ACMO SAMPLE PATIENT 1

Demographics
42-year-old black male; accountant

Chief complaint
"My left eye is red and irritated."

Secondary complaints/symptoms
photophobia and blurred vision left eye

Patient ocular history
metallic corneal foreign body OS 5 years ago

Patient medical history
unremarkable

Medications taken by patient
no relief with TobraDex® four times per day OS X 1 wk

Patient allergy history
NKMA

Family ocular history
unremarkable

Family medical history
father: lung cancer

History of present illness
Character/signs/symptoms: redness and irritation
Location: OS
Severity: 7/10 on pain scale
Nature of onset: acute
Duration: 2 weeks
Frequency: constant
Exacerbations/remissions: none
Relationship to activity or function: none
Accompanying signs/symptoms: photophobia and blurred vision OS

Review of systems
Constitutional: denies
Ear/nose/throat: denies
Cardiovascular: denies
Pulmonary: denies
Dermatological: cold sore on lower lip
Gastrointestinal: denies
Genitourinary: denies
Musculoskeletal: denies
Neuropsychiatric: denies

Mental status
Orientation: oriented to time, place, and person
Mood: normal
Affect: normal
Clinical findings

**BVA:**
- OD: Distance 20/20
- OS: Distance 20/30

**Pupils:** PERRL, negative APD

**EOMs:** full, no restrictions

**Confrontation fields:** FTFC OD, OS

**Slit lamp:**
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, 2+ diffuse injection with 1+ palpebral follicles OS
- cornea: clear OD, see *Images 1 and 2 OS*
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS

**IOPs:** 14 mmHg OD, 12 mmHg OS @ 3:00 PM by non-contact tonometry

**Fundus OD:**
- C/D: 0.3H/0.35V
- macula: normal
- posterior pole: normal
- periphery: unremarkable

**Fundus OS:**
- C/D: 0.35H/0.4V
- macula: normal
- posterior pole: normal
- periphery: unremarkable

**Blood pressure:** 126/84 right arm sitting

**Pulse:** 78 regular
1. (Item 1 of Patient 1)
Which of the following is the MOST likely diagnosis of the patient's corneal condition OS?

a. Neurotrophic keratitis
b. Herpes simplex keratitis
 c. Keratoconjunctivitis sicca
d. Recurrent corneal erosion
e. Pseudodendrite
f. Thygeson's superficial punctate keratitis

2. (Item 2 of Patient 1)
Which of the following would be MOST helpful in confirming the diagnosis?

a. Case history
b. Impression cytology
c. Corneal sensitivity testing
d. Phenol red thread test
e. Corneal topography

3. (Item 3 of Patient 1)
The condition resolved with appropriate treatment. However, the patient returns 4 months later with a recurrence of the condition plus a large area of stromal haze. Which of the following is MOST appropriate to treat the condition at the 4 month follow-up and to prevent recurrences?

a. Oral prednisone
b. Viroptic®
c. Oral acyclovir
d. Pred Forte®
e. Oral doxycycline
f. Restasis®

4. (Item 4 of Patient 1)
Which of the following ocular structures is LEAST likely to be affected by future manifestations of this patient's condition?

a. Retina
b. Corneal epithelium
c. Eyelid
d. Corneal endothelium
e. Lacrimal gland
ACMO SAMPLE PATIENT 2

Demographics
56-year-old white male; truck driver

Chief complaint
blur when reading

Secondary complaints/symptoms
headaches

Patient ocular history
last eye exam 5 yrs ago

Patient medical history
HTN; COPD; erectile dysfunction; GERD; obesity

Medications taken by patient
albuterol; cimetidine; clonidine; ipratropium; lisinopril; metoprolol; sildenafil

Patient allergy history
sulfa medications

Family ocular history
mother: glaucoma

Family medical history
father: HTN; type 2 DM; non-Hodgkins lymphoma

History of present illness
Character/signs/symptoms: blur OD, OS
Location: near
Severity: moderate
Nature of onset: gradual
Duration: 2 yrs
Frequency: constant
Exacerbations/remissions: none
Relationship to activity or function: worse when reading
Accompanying signs/symptoms: HA and asthenopia

Review of Systems:
Constitutional: obesity
Ear/nose/throat: denies
Cardiovascular: denies
Pulmonary: exertional dyspnea
Dermatological: denies
Gastrointestinal: heartburn
Genitourinary: erectile dysfunction
Musculoskeletal: denies
Neuropsychiatric: denies

Mental Status:
Orientation: oriented to time, place, and person
Mood: normal
Affect: normal

Clinical findings
BVA:
OD: Distance 20/20
OS: Distance 20/20

Pupils: PERRL, negative APD
EOMs: full, no restrictions
Confrontation fields: FTFC OD, OS

Slit lamp:
lids/lashes/adnexa: 1+ blepharitis OD, OS
conjunctiva: normal OD, OS
cornea: clear OD, OS
anterior chamber: deep and quiet OD, OS
iris: normal OD, OS
lens: trace NS OD, OS
vitreous: clear OD, OS

**IOPs:** 27 mmHg OD, 28 mmHg OS @ 3:00 PM by applanation tonometry

**Fundus OD:**
- C/D, macula, posterior pole: see *Images 1 and 3*
- periphery: unremarkable

**Fundus OS:**
- C/D, macula, posterior pole: see *Images 2 and 4*
- periphery: unremarkable

**Gonioscopy:** ciliary body visible with open approach 360° OD, OS

**Blood pressure:** 130/85 right arm sitting

**Pulse:** 64 regular

**Corneal pachymetry:** 498 OD, 499 OS

**Visual field testing:** see *Image 5 OD*, see *Image 6 OS*
Correct answer

5. (Item 1 of Patient 2)
Which of the following is LEAST likely to be included in the differential diagnosis of this patient’s posterior segment condition?

a. AION
b. Papilledema
c. Optic nerve head drusen
d. POAG

6. (Item 2 of Patient 2)
Which of the following is MOST useful in determining the diagnosis?

a. Goldmann visual field
b. B-scan ultrasonography
c. Lumbar puncture
d. OCT nerve fiber layer analysis
e. MRI of the head and orbits with and without contrast
f. ESR and C-reactive protein
g. Home BP monitoring
h. Bartonella henselae titers

7. (Item 3 of Patient 2)
Which of the following is the MOST appropriate treatment for this patient?

a. Timoptic® 0.5% twice per day both eyes
b. ALT 180° both eyes
c. Trusopt® 2% three times per day both eyes
d. Oral acetazolamide
e. Travatan® at bedtime both eyes
f. Oral prednisone

8. (Item 4 of Patient 2)
Which of the following is MOST appropriate to include in the education of this patient?

a. Driving a truck is contraindicated.
b. A diet rich in green leafy vegetables may be beneficial.
c. Sildenafil should be discontinued.
d. Visual field changes will improve with time.
e. Weight loss will improve the ocular prognosis.
ACMO SAMPLE PATIENT 3

Demographics
54-year-old white male; restaurant owner

Chief complaint
blurred vision both eyes

Secondary complaints/symptoms
reading glasses are badly scratched

Patient ocular history
last eye exam 4 yrs ago

Patient medical history
depression; HTN; hyperlipidemia; erectile dysfunction

Medications taken by patient
aspirin; felodopine; simvastatin; venlafaxine; sildenafil

Patient allergy history
NKMA

Family ocular history
unremarkable

Family medical history
unremarkable

History of present illness
Character/signs/symptoms: blur OD, OS
Location: near
Severity: moderate
Nature of onset: gradual onset
Duration: 2 yrs
Frequency: constant
Exacerbations/remissions: none
Relationship to activity or function: worse with reading
Accompanying signs/symptoms: none

Review of systems
Constitutional: easily fatigued
Ear/nose/throat: decreased hearing L > R
Cardiovascular: denies
Pulmonary: denies
Dermatological: denies
Gastrointestinal: colon polyps
Genitourinary: erectile dysfunction
Musculoskeletal: morning stiffness, back, hips, and legs
Neuropsychiatric: depression

Mental status
Orientation: oriented to time, place, and person
Mood: normal
Affect: normal

Clinical findings
BVA:
   OD: Distance 20/60
   OS: Distance 20/50
Pupils: PERRL, negative APD
EOMs: full, no restrictions
Confrontation fields: FTFC OD, OS
Slit lamp:
lids/lashes/adnexa: unremarkable OD, OS  
conjunctiva: normal OD, OS  
cornea: arcus OD, OS  
anterior chamber: deep and quiet OD, OS  
iris: normal OD, OS  
lens: 1+ NS OD, OS  
vitreous: syneresis OD, OS  

IOPs: 16 mmHg OD, 16 mmHg OS @ 2:00 PM by applanation tonometry

**Fundus OD:**
- C/D, macula: see *Image 1*
- posterior pole, periphery: unremarkable

**Fundus OS:**
- C/D, macula: see *Image 2*
- posterior pole, periphery: unremarkable

**Laboratory testing:**
- cholesterol 235 mg/dl (H) ref. range 0 – 199
- alkaline phosphatase 130 IU/L (H) ref. range 30 – 100
- sickle cell prep negative ref. range negative
- serum calcium 15.2 mg/dl (H) ref. range 8.5 – 10.2

**Imaging:** plain film X-ray of the skull shows generalized thinning and demineralization

**Blood pressure:** 118/84 right arm sitting 
**Pulse:** 88 regular
9. (Item 1 of Patient 3)
Which of the following systemic diagnoses is MOST likely associated with this patient's ocular condition?

a. Neurofibromatosis
b. Ehlers-Danlos syndrome
c. Pseudoxanthoma elasticum
d. Paget's disease of the bone
e. Sickle cell anemia

10. (Item 2 of Patient 3)
Which of the following is the MOST likely location of the primary ocular structural abnormality?

a. Nerve fiber layer
b. Inner photoreceptor layer
c. Outer photoreceptor layer
d. Retinal pigment epithelium
e. Bruch's membrane
f. Choriocapillaris
g. Sclera

11. (Item 3 of Patient 3)
Which of the following is MOST appropriate to include in the management of this patient?

a. Skin biopsy
b. MRI of the head
c. Radioactive bone scan
d. CBC with differential
e. IOP-lowering drugs
f. Hemoglobin electrophoresis

12. (Item 4 of Patient 3)
Which of the following ocular complications is MOST likely to occur?

a. Peripheral retinal “sea fan” neovascularization
b. Branch retinal artery occlusion
c. Choroidal neovascular membrane
d. Rhegmatogenous retinal detachment
e. Enophthalmos secondary to erosion of orbital bones
f. Subluxation of the lens
ACMO SAMPLE PATIENT 4

Demographics
47-year-old white female; administrative assistant

Chief complaint
blurred vision left eye

Secondary complaints/symptoms
distorted vision left eye

Patient ocular history
unremarkable

Patient medical history
URI 6 months ago

Medications taken by patient
oral contraceptives; daily multivitamin

Patient allergy history
NKMA

Family ocular history
unremarkable

Family medical history
mother: breast cancer

History of present illness
Character/signs/symptoms: blur
Location: distance and near
Severity: mild
Nature of onset: gradual
Duration: 1 month
Frequency: constant
Exacerbations/remissions: none
Relationship to activity or function: none
Accompanying signs/symptoms: distortion OS

Review of systems
Constitutional: denies
Ear/nose/throat: denies
Cardiovascular: denies
Pulmonary: denies
Dermatological: denies
Gastrointestinal: denies
Genitourinary: denies
Musculoskeletal: denies
Neuropsychiatric: denies

Mental status
Orientation: oriented to time, place, and person
Mood: normal
Affect: normal
Clinical findings

BVA:
  OD: Distance 20/20
  OS: Distance 20/30

Pupils: PERRL, negative APD

EOMs: full, no restrictions

Confrontation fields: FTFC OD, OS

Slit lamp:
  lids/lashes/adnexa: unremarkable OD, OS
  conjunctiva: normal OD, OS
  cornea: clear OD, OS
  anterior chamber: deep and quiet OD, OS
  iris: normal OD, OS
  lens: trace NS OD, OS
  vitreous: clear OD, OS

IOPs: 14 mmHg OD, 15 mmHg OS @ 8:00 AM by applanation tonometry

Fundus OD:
  C/D, macula, posterior pole: see Image 1
  periphery: unremarkable

Fundus OS:
  C/D, macula, posterior pole: see Image 2
  periphery: inferior mid-periphery see Image 3, otherwise unremarkable

Blood pressure: 110/75 right arm sitting

Pulse: 90 regular

Amsler grid: normal OD, metamorphopsia superior nasal to fixation OS

OCT: see Image 4 OD, see Image 5 OS
13. (Item 1 of Patient 4)
Which of the following is the MOST likely diagnosis of this patient's fundus condition OS?

   a. Central serous chorioretinopathy
   b. Choroidal metastasis
   c. Choroidal neovascular membrane
   d. Multifocal choroiditis

14. (Item 2 of Patient 4)
Which of the following is the MOST likely pathophysiology of this patient's fundus condition OS?

   a. Hematologic spread of fungal spores
   b. Dissemination of cancerous cells
   c. Epstein-Barr viral infection
   d. Focal detachment of the RPE
   e. Autoimmune hyperactivity

15. (Item 3 of Patient 4)
Which of the following is the LEAST appropriate management for this patient?

   a. Photodynamic therapy
   b. IV Kenalog®
   c. Anti-VEGF therapy
   d. Oral prednisone

16. (Item 4 of Patient 4)
Which of the following potential symptoms would be MOST consistent with accompanying systemic involvement?

   a. Bradycardia
   b. Dyspnea
   c. Joint pain
   d. Pruritis
   e. Esophageal reflux
   f. Jaundice