous/preretinal hemorrhage

Funny pupil !

- ⊗ Leukocoria
- ⊗ Irregular
- ⊗ Anisocoria (different pupil size)
- ⊗ Different iris color

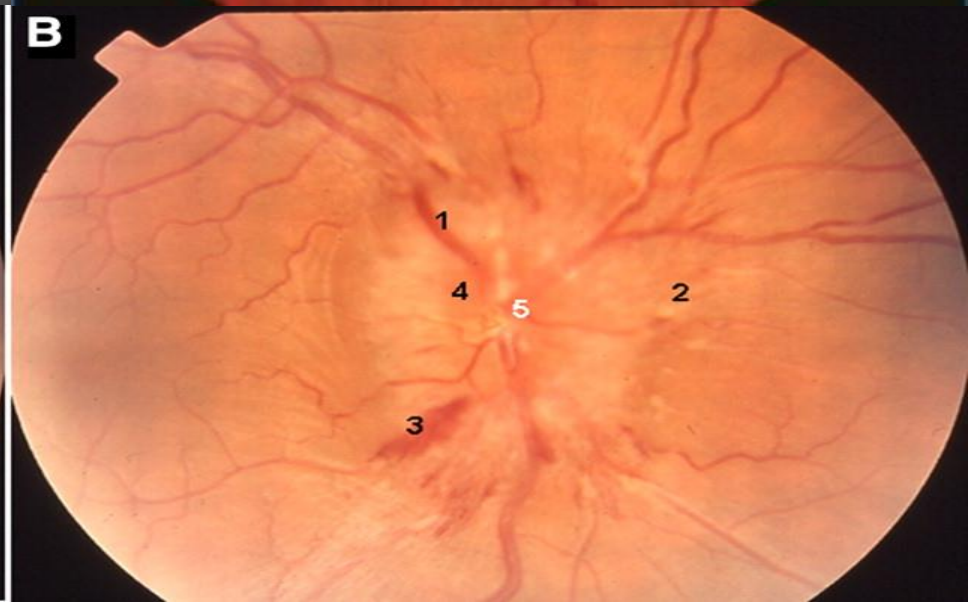
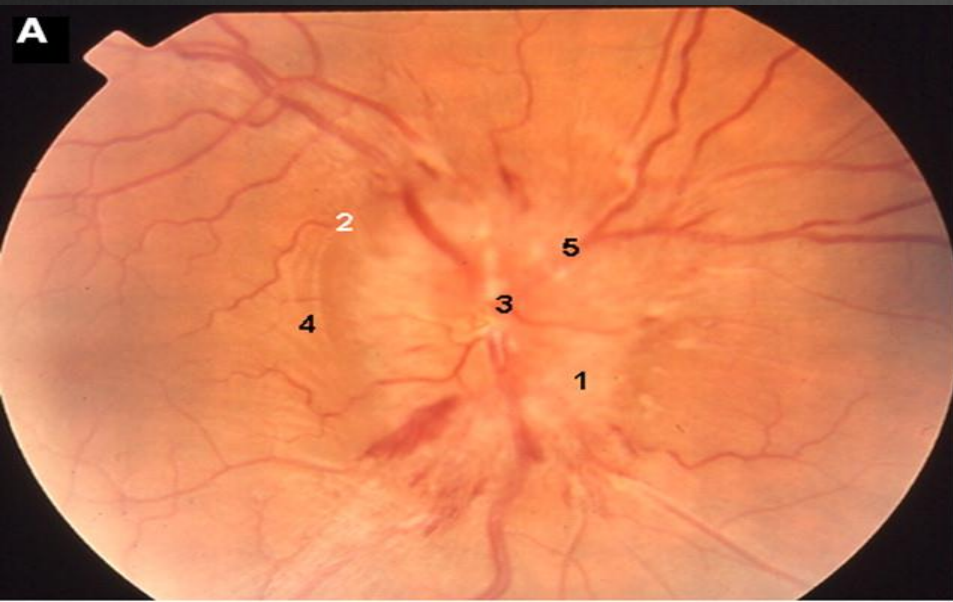
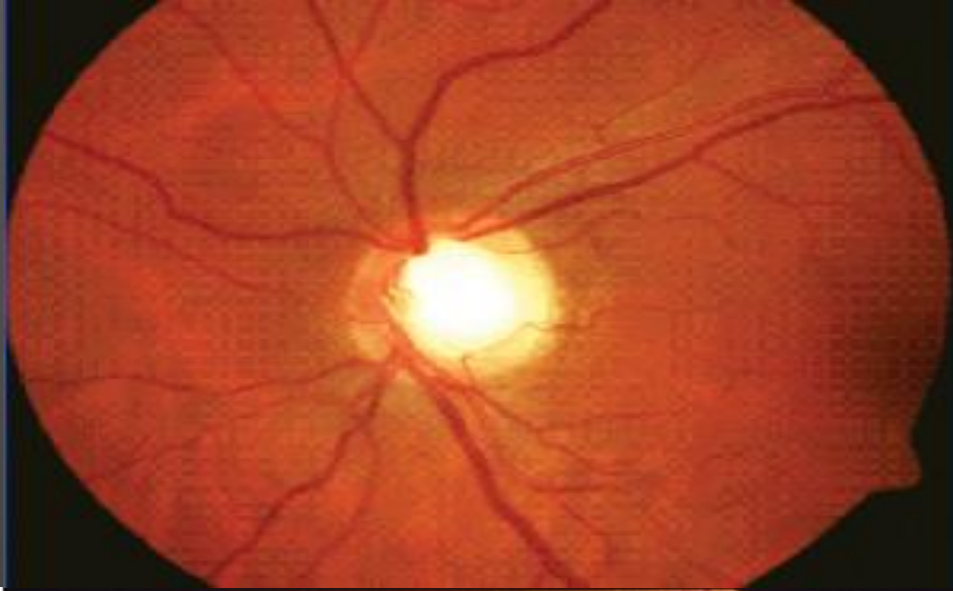


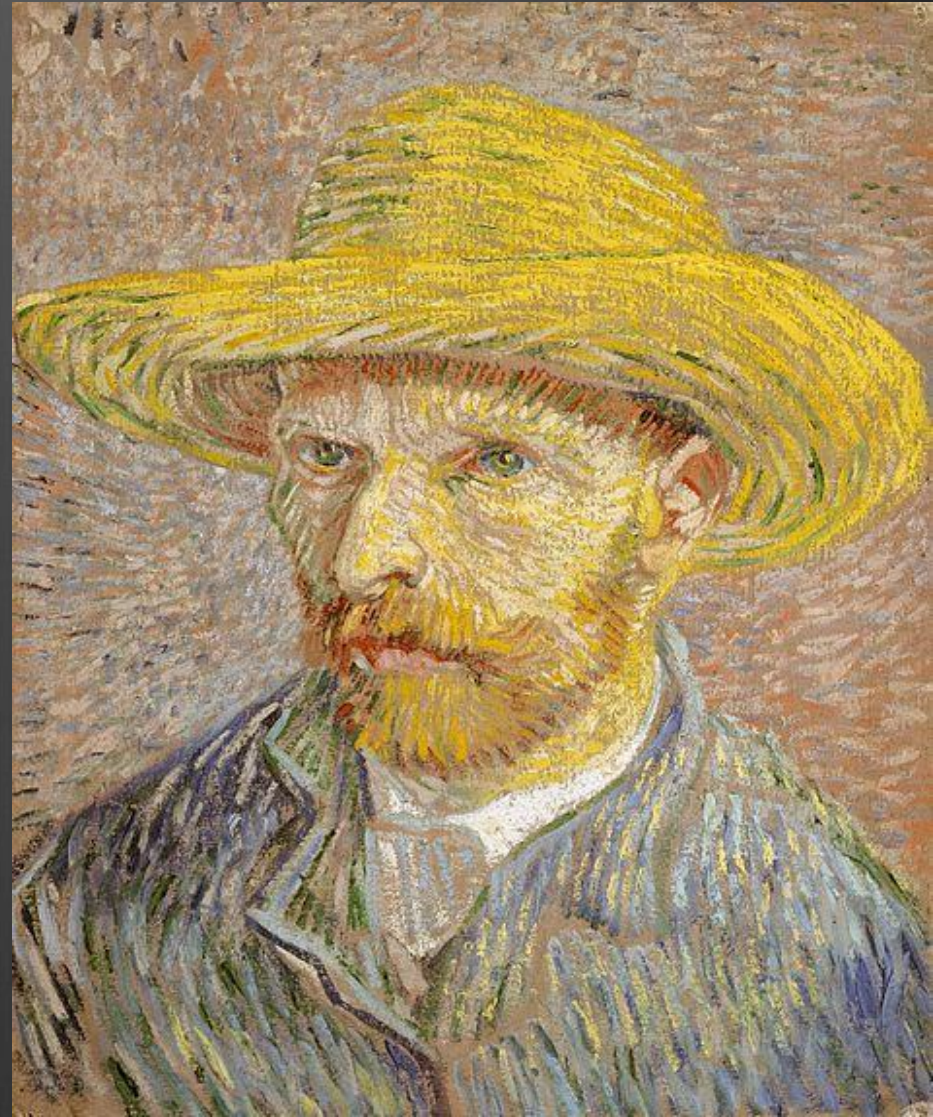
Odd pupils



Disc anomalies

- ⊗ Edema
- ⊗ Papilledema
- ⊗ Cupping







THANK YOU

