El Paso Eye Care

Border Healthcare-Based Grand Rounds

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Demographics

- 80-90% Mexican-Americans
  - Diabetes
  - Hypertension
  - Hyperlipidemia
  - Obesity
- 70% uninsured
- High poverty levels

Average patient

Pterygium excision

- Patient presents with complaints of eye irritation.
- Post excision, patient claims to have lost vision in both eyes.
Typical Inpatient Consults

- Concerns of optic neuritis or papilledema – MS, meningitis, pseudotumor cerebri, etc.
- Anterior segment inflammation – scleritis, episcleritis, uveitis.
- Blood born infections – candidemia, bacteremia.
Slide 19: Papilledema

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Slide 21: Pseudotumor cerebri

Slide 22: Diagnosis? Risk Factors?

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Slide 24: Multiple Sclerosis
MS
- Educate patient on Uhthoff's symptom
- 70% recover 20/20
- No Oral Steroids Alone! (ONTT)
- Likely long term reduction of color vision and contrast sensitivity

Candida Endophthalmitis
- Systemic Amphotericin B
- Depending on severity
  - Paracentesis Amphi/Dex
  - Pars plana vitrectomy
  - Topical steroid and cyclo

Uveitis

Charo
- 25 Y/O LAF with HX of HTN and asthma
- Referred to ER by OD for papilledema
- Reported to have
  - Bilateral ONH swelling
  - Poor vision
  - Nausea
  - Light headedness

Charo
- 25 Y/O LAF with HX of HTN and asthma
- Repeat admissions to county hospital for “atypical MS” based on bilateral disc edema with symptoms of headaches and dizziness
- Repeat MRI was negative

Candidemia
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- No eye consult
- Labs - ↑ wbc, ↑ sed rate, all others normal
- ↑ rbc and lymph% in csf

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- IM Doc doing rounds notices bilateral red eyes
  - Orders eye consult

Slide 33
- November 14

Slide 34
- **Key Findings**
  - Bilateral pan-uveitis
  - Granulomatous kp, vitritis
  - Bilateral serous retinal detachments
  - Bilateral disc edema
  - Loss of vision
  - Headaches
  - Nausea
  - CSF Pleocytosis, ↑ ESR, all other labs normal

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- **Differential Diagnosis**
  - Sympathetic Ophthalmia
  - Uveal effusion syndrome
  - Posterior Scleritis
  - Sarcoidosis
  - Acute posterior multifocal placoid pigment epitheliopathy (APMPPE)
  - Primary intraocular B-cell lymphoma
  - Vogt-Koyanagi-Harada disease

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- **UVEOMENINGOENCEPHALITIDES**
VKH
- Chronic bilateral granulomatous panuveitis involving the central nervous, auditory, and integumentary systems.
- More prevalent in pigmented races (except blacks).
- Key – Bilateral involvement
  - Bilateral serous retinal detachments
  - Bilateral pan-uveitis

Treatments
- Steroids have been the standard treatment
  - HIGH dose
  - LONG duration
  - SLOW taper
- Nonsteroidal Immunomodulatory Therapy (IMT)

ADHERENCE
- Paramount Importance
  - Patient and entire health care team must understand

Key Points
- An eye consult should be ordered on every “atypical optic neuritis” diagnosis in the ER.
- Treatments must be aggressive and tapered slowly to decrease risk of re-inflammation.

Clinical Pearl
- Bring a retina doc into the loop for any posterior pole inflammation.
- Bilateral intraocular inflammation requires a consultation and likely a medical work up.

JL
- 28 year old Hispanic female presents to OD for reduced vision in OD (20/30ish).
- OD refracts patient and tells her that refraction is unstable and come back in 3 month for another refraction.
- OD does not dilate.
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**JL**

- 28 year old Hispanic female presents to the ER for sudden vision loss over the last couple months
- ER doc diagnosis RD calls for eye consult

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**B-scan**

- Shows small heavily reflective spots in mass

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**Differential DX**

- Choroidal metastases
- Amelanotic choroidal melanoma
- Amelanotic choroidal nevus
- Choroidal hemangioma
- Choroidal osteoma
- Intraocular lymphoma
- Posterior scleritis

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**What do we do?**

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**Clinical Pearls**

- Always dilate unexplained VA decreases
Emergency room trauma

Triage