**Federal State Budgetary Educational Institution of Higher Education "Astrakhan State Medical University" of the Ministry of Health of the Russian Federation**

**Department of Otorhinolaryngology and Ophthalmology**

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**Discipline: Ophthalmology**

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**Situational task number 1**

**Assessed competencies: PK-6, PK-11**

Patient K., 40 years old, injured 3 months ago, now has complaints about dropping the eyeball into orbit. With eye movement, there is a limitation, Painful movements. Visual acuity of both eyes = 1.0. Eyeballs without visible changes.

**The questions**

1. Make a preliminary diagnosis.

2. What additional research is needed

3. Therapeutic activities

**Situational task number 2**

**Assessed competencies: PK-6, PK-11**

Patient U., 35 years old, at work received an eye injury with a blunt object, Objectively. Visual acuity of the right eye = 1.0. The eye is healthy. Visual acuity of the left eye = 0.001 n / a Pronounced subcutaneous and subconjunctival hematoma. The palpebral fissure is closed. The cornea is transparent. The anterior chamber is of medium depth, ⅓ filled with blood. The iris pattern is not changed. The pupil is round, slightly enlarged. In the transmitted light, the reflex is not visible. Palpation Tn.

**The questions**

1. Make a preliminary diagnosis.

2. What additional research is needed.

3. Therapeutic activities

**Situational task number 3**

**Assessed competencies: PK-6, PK-11**

Patient P, 20 years old, got an eye injury 4 months ago after falling off his bicycle. When you change the position of the head, vision deteriorates, then improves. Objectively. Visual acuity of the right eye = 1.0. The eye is healthy. Visual acuity of the left eye, if the patient is looking, tilting his head forward, = 0.6; if the head is in a straight position, the patient sees a strip in front of the eye and his visual acuity = 0.01 with a sphere of + 10.0 diopters. = 0.8. The eye is calm. The cornea is transparent. The anterior chamber is deep, with clear moisture. With eye movement, iridodenesis is determined. The pattern and color of the iris are not changed. The pupil is round, medium size. In the plane of the pupil in transmitted light, a curved line is visible. The fundus is normal.

**The questions**

1. Estimated diagnosis

2. More research

3. Therapeutic measures

**Situational task number 4**

**Assessed competencies: PK-6, PK-11**

Patient B., 28 years old, was injured after falling from a flight of stairs, hit the left half of the head and the superciliary arch. I drew attention to the decrease in vision of the left eye. A few hours later there were pains in the eye and headaches. Vision decreased even more. When contacting an optometrist objectively. Visual acuity of the right eye = 1.0. The eye is healthy. TOD = 20 mmHg Visual acuity of the left eye = 0.03 (not corr.). Subcutaneous hematoma of the superciliary arch and upper eyelid. The left eyeball is mixed-type injected. The cornea is swollen, thickened, but retains transparency. The anterior chamber is deep, as if filled with an oil drop. The pattern and color of the iris are not changed. The pupil is round, moderately dilated. Pink reflex from the fundus. The fundus cannot be examined in detail due to corneal edema. TOS = 46 mmHg

**The questions**

1. Estimated diagnosis

2. Therapeutic measures

**Situational task number 5**

**Assessed competencies: PK-6, PK-11**

Patient R., 20 years old, turned to an optometrist two days after the fight. According to the patient, during the landfill, he fell and was hit on the left eye with his foot. I did not go to the doctor because of a deterioration in the general condition (headaches, vomiting). Currently objective. Visual acuity of the right eye = 1.0. Severe subcutaneous hematoma of the eyelids, abrasions on the skin. The palpebral fissure is slightly ajar. Subconjunctival hemorrhages. The anterior segment of the eyeball is not changed. The optical media are transparent, the fundus is normal. Visual acuity of the left eye = light perception with uncertain projection. Severe subcutaneous hematoma and swelling of the eyelids. Abrasions on the skin. With palpation of the eyelids, crepitus is determined. The palpebral fissure is almost closed. When the eyelids are diluted, an extensive subconjunctival hematoma is visible, through which a dark spot with a bright round formation in the middle shines through the upper-outer quadrant. The cornea is transparent. The anterior chamber is half full of blood. The pupil is pulled to the spot. In the transmitted light there is no reflex. Hypotension.

**The questions**

1. Probable diagnosis.

2. Therapeutic measures

**Situational task number 6**

**Assessed competencies: PK-6, PK-11**

Patient Sh., 49 years old, complaints of pain in the left eye, photophobia, redness of the eye. According to him, 2 hours ago the windshield of the car broke, and a splinter hit the eye. Objectively. Visual acuity of the right eye = 1.0. Eye without pathology. Visual acuity of the left eye = 0.7 (not corr.). On the left there is a moderate narrowing of the palpebral fissure, photophobia, lacrimation, moderate injection of the eyeball. In the cornea at 3 o’clock, closer to the limb, a small linear wound is visible, 3-4 mm long, not reaching the deep layers. The anterior chamber is of medium depth, the pupil is round, located in the center. Reflex from the fundus pink, fundus without pathology. Intraocular pressure by palpation Tn.

**The questions**

1. Probable diagnosis.

2. Therapeutic measures

**Situational task number 7**

**Assessed competencies: PK-6, PK-11**

Patient P., 56 years old, pricked her right eye with a lion branch. I immediately felt a sharp pain, lacrimation appeared and my eyesight decreased. When contacting a doctor objectively. Visual acuity = 0.8 (not corr.). The right eyeball is poorly injected pericorneal type. The cornea is transparent. At 6 o’clock, 3 mm from the limbus there is a point infiltrate. The anterior chamber is shallow with clear moisture. The pattern and color of the iris are not changed. The pupil is round, medium size. In transmitted light, a red reflex. The fundus is normal. TOD = 13 mmHg Art. Visual acuity of the left eye = 1.0. The eye is healthy.

**The questions**

1.Diagnosis

2. The tactics of patient administration.

**Situational task number 8**

**Assessed competencies: PK-6, PK-11**

Patient Sh., 35 years old, received a chemical burn of lime while whitewashing the walls. He went to the optometrist 2 hours after the injury. Objectively. Visual acuity of the right eye = 0.1 (n / a) of the left eye = 0.1 n / a. Blepharospasm, edema and hyperemia of the eyelids. When the upper eyelids are inverted, grains of lime are visible on their tarsal part. The conjunctiva of the lower arches is somewhat ischemic, eroded. Mixed injection of the eyeball. The corneal epithelium is desquamated over almost the entire surface. The cornea is diffusely stained with fluorescein. Front cameras of medium depth with transparent moisture. Subordinate departments without visible changes.

**The questions**

1. Make a preliminary diagnosis?

2. What is the first aid needed for the patient?

3. Therapeutic measures.

**Situational task number 9**

**Assessed competencies: PK-6, PK-11**

A patient was brought to an emergency eye station after an accident. Complaints of pain in the left eye, photophobia, redness of the eye. According to him, 2 hours ago the windshield of the car broke, and a splinter hit the eye. Objectively. Visual acuity of the right eye = 0.9 n / a. Eye without pathology. Visual acuity of the left eye = 0.6 (n / a). On the left there is a moderate narrowing of the palpebral fissure, photophobia, lacrimation, moderate injection of the eyeball. In the cornea at 6 o’clock, closer to the limb, a small linear wound is visible, 3-4 mm long, not reaching the deep layers. The anterior chamber is of medium depth, the pupil is round, located in the center. Reflex from the fundus pink, fundus without pathology. Intraocular pressure by palpation is normal.

**The questions**

1. Make a diagnosis.

2. Describe the treatment.

**Situational task number 10**

**Assessed competencies: PK-6, PK-11**

Patient N., 26 years old, was injured in the right eye by a spring. When viewed objectively. Severe blepharospasm. Blood protrudes from the right palpebral fissure. Check for vision fails. When the palpebral fissure opens, a lump of dark color is visible. The cornea is transparent. There is blood at the bottom of the anterior chamber. The front camera is deep.

**The questions**

1. Make a diagnosis.

2. What first aid is needed?

**Situational task No. 11**

**Assessed competencies: PK-6, PK-11**

Athlete M, 22 years old, when playing tennis, received a ball in the right eye. Visual acuity of the right eye = 0.05 sph + 11.0D = 0.7. Pressure 29 mmHg The left eye is healthy. The right eye on examination is calm. The cornea is transparent. The anterior chamber is deep, with clear moisture. With eye movement, iridodenesis is determined. The pattern and color of the iris are not changed. The pupil is round, medium size. The lens is not visualized. With ophthalmoscopy in the lower parts of the vitreous humor, the lens is visualized along with a capsular bag.

**Questions**

1. Make a diagnosis.

2. How urgently the patient needs treatment