**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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**Specialty: General Medicine**

**Discipline: Ophthalmology**

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**Situational task number 1**

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

Patient T., 67 years old, turned to an ophthalmologist with complaints of decreased vision of the left eye. Visual acuity of both eyes = 1.0. The eyes are calm. Front segments without visible changes. Leached pigment rim. Optical media are transparent. On the left fundus, the optic nerve disc is decolorized, there is a shift of the vascular bundle to the nasal side and excavation of the optic nerve. With static perimetry, there is a narrowing of the visual field in the upper nasal quadrant of 15 breasts on the left.

**The questions**

1.Preliminary diagnosis?

2. What additional studies would you assign to the patient?

3. Prescribe a treatment

**Situational task number 1**

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

Patient B., 55 years old, turned to an ophthalmologist with complaints of fog and rainbow circles when looking at a light source, especially when tilting her head. For the first time, I noticed such sensations 2 years ago, recently often. Objectively: visual acuity of the right eye = 0.2 sph + 2.0D = 0.6; TOD = 37 mmHg; visual acuity of the left eye = 0.6 sph + 0.75 = 1.0; TOS = 34 mmHg Art. The eyes are calm, there is an expansion of the anterior ciliary vessels. The front camera is shallow. The iris is subatrophic. Pupil 4 mm, round, sluggish reaction to light. The fundus reflex is pink. OD / OS DZN pale, marginal excavation, shift of the vascular bundle to the nose, macular zone and periphery of the retina without pathology. In the study of visual fields, a narrowing was found from the lower temporal side to 25º, on the left - within normal limits.

**The questions**

1. Make a diagnosis.

2. Assign a treatment

**Situational task number 1**

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

Patient G., 57 years old, went to the doctor with complaints of decreased vision and loss of visual field. The above complaints appeared about a year ago, but did not cause much concern. Noted periodic passing blurred vision. Currently notes deterioration. Objectively. Visual acuity of both eyes = 0.2 sph - 2.5 D = 1.0. The eyes are calm. The cornea is transparent. Front cameras of medium depth. Iris subatrophic. The pupils are slightly dilated. The reaction to light is slow. In transmitted light, a red reflex. Excavation of the optic nerve disks and their pallor are noted on the fundus. With perimetry, a tubular field of view is determined. TOU = 38 mmHg

**The questions**

1. Make a diagnosis.

2. What additional studies would you assign to the patient?

3. What treatment is needed?

**Situational task number 1**

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

Patient S., 54 years old, a cook by profession, stood at the hot plate for 8 hours, after which severe pains appeared in the left eye and the left half of the head, while the eyes turned red and vision deteriorated sharply. When examining the left eye: congestive conjunctival injection, edema of the cornea 2 degrees, the camera is small, the pattern of the iris is erased; the pupil is wide, up to 6 mm in diameter, the reaction to light is reduced. With palpation of intraocular pressure, the left eye is tight, but pain on palpation does not intensify. Visual acuity of the left eye is 0.04 not corr. Right eye - visual acuity of 0.9 n / a.

**The questions**

1. What disease do you suspect in this patient?

2. What examination methods need to be carried out additionally?

3. What is it necessary to carry out differential diagnosis with this pathology?

4. What is the tactic of your further actions?

5. What complications can be with this pathology?

**Situational task number 1**

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

A 50-year-old patient came to you as an optometrist on a sick leave. Concerned about blurring vision in the morning, seeing "rainbow" circles at this time, decreased vision in both eyes. By dinner, as a rule, the "fog" before the eyes passes. Visual acuity OD = 0.5, OS = 0.6, do not correct. Optical media are transparent.

**The questions**

1. What disease do you suspect in this patient?

2. What examination methods need to be carried out additionally?

3. What is it necessary to carry out differential diagnosis with this pathology?

4. What is the tactic of your further actions?

5. What complications can be with this pathology?

**Situational task number 1**

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

The mother of a 10-month-old child came to the reception and was worried that the child had "large eyes and one eye is larger than the other." Notes uneasy behavior of the child, photophobia, lacrimation. When examining a child, you drew attention to the large size of the eyeballs and their different sizes, expressed photophobia and lacrimation. The cornea of ​​both eyes is moderately edematous, the diameter of the cornea is large. It was not possible to examine the deep-lying environments of the eyes due to the strong photophobia and restless behavior of the child.

**The questions**

1. What disease do you suspect in this patient?

2. What examination methods need to be carried out additionally?

3. What is it necessary to carry out differential diagnosis with this pathology?

4. What is the tactic of your further actions?

5. What complications can be with this pathology?

Task number 3

**Situational task number 1**

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

Patient N., 67 years old, went to the doctor with complaints of pain in the right eye, radiating to the head. Over the past day, the pain intensified. He suffers from glaucoma, pilocarpine 1% drips and tomolol 0.5% in both eyes. Objectively. Visual acuity of the right eye 0 (zero). The eyes are irritated, pronounced mixed injection, the vessels are full-blooded, convoluted, and the cornea is edematous. Front camera 1 mm deep. The iris is subatrophic, the pupil does not respond to light. Subject environments are not visible. TOU = 42 mmHg the left eye is calm, visual acuity of 0.8 n / a

**The questions**

1. Make a diagnosis.

2. What treatment is needed?

**Situational task number 1**

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

In a child D., 6 months old, mother notes lacrimation and photophobia of the left eye. Objectively: pericorneal injection, the cornea is enlarged, edematous. The limb is expanded. The front camera is deep. The iris and pupil are difficult to see, In the transmitted light a dull red reflex. Ophthalmoscopy is not visible. The right eye without pathology.

**The questions**

1.Additional diagnostic measures?

2.A possible diagnosis?

3.Treatment?

**Situational task number 1**

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

Patient T., 28 years old, first came to the ophthalmologist with complaints of fogging, especially in the morning. On examination: The conjunctiva is calm, the cornea is transparent, pigmentation in the lower sector (Kruckenberg spindle) on the corneal endothelium, the anterior chamber is deep, the iris is calm, the pupil round in the center reacts vividly to light, pigment deposition on the anterior and posterior lens capsule. The lens is transparent. Ophthalmoscopy: without pathology. Gonioscopy: CPD is open, severe pigmentation 4 degrees. Visual acuity of the right and left eye of 0.6 n / a. IOP of both eyes 28 mm Hg

**The questions**

1. Possible diagnosis?

2. Additional diagnostic measures?

3.Treatment?

**Situational task number 1**

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

Patient Sh., 62 years old, turned to an ophthalmologist complaining of a “veil” in front of his right eye, decreased vision, pain when pressed. He had retinal vein thrombosis from the anamnesis in the same eye 6 months ago. When examining the right eye: The conjunctiva is calm, the cornea is transparent, the anterior chamber is deep, the iris is calm, the pupil is round in the center, the lens has initial opacities, with gonioscopy in the corner of the anterior chamber new vessels were found. Ophthalmoscopy; on the fundus picture of postrombotic retinopathy. Visual acuity of the right eye of 0.1 n / a, the left eye of 0.9 n / a. IOP 29 mm

**The questions**

1. Possible diagnosis?

2. Additional diagnostic measures?

3.Treatment?