**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**

**2019-2020 academic year**

**Specialty: General Medicine**

**Discipline: Ophthalmology**

**Developers: Ramazanova L.Sh., Napylova O.A., Shamratov R.Z.**

**Astrakhan 2020**

**Situational task number 1**

**Assessed competencies: PK-6, PK-8, PK-10**

Patient V., 54 years old, after a cold, developed pain in his right eye, redness, and decreased vision. Objectively. Visual acuity of the right eye = 0.5 (not corr.). The upper eyelid is hyperemic, mild swelling. The eyeball is injected pericorneally. The cornea is transparent. Anterior chamber of medium depth with clear moisture, swollen iris, Narrow pupil, Ophthalmoscopy without pathology. Visual acuity of the left eye = 1.0.

**The questions**

1. Make a diagnosis

2. What treatment measures are needed?

**Situational task number 2**

**Assessed competencies: PK-6, PK-8, PK-10**

Patient D., 25 years old, has been treated for conjunctivitis for a long time. Now she is concerned about pain in her right eye, redness, and lacrimation. Objectively. Visual acuity of the right eye = 0.3 (not corr.). Moderate edema and hyperemia of the upper eyelid. Mixed conjunctival injection, no discharge. The cornea is transparent, on its back surface small dots of gray color, located in the form of a triangle with the apex toward the center. The iris pattern is smoothed. The pupil is moderately dilated, tightened for 6 hours, In transmitted light, the gray reflex. The fundus is normal. Eyeball palpation sharply painful. Left eye. Visual acuity = 1.0. The eye is calm. Anterior segment without visible pathology. Ophthalmoscopy is normal.

**The questions**

1. Make a diagnosis

2. What additional research is needed?

    3. Treatment

**Situational task number 3**

**Assessed competencies: PK-6, PK-8, PK-10**

Patient P. 56 years old, complaints of pressing pain in the left eye radiating to the temporal part of the head. Objectively. Visual acuity of the right eye = 1.0. The eye is healthy. Visual acuity of the left eye = 0.05 (not corr.). Eyelids swollen. Bulbar conjunctiva sharply hyperemic, edematous,. the vessels are sharply convoluted and dilated, branches of the anterior ciliary arteries (a symptom of “cobra”). The cornea is swollen, translucent. The front camera is shallow, uneven depth. The iris pattern is faded. The pupil is round, narrow, pulled up at 10 o’clock, In the transmitted light a dull red reflex. The fundus is not ophthalmoscopic. Intraocular pressure of the left eye = 39 mm Hg

**The questions**

1. Make a diagnosis

2. What treatment measures are needed?

**Situational task number 4**

**Assessed competencies: PK-6, PK-8, PK-10**

Patient E., 50 years old, made an appointment with an optometrist with complaints of decreased vision of the left eye. Complaints appeared about 3 months ago. The disease does not connect with anything. Objectively. Visual acuity of the right eye = 1.0. TOD = 23 mmHg The eye is healthy. Visual acuity of the left eye = 0.1 (not corr.). TOS = 23 mmHg The eye is calm. Anterior segment without pathology. With ophthalmoscopy in the lower inner quadrant of the eye, the presence of a dark formation is detected. After the expansion of the pupil, in the same area, a large brown laminating formation with clear boundaries and foci of hemorrhage on its surface was found. Retinal edema in the macula.

**The questions**

1. Make a diagnosis

2. What additional research is needed?

    3. Treatment

**Situational task number 5**

**Assessed competencies: PK-6, PK-8, PK-10**

Patient P, 42 years old, complains of a sharp decrease in vision of the right eye, distortion of the shape and size of objects. These complaints appeared 3 days ago, did not consult a doctor. Objectively. Visual acuity = 0.08 (not corr.). TOD = 23 mmHg The right eye is calm. The cornea is transparent, shiny. The anterior chamber is of medium depth, the moisture is transparent. The iris is calm. The pupil is round in the center, responds well to light. The crystalline lens is transparent. The fundus of the eye: the optic disc is pale pink, the borders are clear, the excavation is physiological, the vascular pattern is not changed. In the macular zone, a rounded focus of yellowish-gray color, 0.7 mm in size with fuzzy borders and with a reddish rim around is visible. The retina around the focus is slightly swollen. Visual acuity of the left eye = 1.0. TOS = 19 mmHg The eye is healthy.

**The questions**

1. What is the diagnosis?

2. What treatment is needed?

**Situational task number 6**

**Assessed competencies: PK-6, PK-8, PK-10**

Patient K., 32 years old, complains of impaired vision of the right eye, flashes of "lightning" in front of the eye, and curvature of the objects in question. He considers himself sick within 2 weeks. The disease does not connect with anything, is not accompanied by pain. Objectively. Visual acuity of the right eye = 0.2 (not corr.). The adnexa is not changed. The eye is calm. Anterior segment of the eye with no apparent pathology. Optical media are transparent. On the fundus there is a paramacular yellowish-gray focus of a round shape, up to one diameter of the optic disc. The borders are blurred. The retina in the central departments is swollen. Macular and foveal light reflexes are absent. Left eye unchanged. Visual acuity = 1.0.

**The questions**

1. Make a diagnosis

2. What additional research is needed?

 3. Treatment

**Situational task number 7**

**Assessed competencies: PK-6, PK-8, PK-10**

Teacher E., 50 years old, turned to an ophthalmologist with complaints of decreased vision of the left eye. These complaints appeared about 3 months ago. The disease does not connect with anything. Objectively. Visual acuity of the right eye = 1.0. Tonometry OD = 25 mmHg The eye is healthy. Visual acuity of the left eye = 0.08 n / a. Tonometry OS = 24 mmHg The eye is calm. Anterior segment without pathology. With ophthalmoscopy with a narrow pupil, the presence of a dark formation is detected in the lower inner quadrant of the eye. After the expansion of the pupil, in the same area, a large brown laminating formation with clear boundaries and foci of hemorrhage on its surface was found. Retinal edema in the macula.

**The questions**

Diagnosis?

More research?

Treatment measures?

**Situational task number 8**

**Assessed competencies: PK-6, PK-8, PK-10**

For a routine examination to the ophthalmologist, the mother brought the child 2 months. According to the mother of the child, photophobia, nystagmus, and the inability to fix the gaze are disturbing. The eyeballs are calm, the cornea is transparent, the anterior chamber is deep, the iris is absent, the lens is transparent, and a bright pink reflex from the fundus. The fundus of the eye: the optic nerve disc is pale, the boundaries are clear, the vessels are narrowed, in the macular zone the reflex is smoothed. Tonometry palpation normal.

**The questions**

1. What diagnosis can you think of?

2. What treatment is needed?

**Situational task number 9**

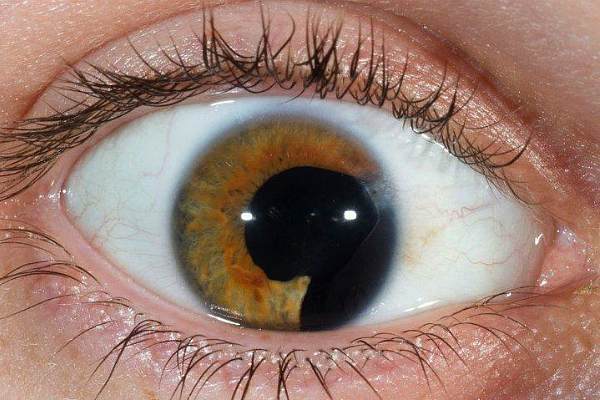
**Assessed competencies: PK-6, PK-8, PK-10**

At the medical commission, patient P., born 2000, with biomicroscopy of the right eye, an ophthalmologist discovered an iris defect at 5 o’clock, the pupil had an irregular shape 3 by 6 mm in diameter. (see photo) underlying media without pathology. The left eye is unchanged. Vis OD / OS = 1.0 Tonometry is normal.

**The questions**

1. What diagnosis can you think of?

2. Is any treatment necessary for this patient?



**Situational task number 10**

**Assessed competencies: PK-6, PK-8, PK-10**

Patient M., 56 years old, is observed by an ophthalmologist for m / f 2 times a year, came for a routine examination. The visual acuity of the right eye of 1.0, the left eye of 0.5 n / a left eye is always seen poorly. Left eye biomicroscopy: Anterior segment unchanged. With ophthalmoscopy in the lower sector, an extensive area of ​​white with uneven edges. (see photo) underlying media without pathology. The right eye is unchanged. Tonometry OD / OS 18/19 mmHg

**The questions**

1. What diagnosis can you think of?

2. Is any treatment necessary for this patient?

