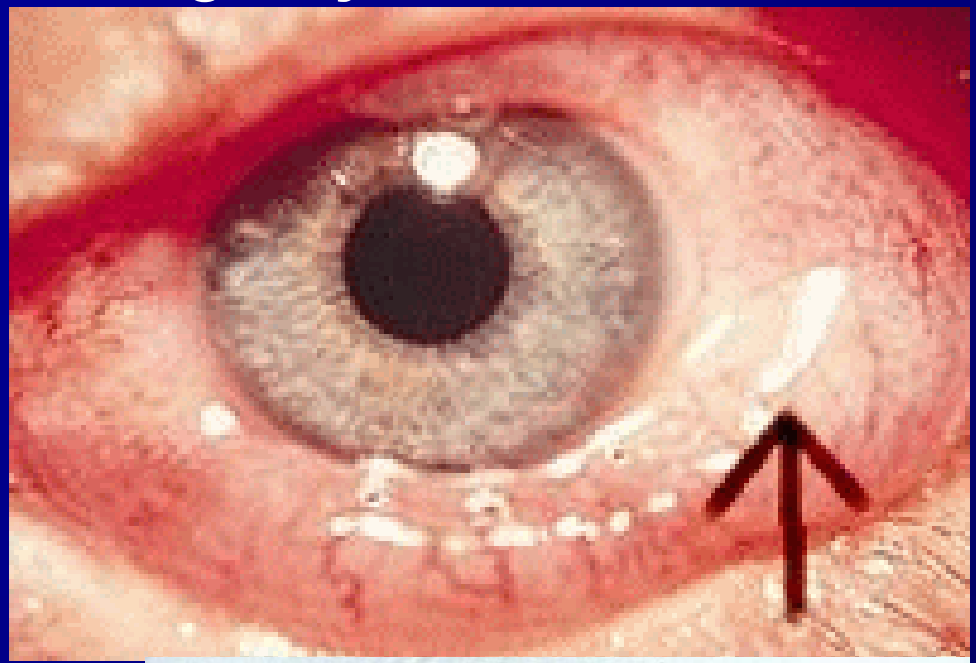
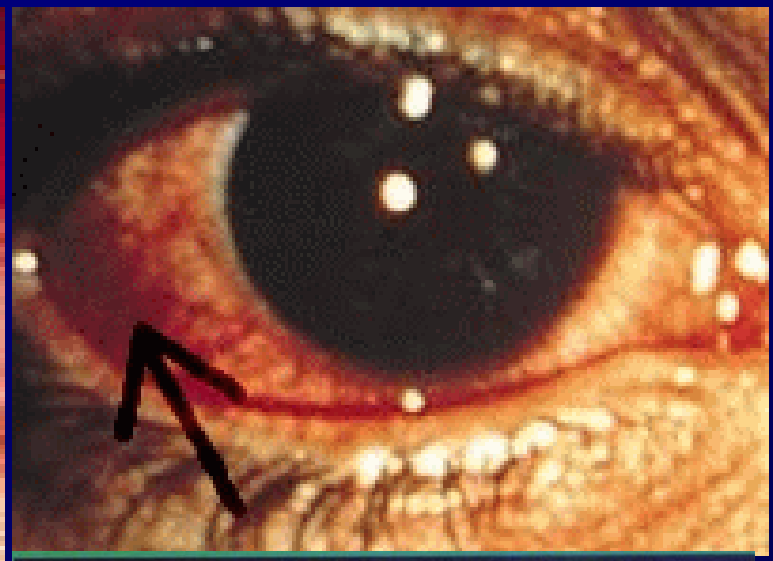
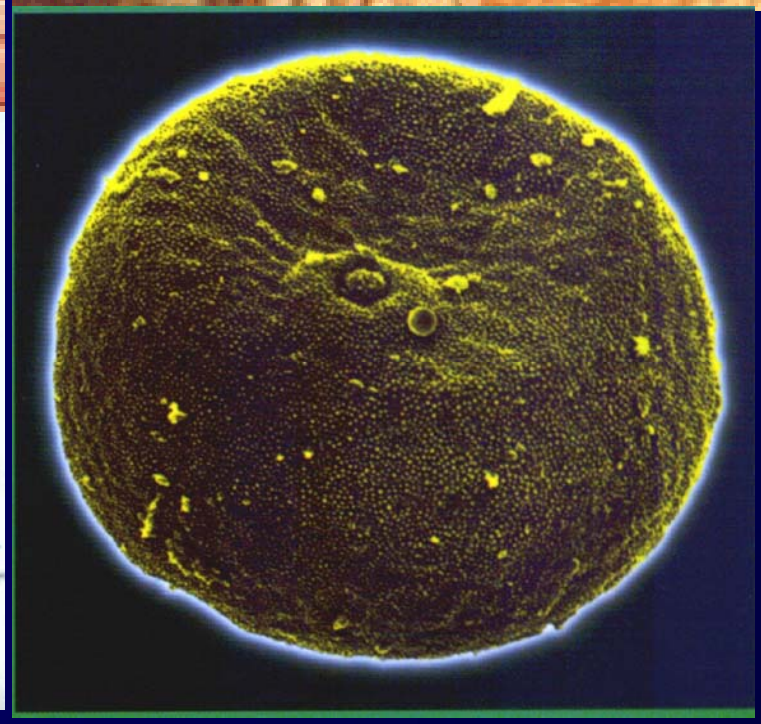
Allergic Eye Diseases: Itchiness is IMPORTANT Symptom in allergies!







Allergic Eye Diseases

High Resolution Medical Image Viewer v1.2

File Help

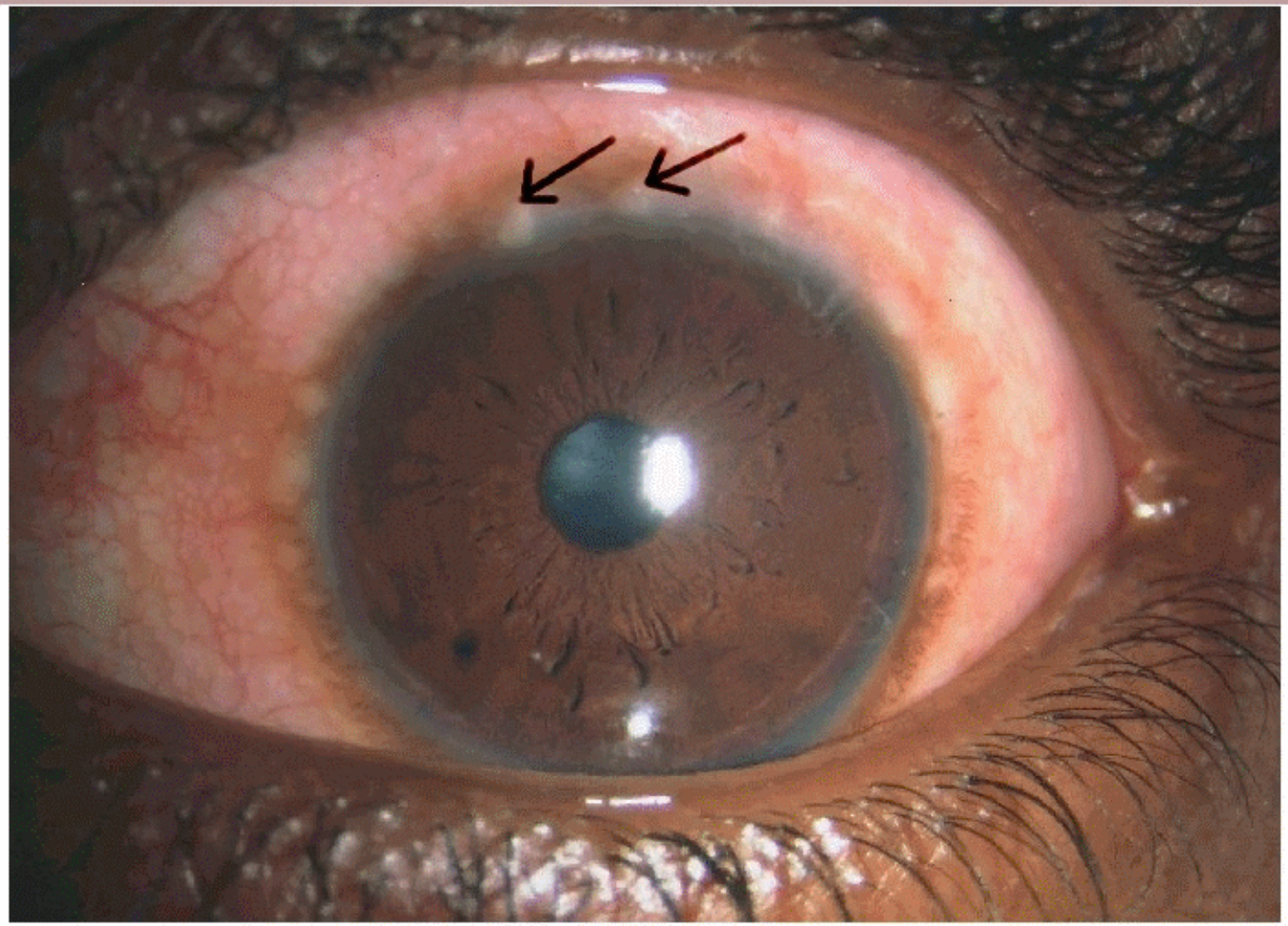
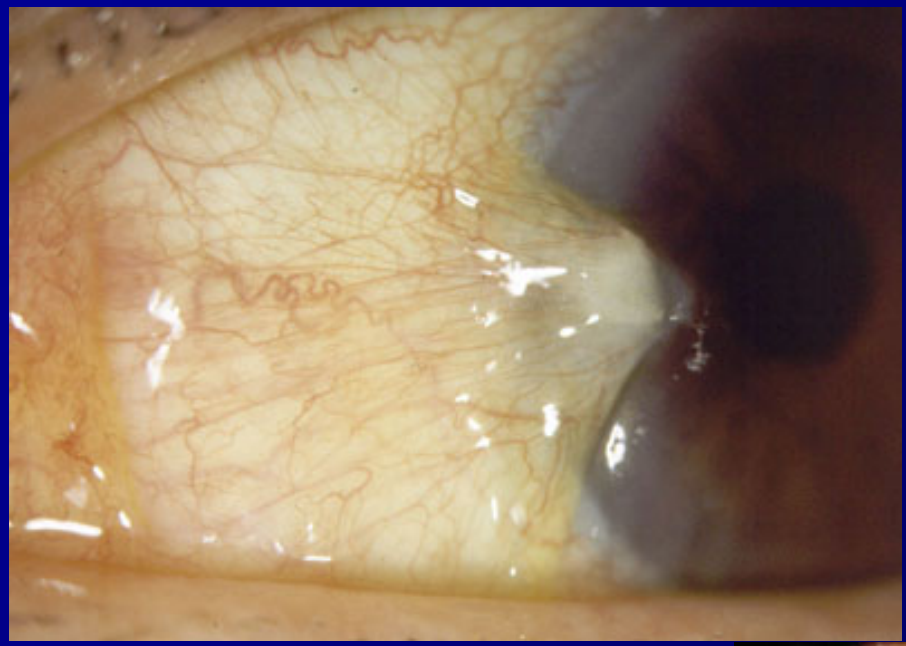
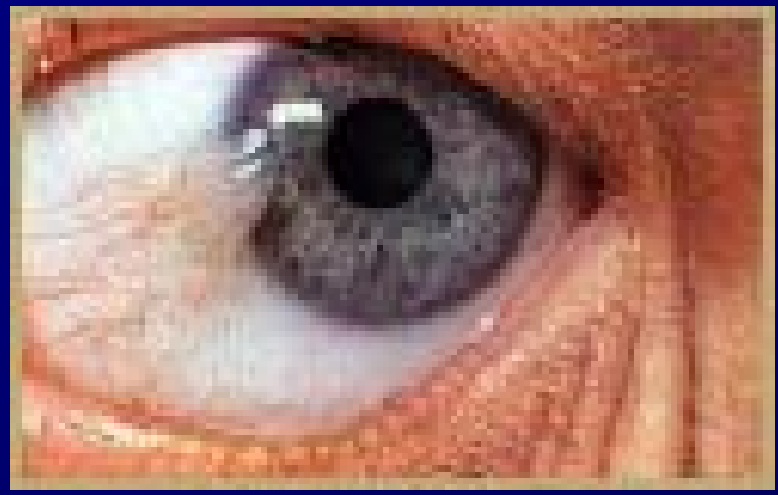
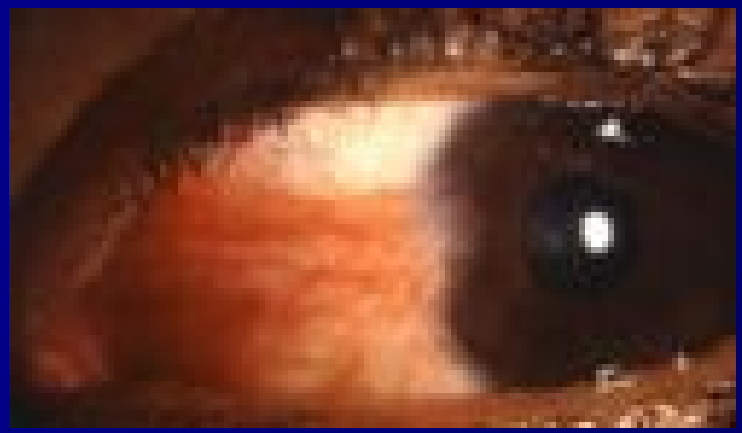


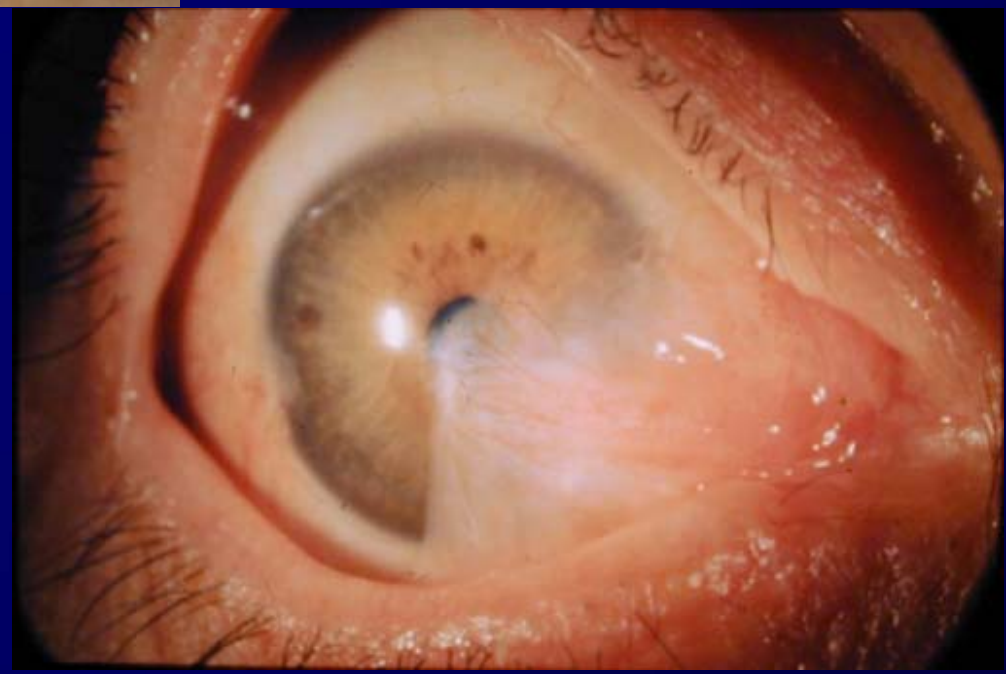
Figure 1-12. (**A**) Vernal keratoconjunctivitis is associated with giant papillae or cobblestones of the superior tarsus and with a ropy, adherent, mucous discharge. (**B**) Trantas dots are infiltrates at the limbus that are composed predominately of eosinophils. (**C**) In severe vernal



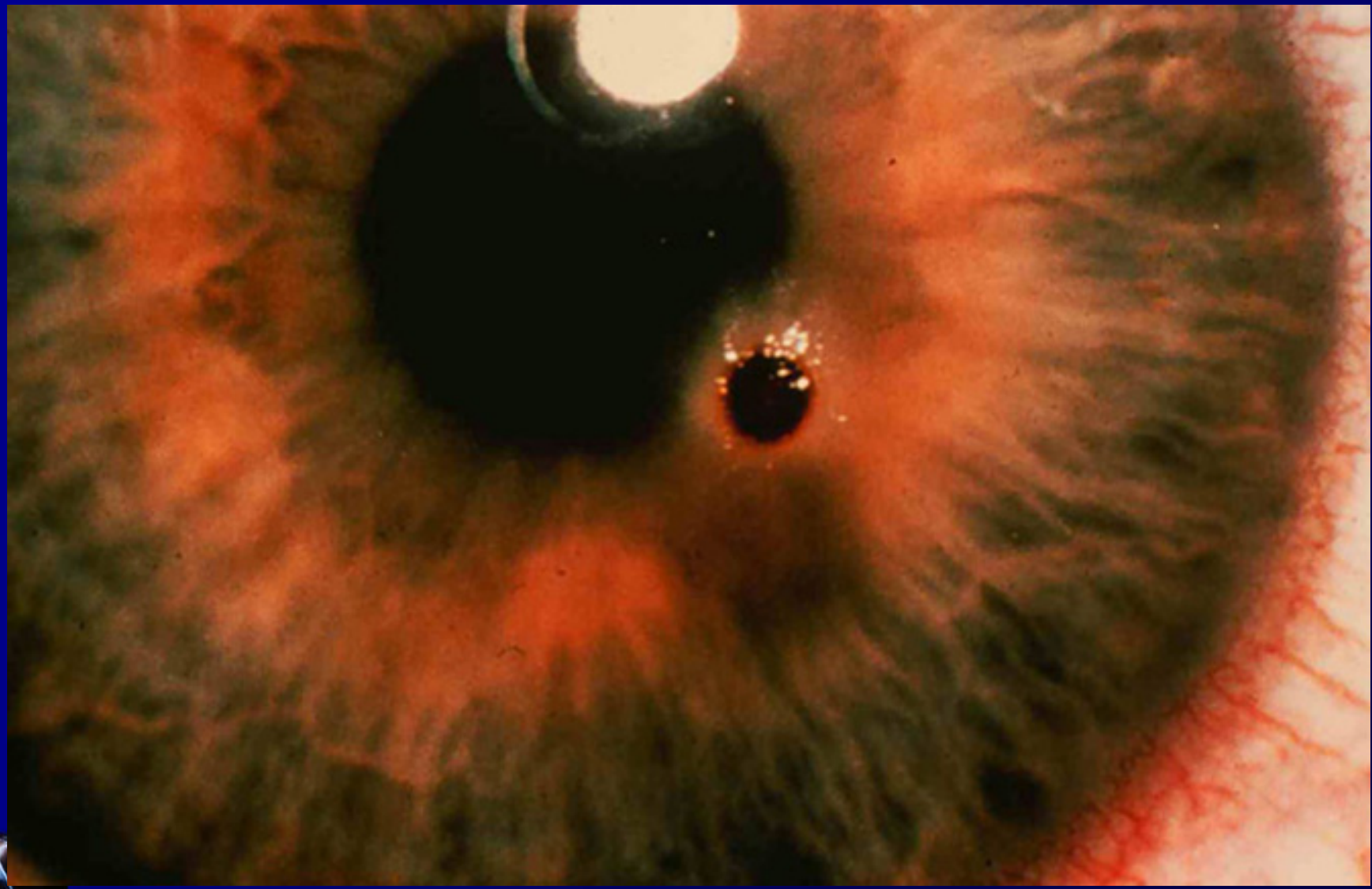




Pterygium

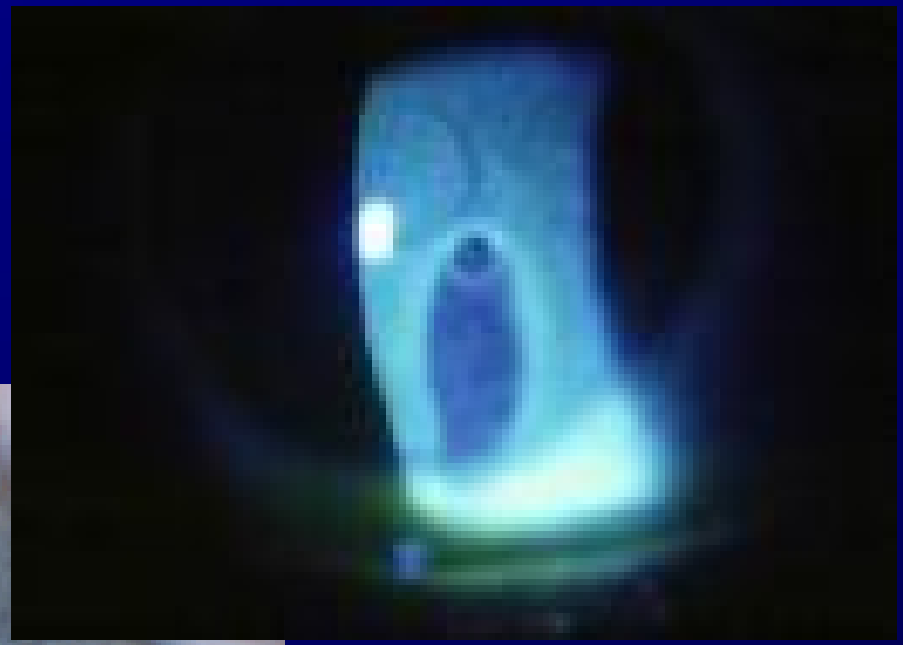


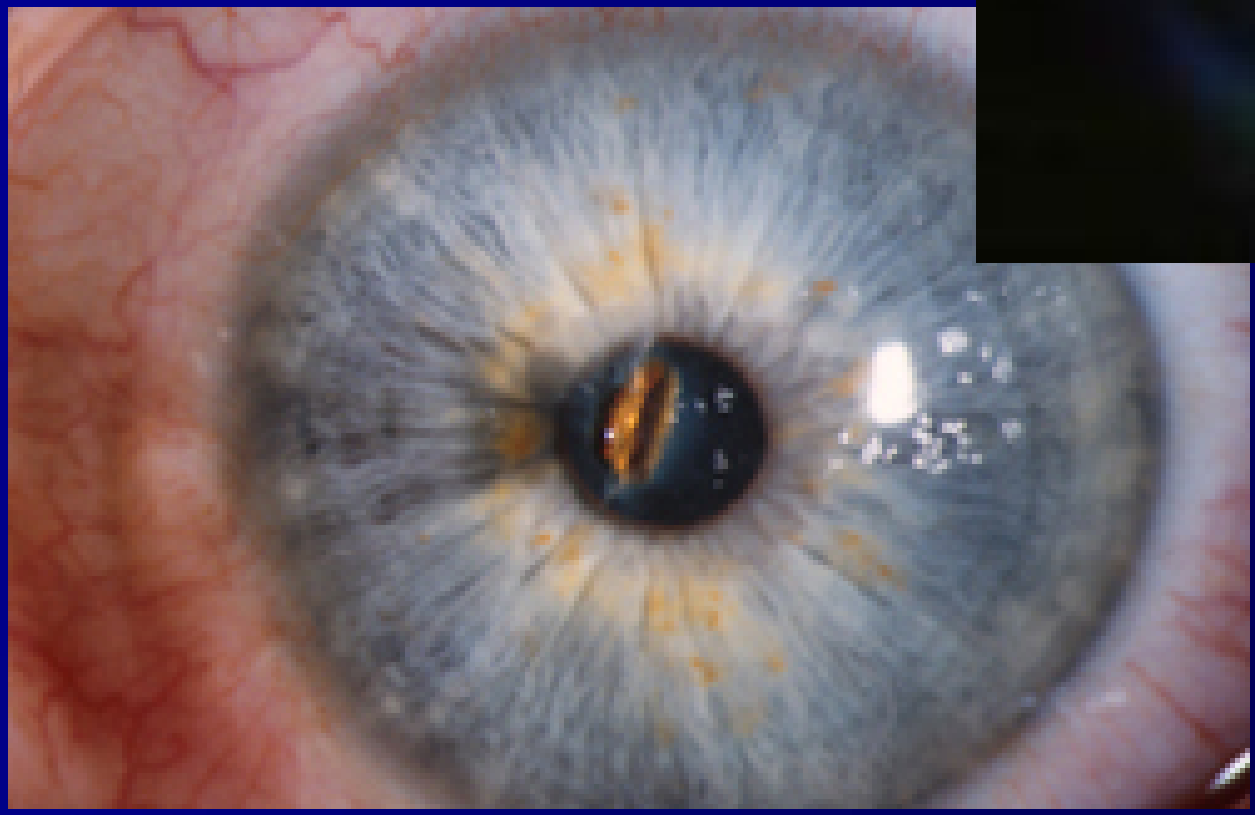
Corneal FB



AXIAL vs. Non-AXIAL! Take extra care for scraping axial FB!!! (Scar + perforate)

Corneal FB



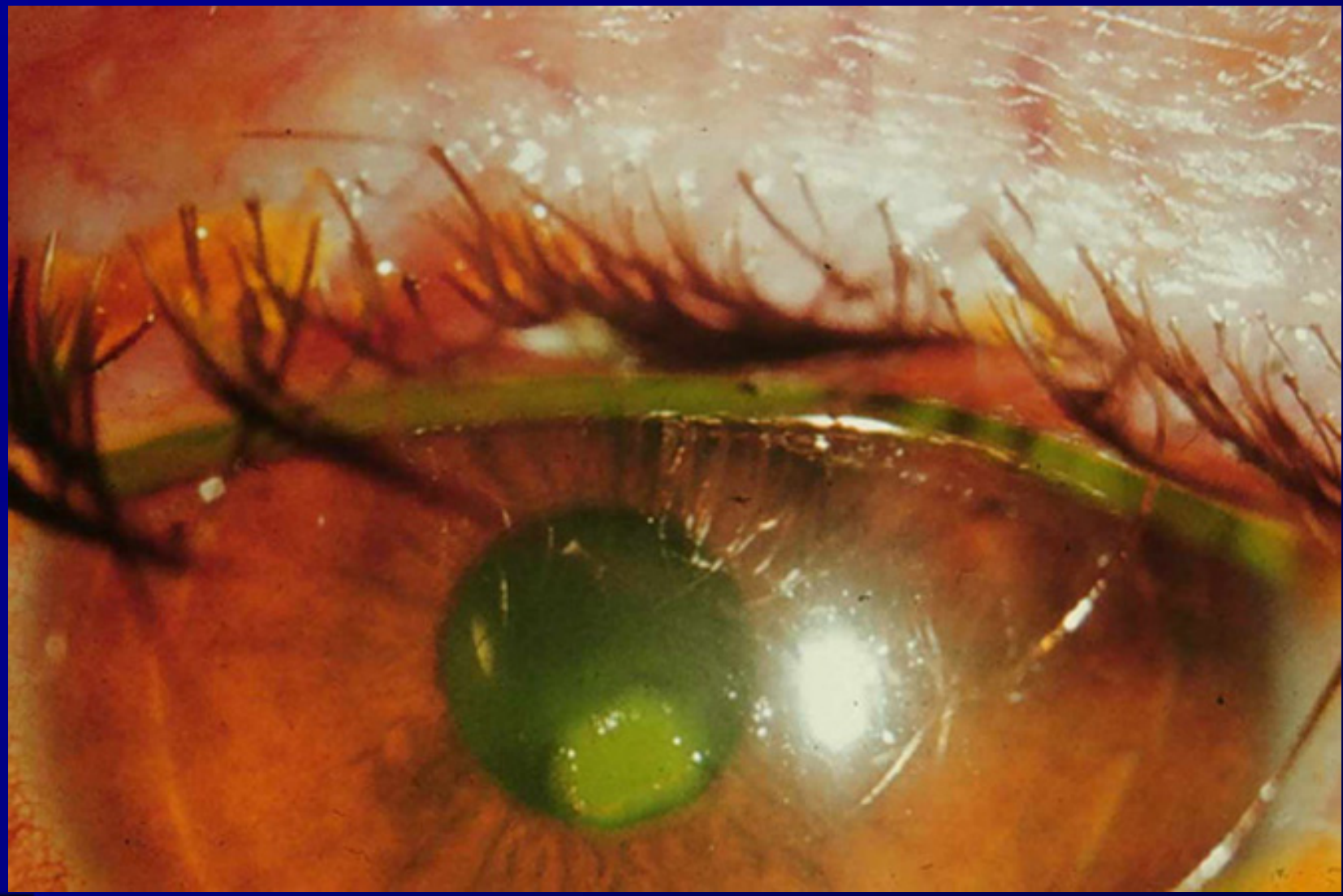


Rule out Ruptured Globe in ALL Injuries! (Fluorescein Stain→ Seidel's test +ve)

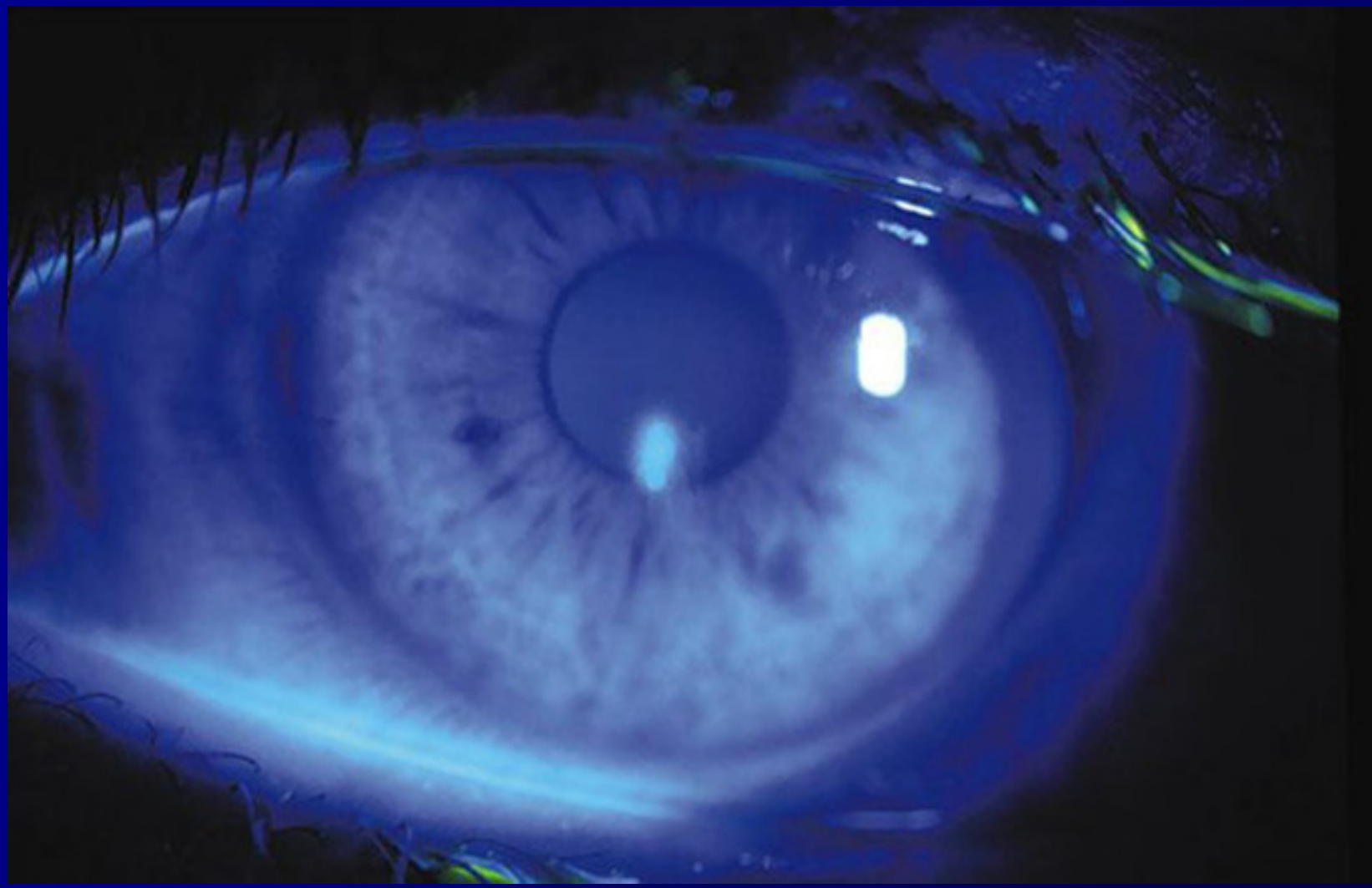
Corneal FB

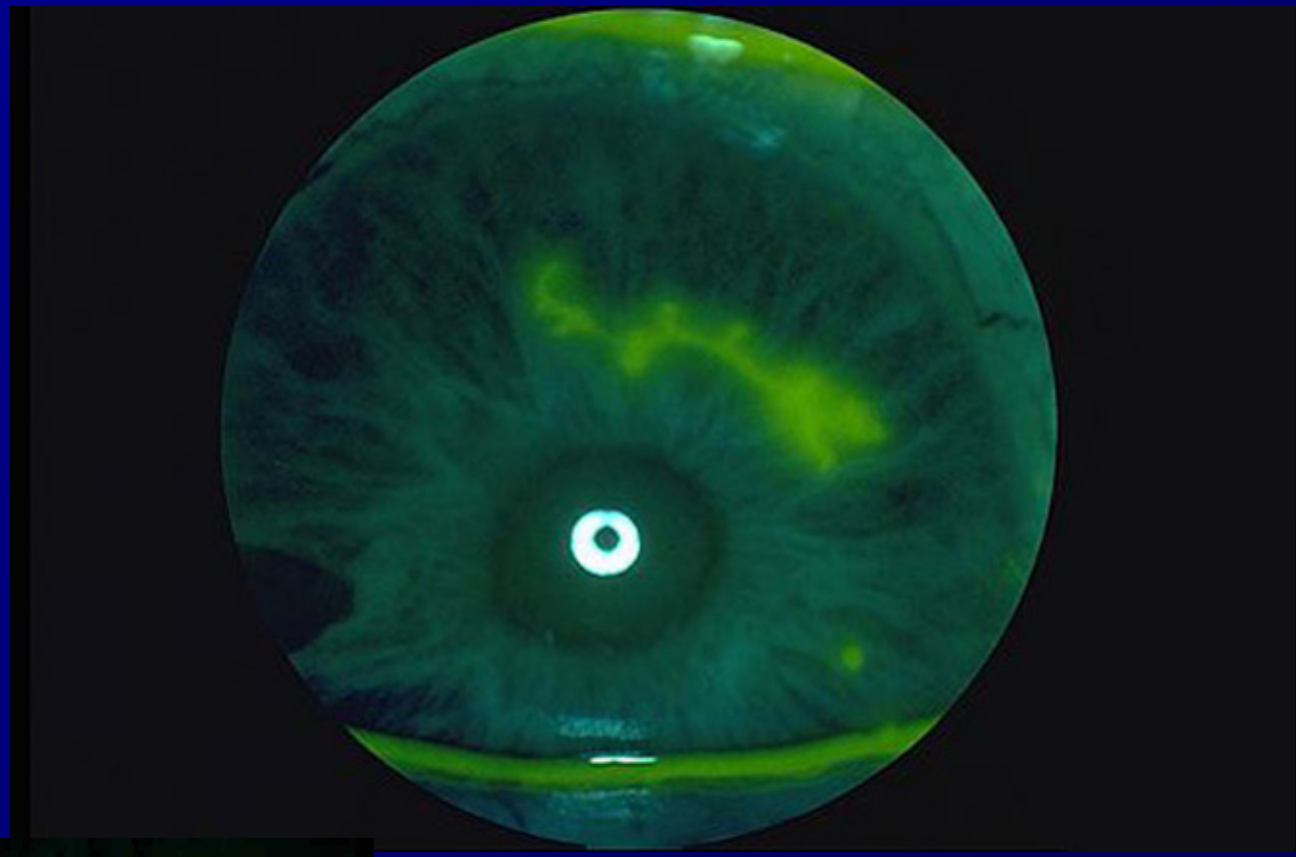
- Always rule out associated non-ocular/ ocular injuries
- Axial FB → care in scraping
- Prophylactic topical antibiotics
- Advice patient DO NOT rub eye after scraping (topical anaesthesia)
- Patching +/-

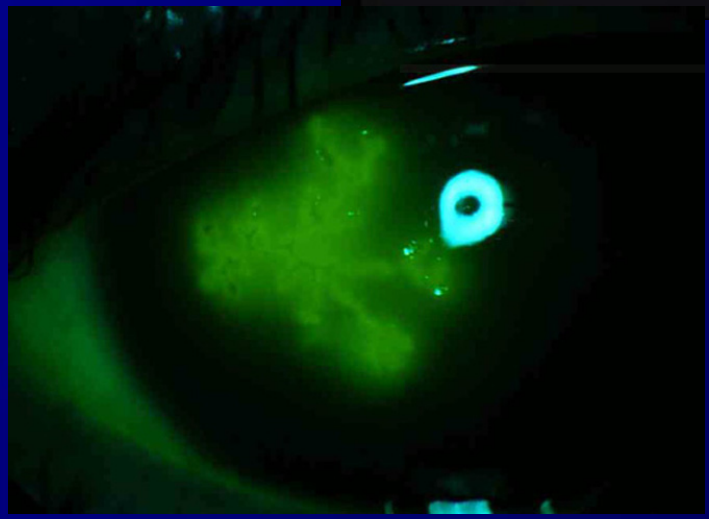
Simple Corneal Abrasion



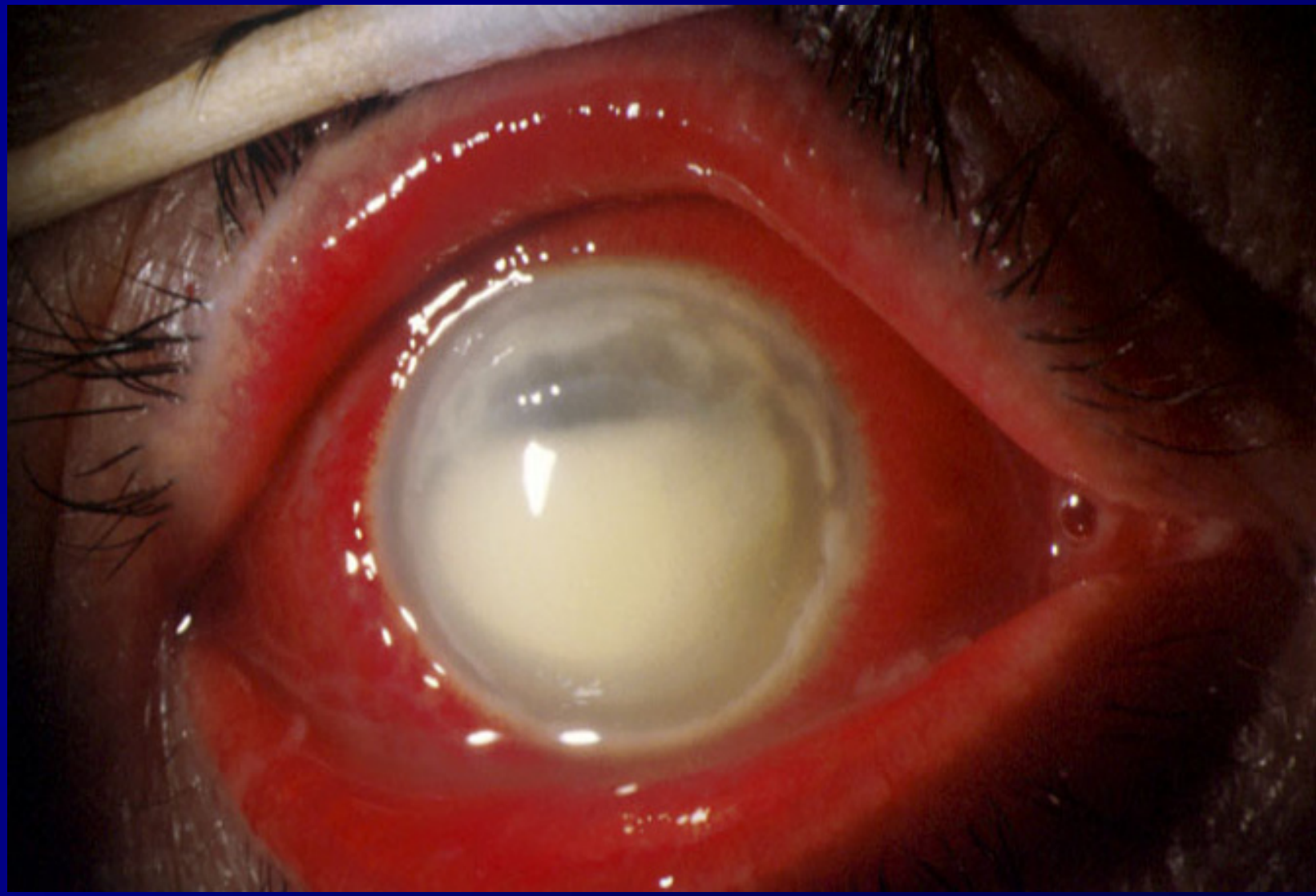
Simple Corneal Abrasion







Herpetic keratitis!!



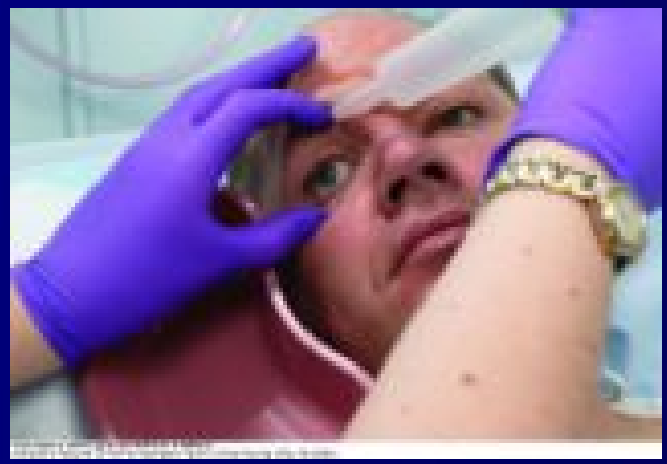
Alkali injury– What to do next?

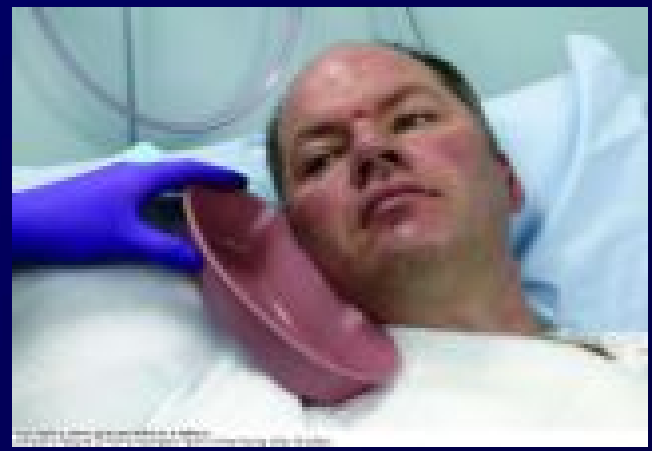
What if pH still 8 after NS irrigation?
Don’t wait for us---continue irrigation!


IRRIGATION!

Chemical Burns

- True Ophthalmic Emergency
- Irrigation until pH neutral
- Guarded to poor prognosis for severe burns





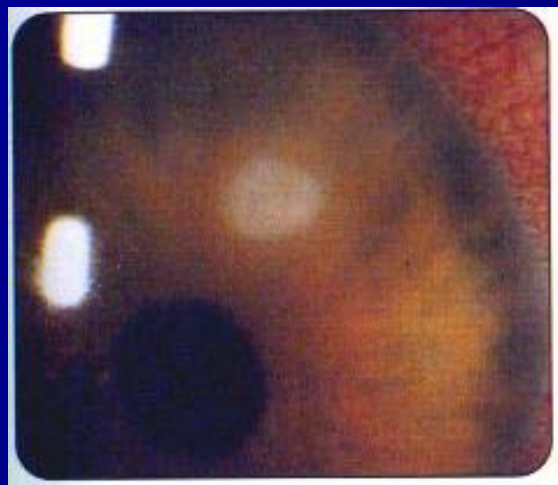


Fig. 5.100

Fig. 5.101

Fig. 5.102

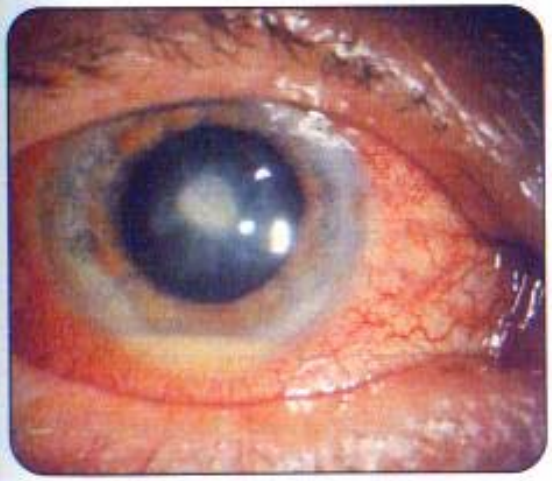


Fig. 5.103

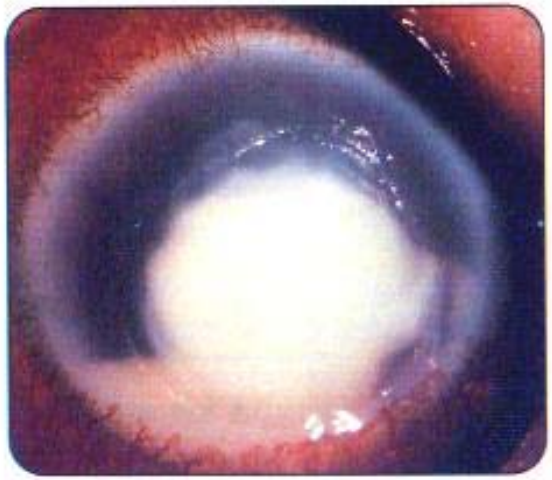


Fig. 5.104

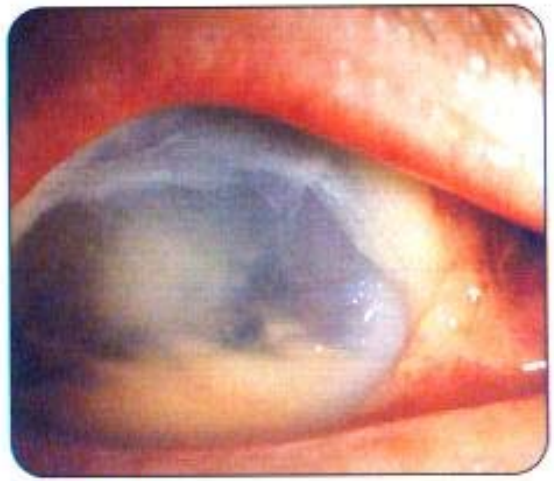
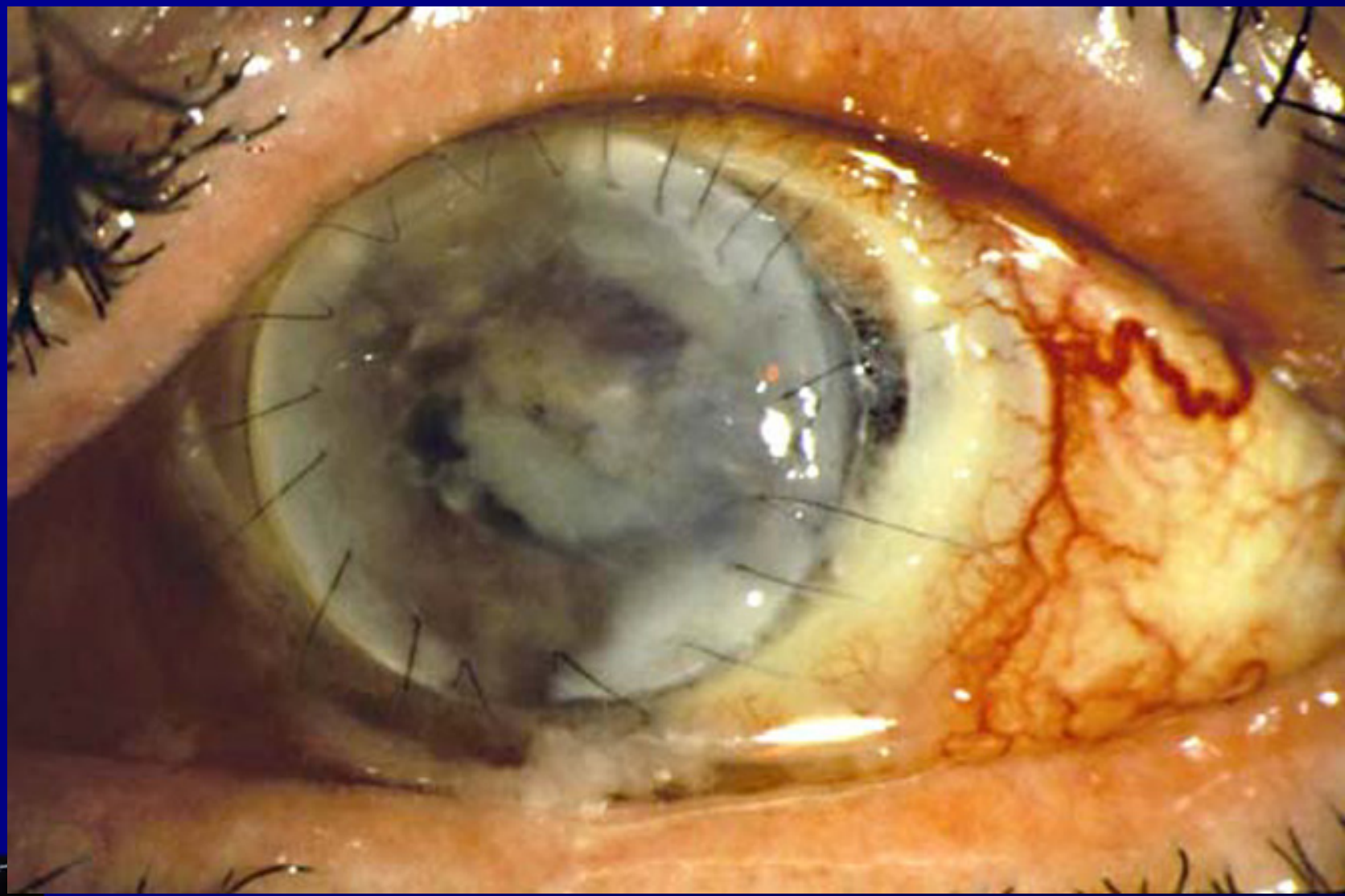


Fig. 5.105

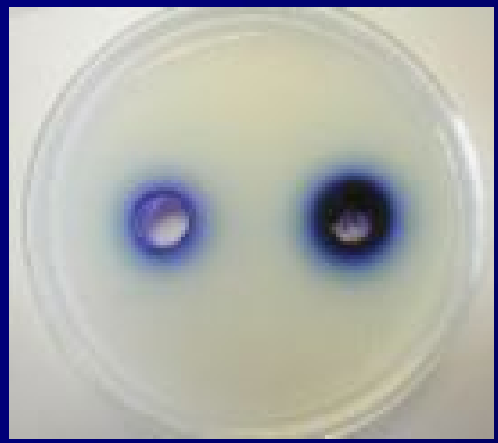
Various Infective keratitis

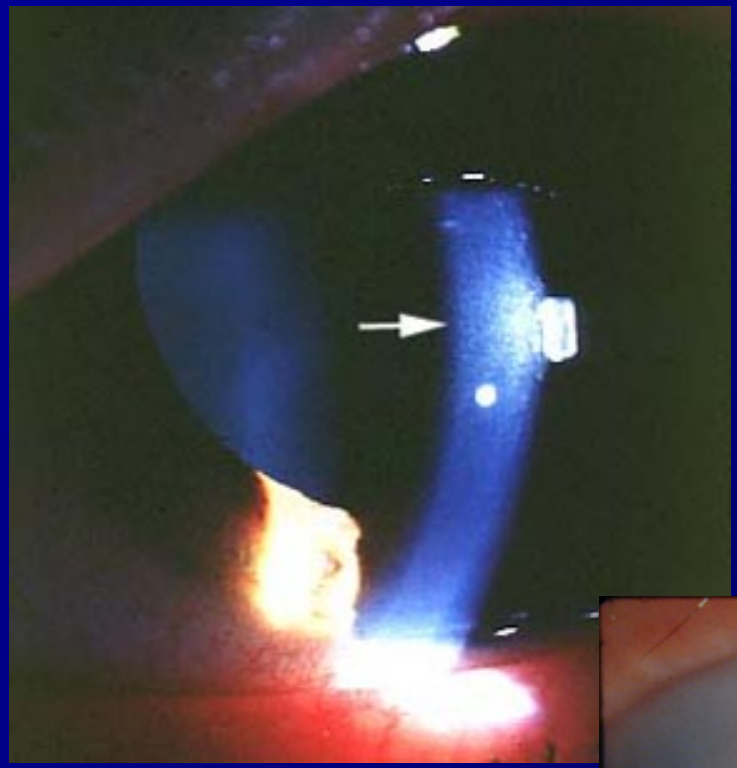


Infective keratitis in a penetrating keratoplasty corneal graft

Infective keratitis

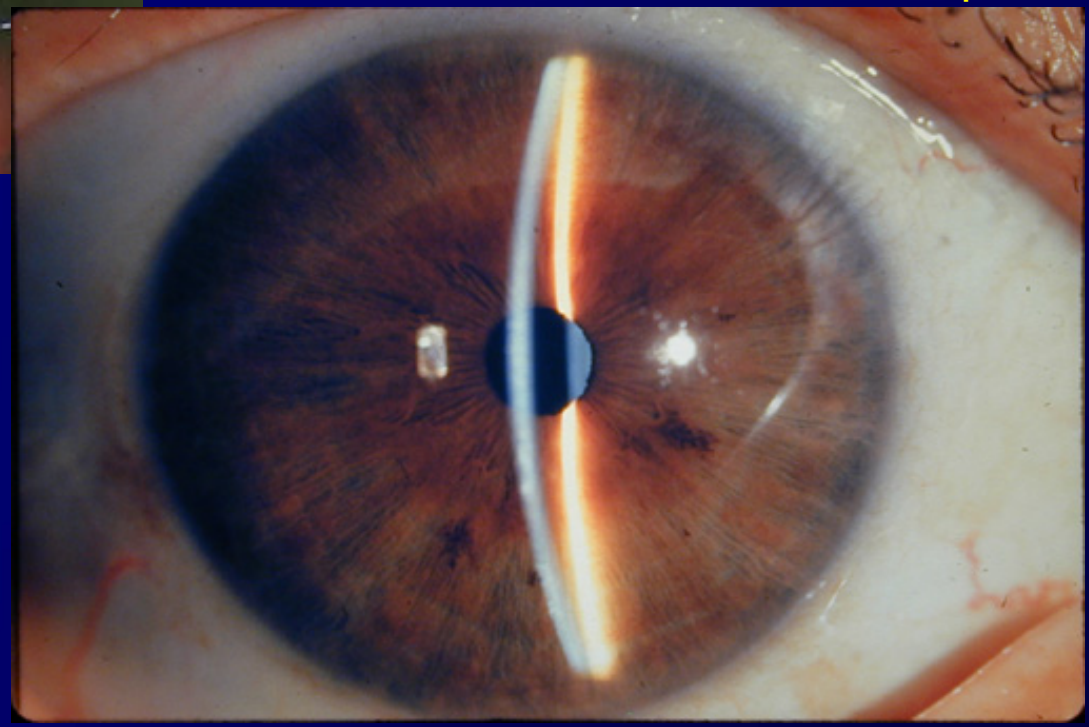
- Culture before antibiotics
- Ask patient to keep contact lens, case, and solutions for culture!
- Usually frequent topical +/- systemic antibiotics needed



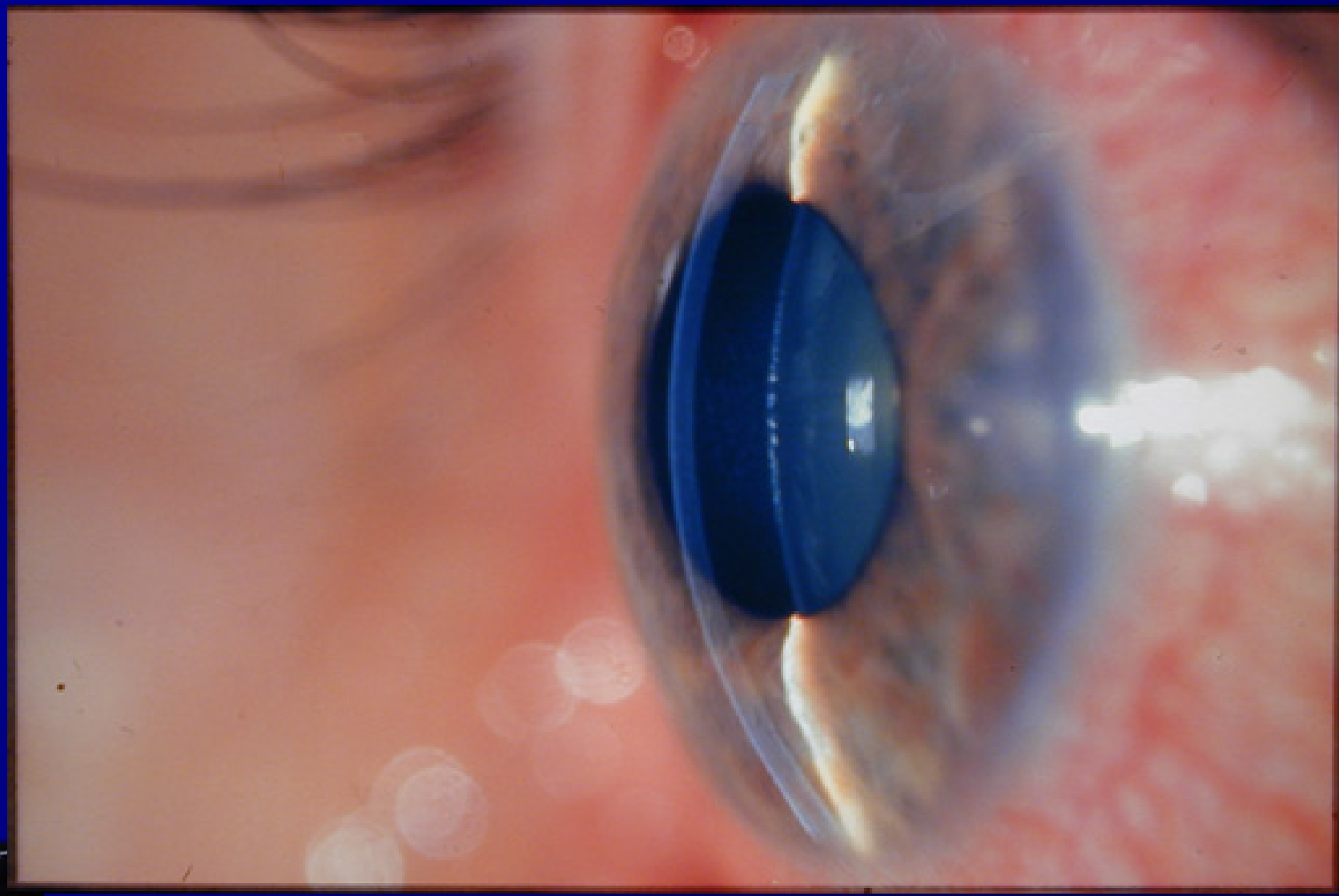


Normal AC depth

Shallow AC depth

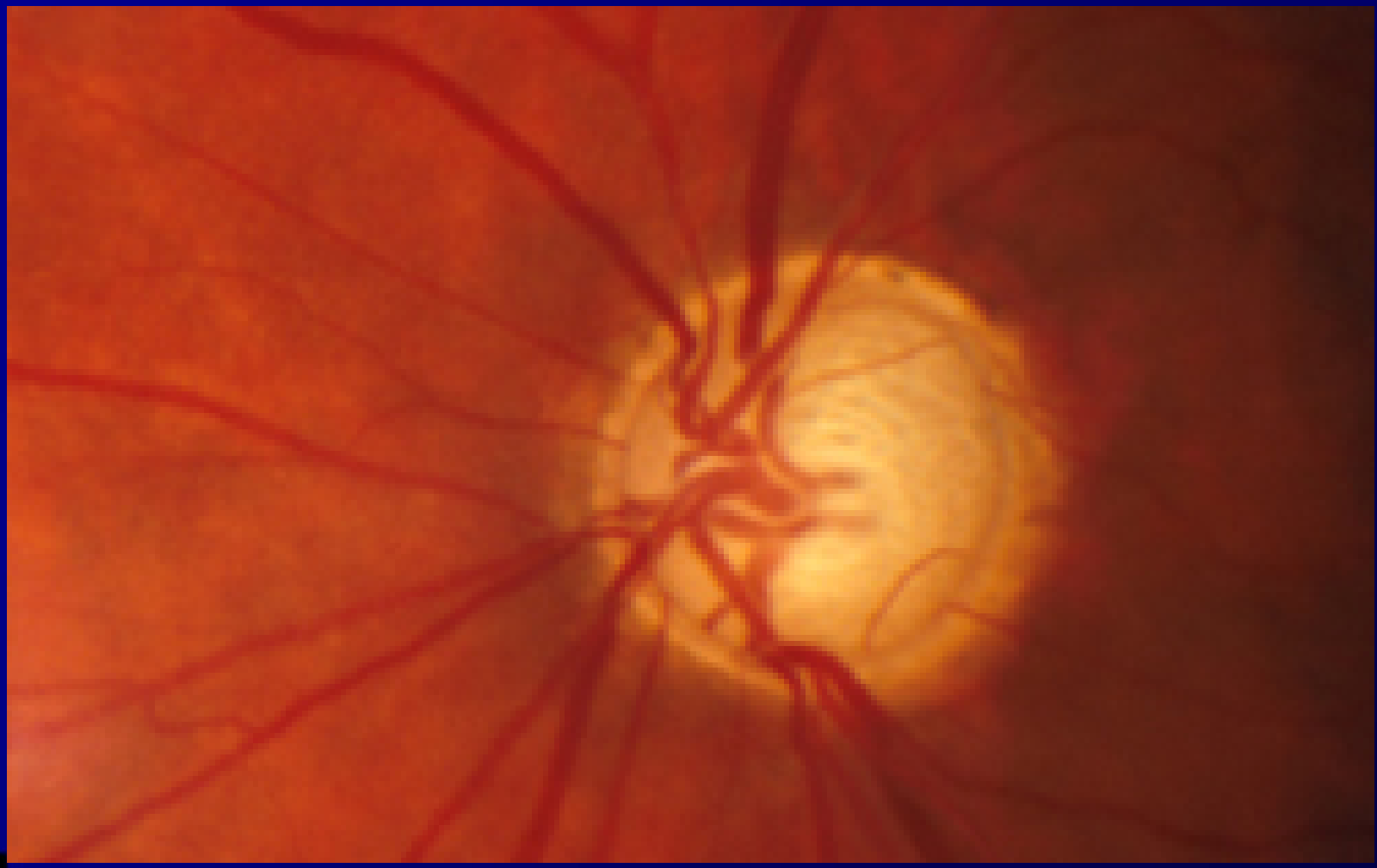



(c) Giessener Ophthalmologischer Bildatlas



Acute angle-closure glaucoma!

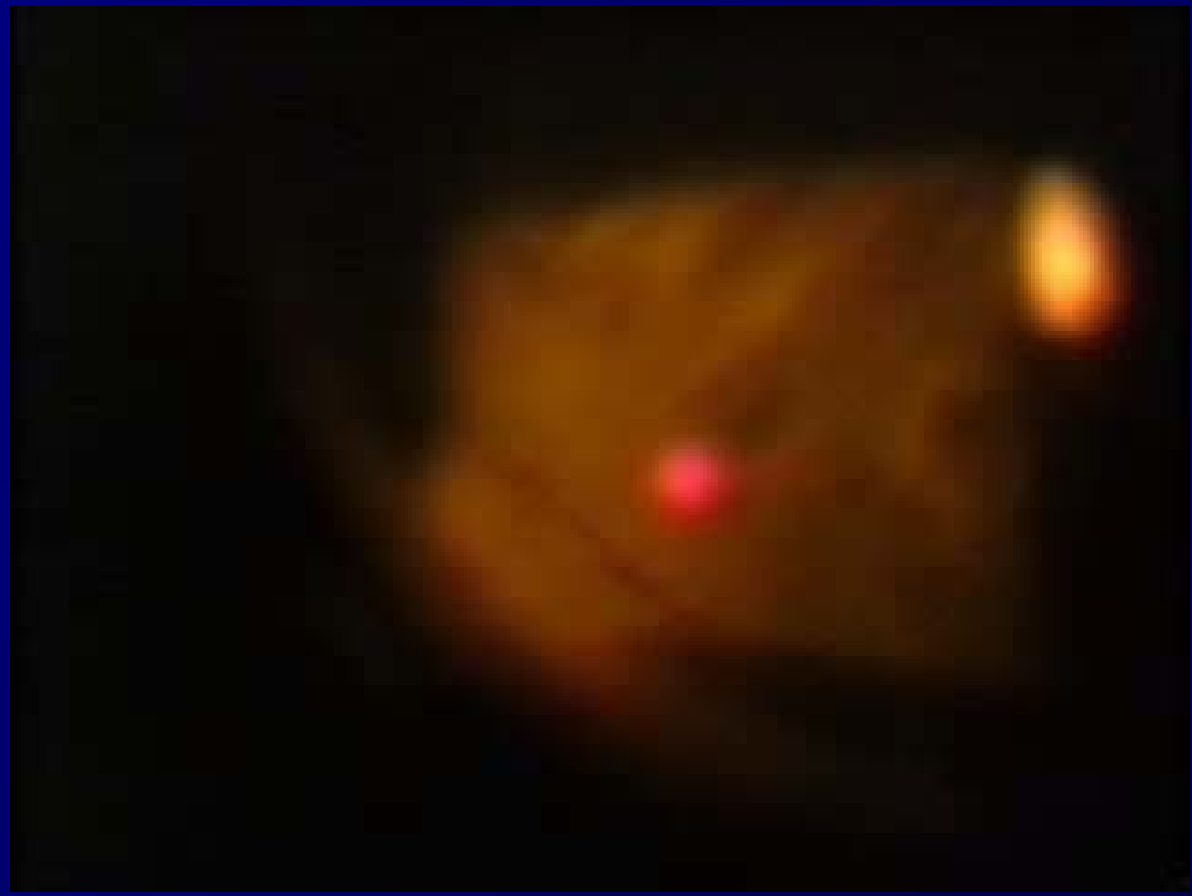
Glaucomatous Optic Neuropathy!



Acute angle closure glaucoma- initial Mx

- Beta-blockers topical: g. 0.5% timolol bd
- Miotics: Attack eye: g. 4% pilocarpine qid
- Miotics: fellow eye: g. 1% pilocarpine tds
- Systemic diamox (IV 500mg then oral 250mg qid initially. Slow K 600 mg bd initially po)
- +/- IV Mannitol 1.5-2 gm/kg over 35-40 mins

New developments: Argon Laser Peripheral Iridoplasty (ALPI) in action!



Video by courtesy of Prof. Robert Ritch

Iris contraction mechanically pulls open an appositionally closed angle

虹膜收縮機械性拉開關閉的房角

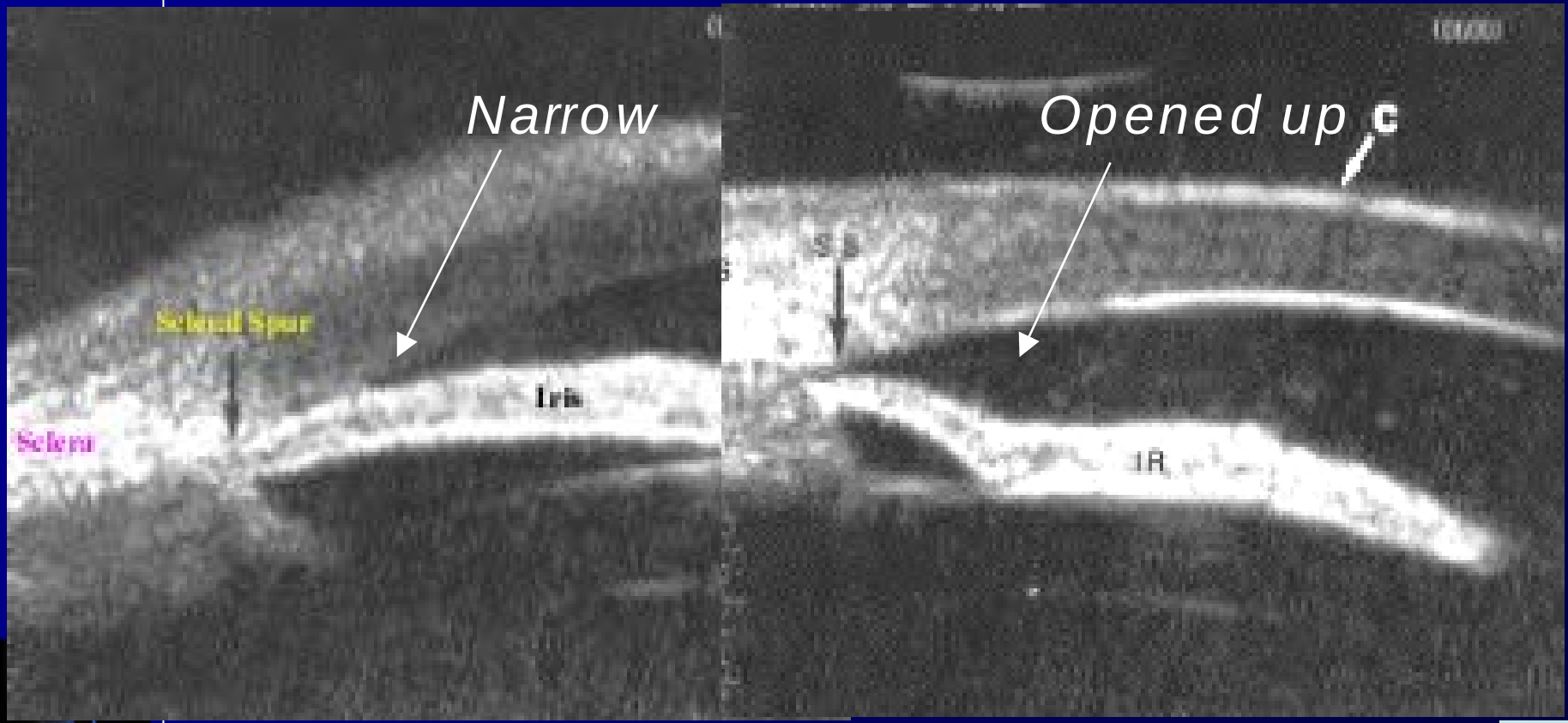
Before ALPI

After ALPI

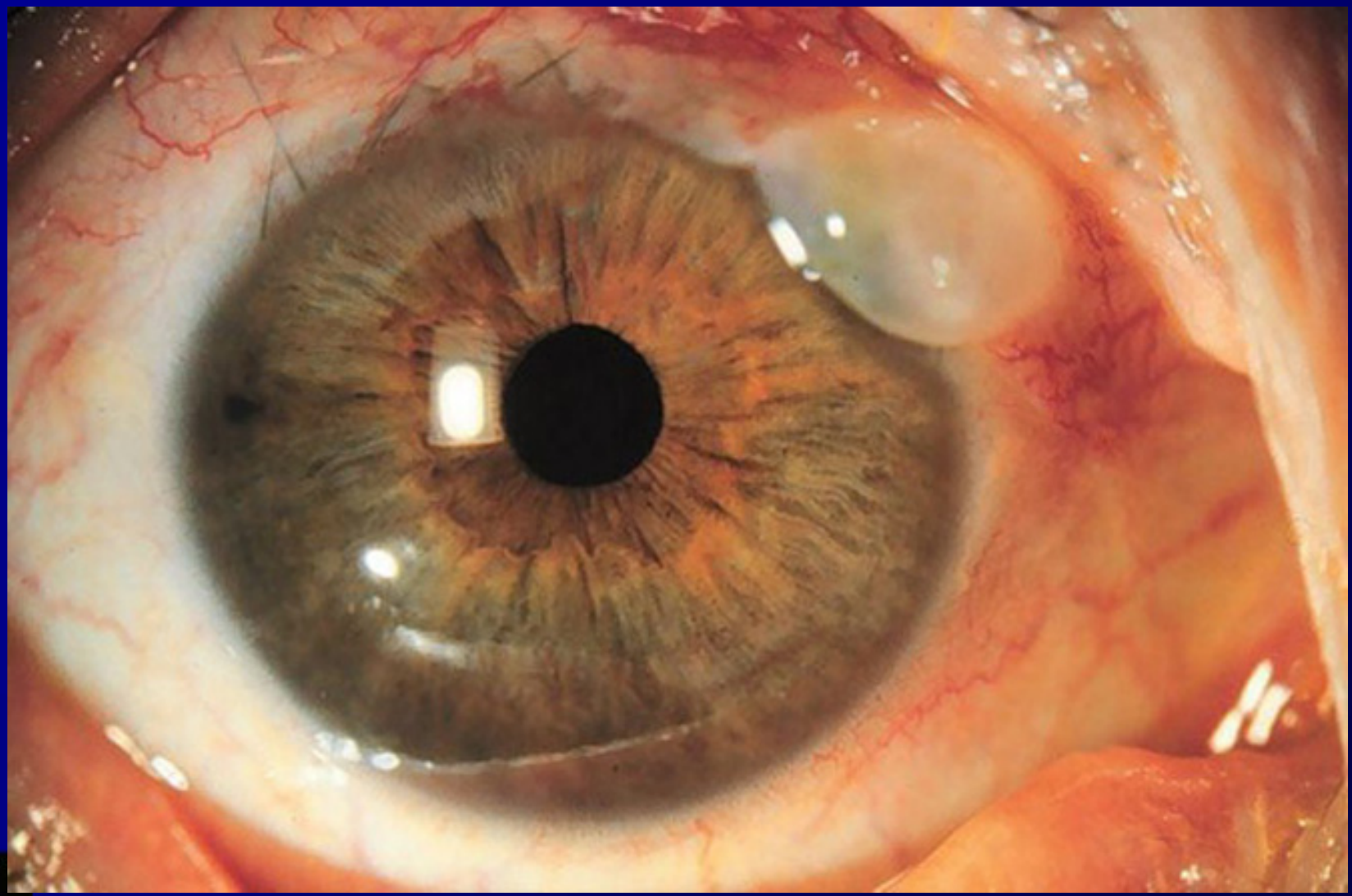
UBM analysis of angle pre- & post-ALPI

Before ALPI

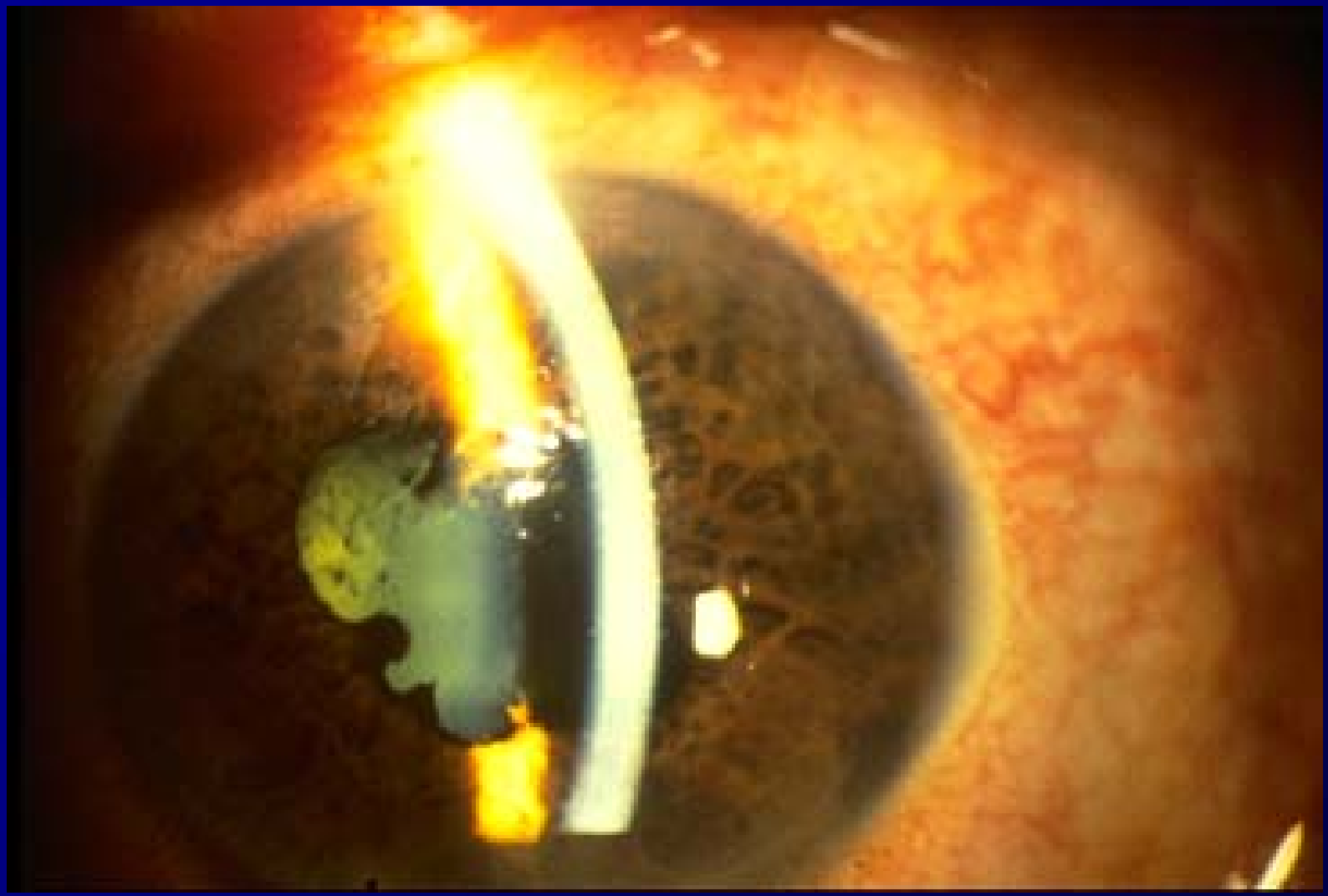
After ALPI



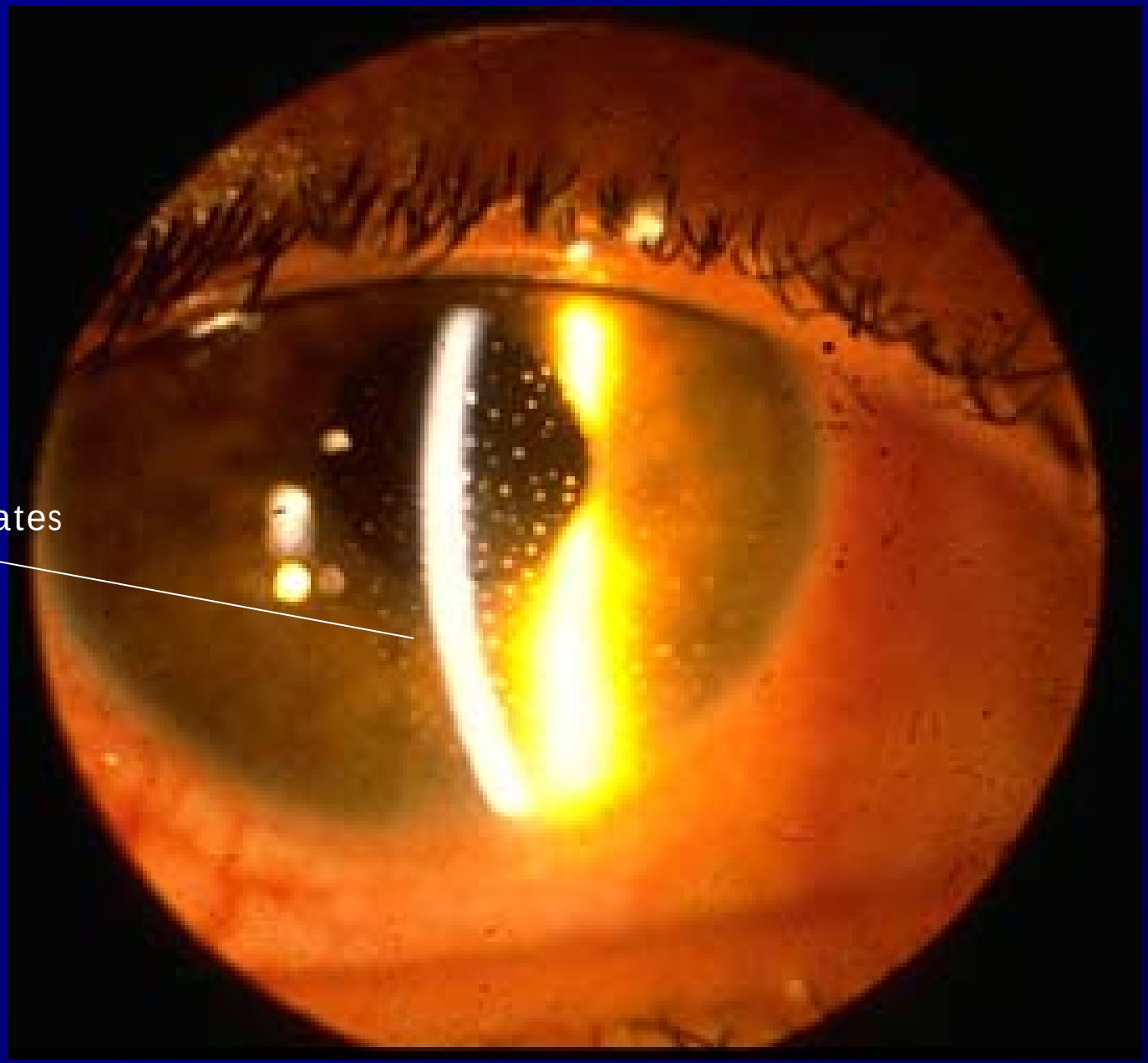
Post Trabeculectomy—surgery for glaucoma



Neovascular glaucoma. IOP = 60 mmHg. Note ciliary injection



Anterior Uveitis: Rx– Topical steroid. Rule Out underlying CTD!



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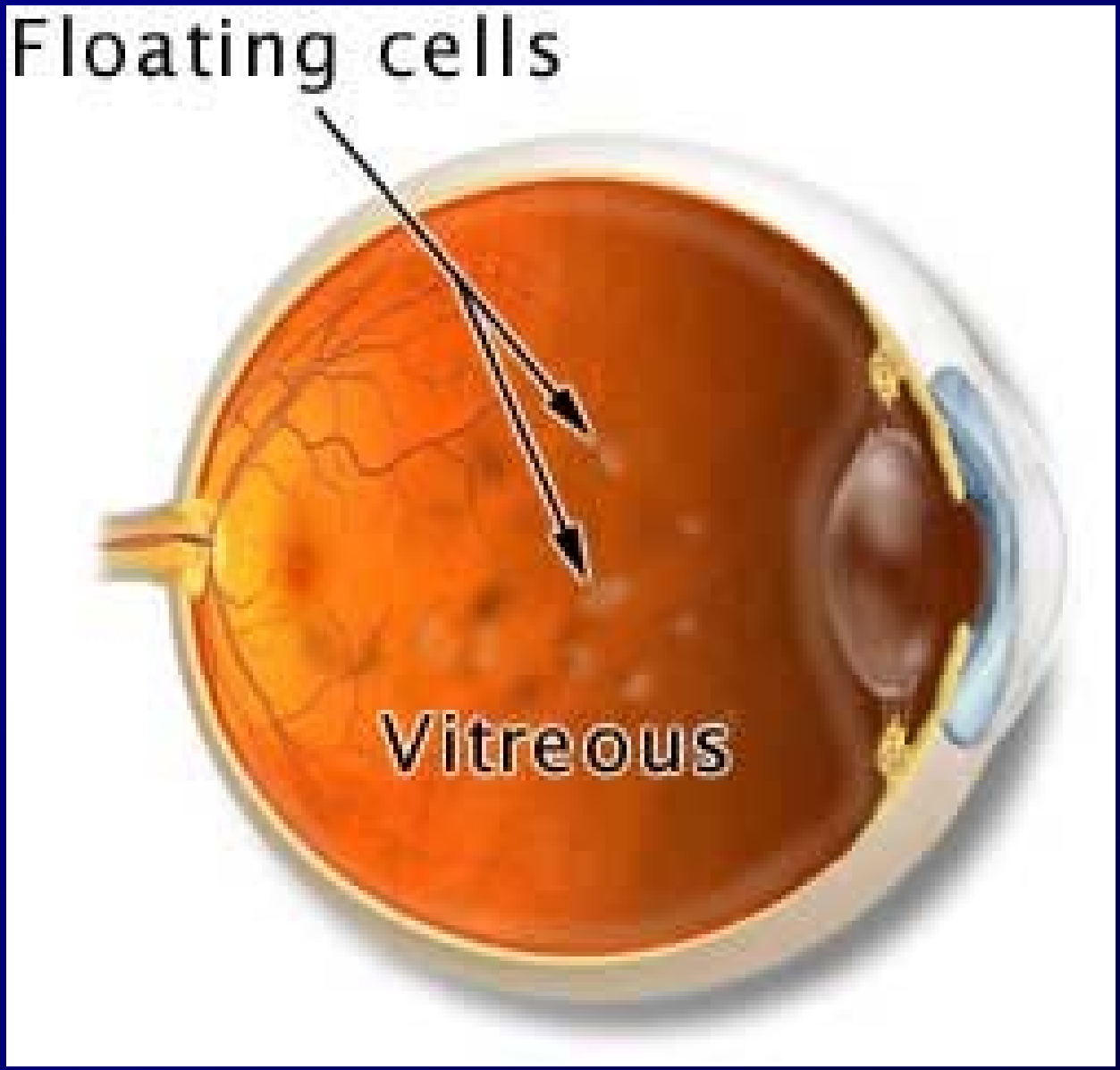
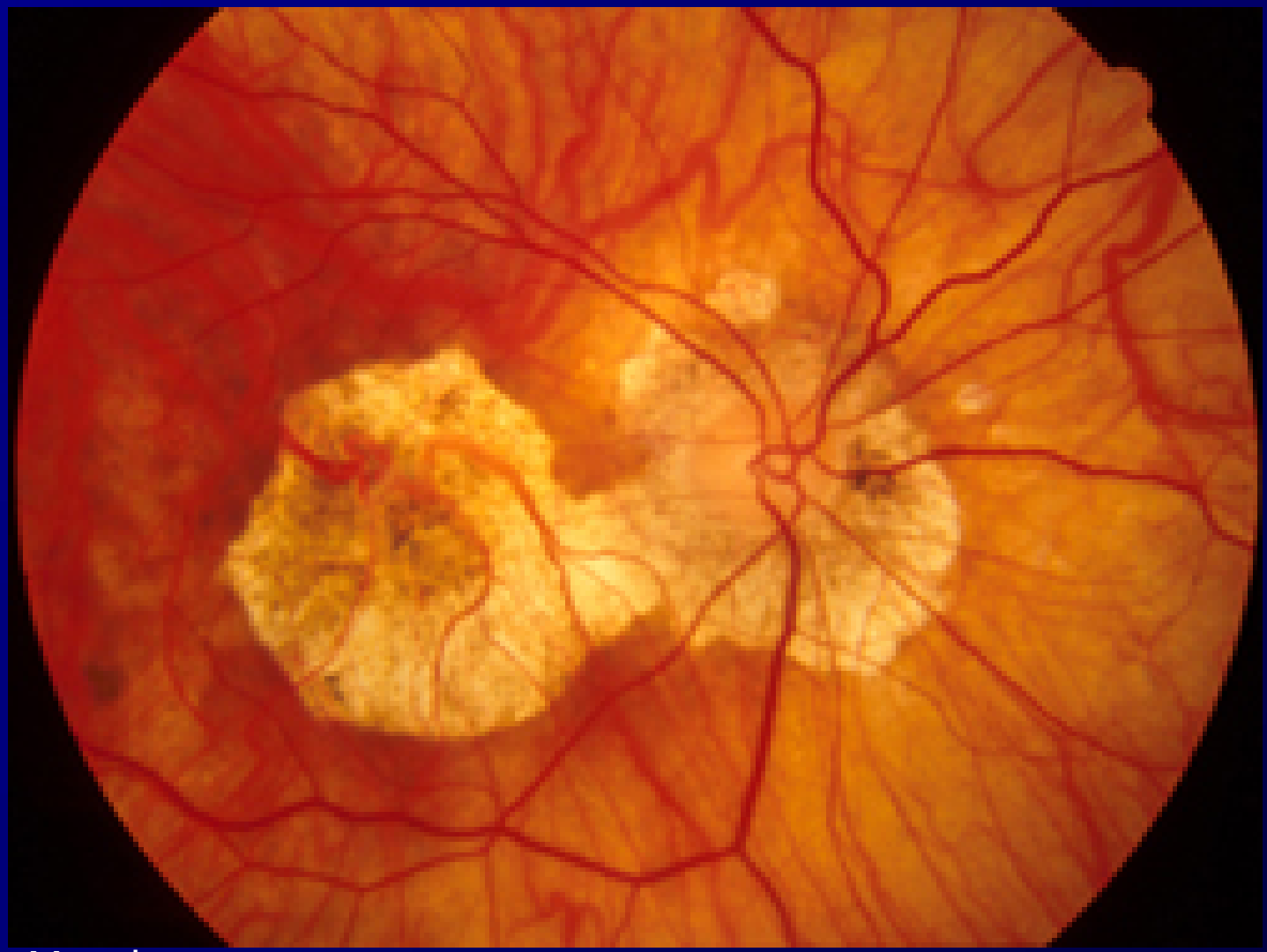
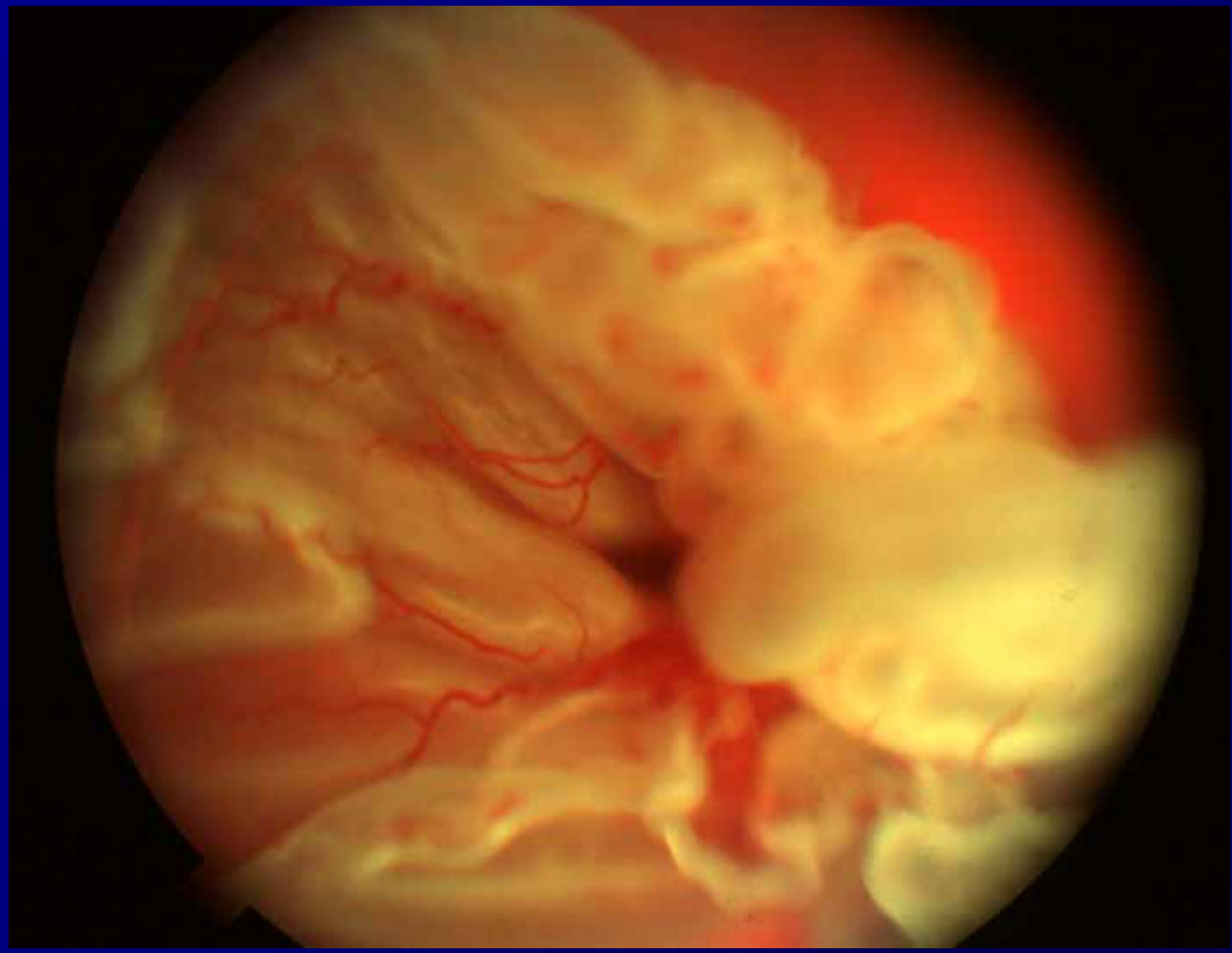


Posterior Vitreous Detachment!!



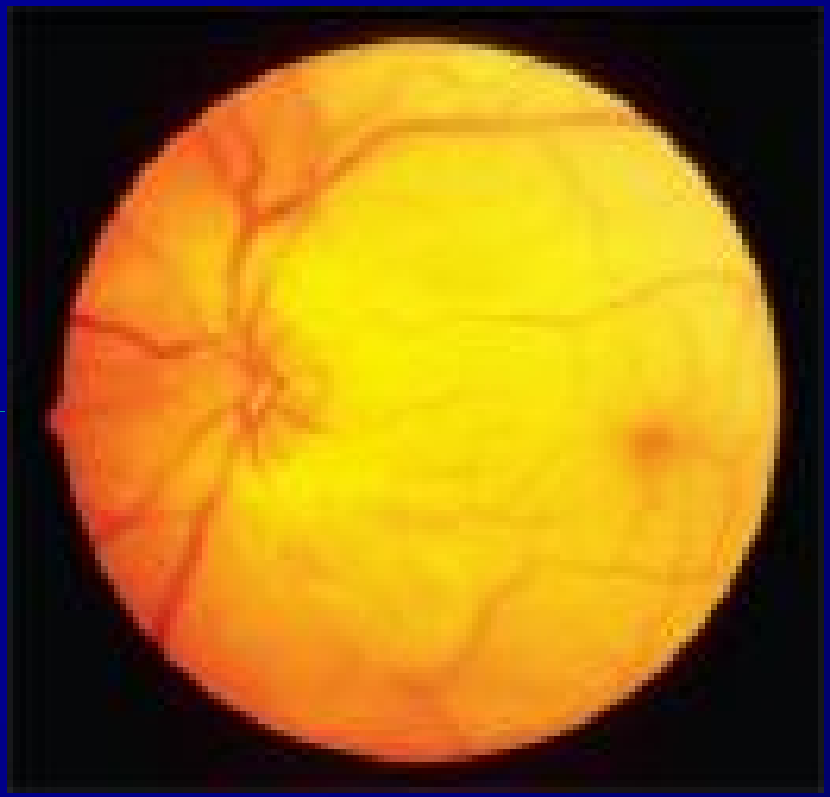
High Myopia



Retinal Detachment

RD

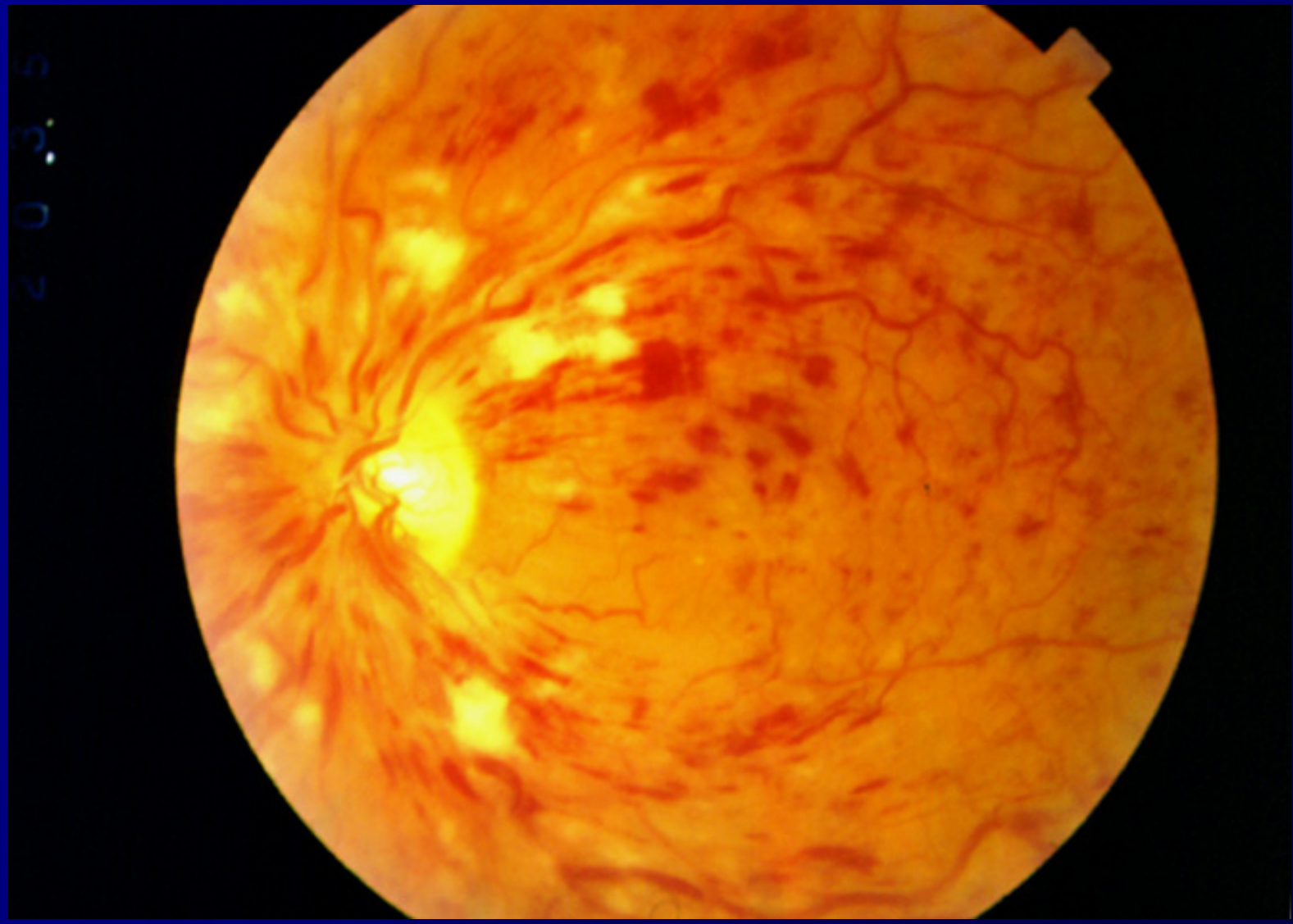
- Look for risk factors:
  - High myope > 6 D-8 D
  - Hx of Fellow eye RD
  - Family Hx of RD
  - Post intraocular surgery e.g. cataract
  - Trauma
- Is central vision affected?
  - Yes– macula may be off
  - No—macula may be on
- Advice patient bed rest and await Ophthalmologist assessment



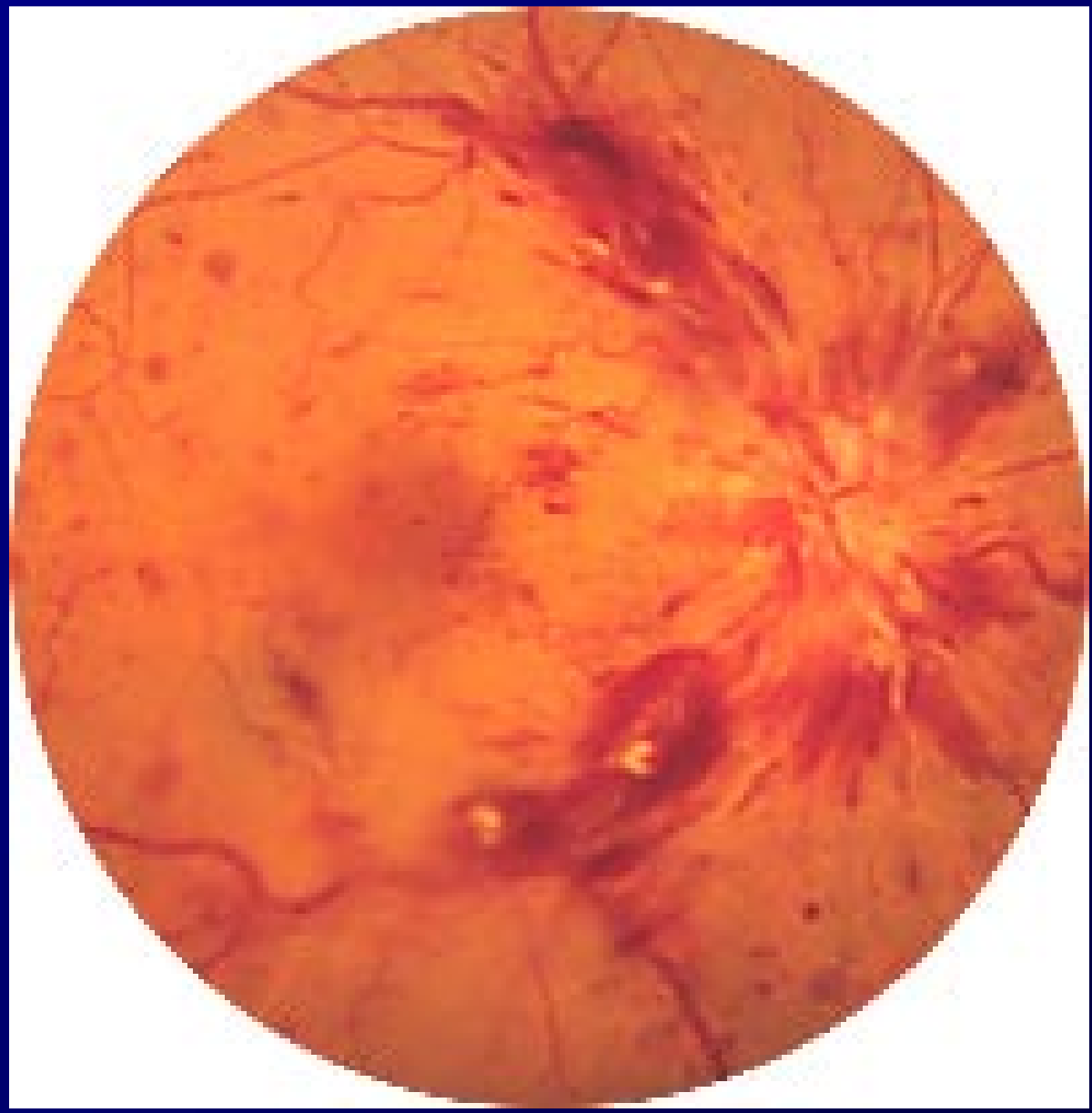
CRAO!

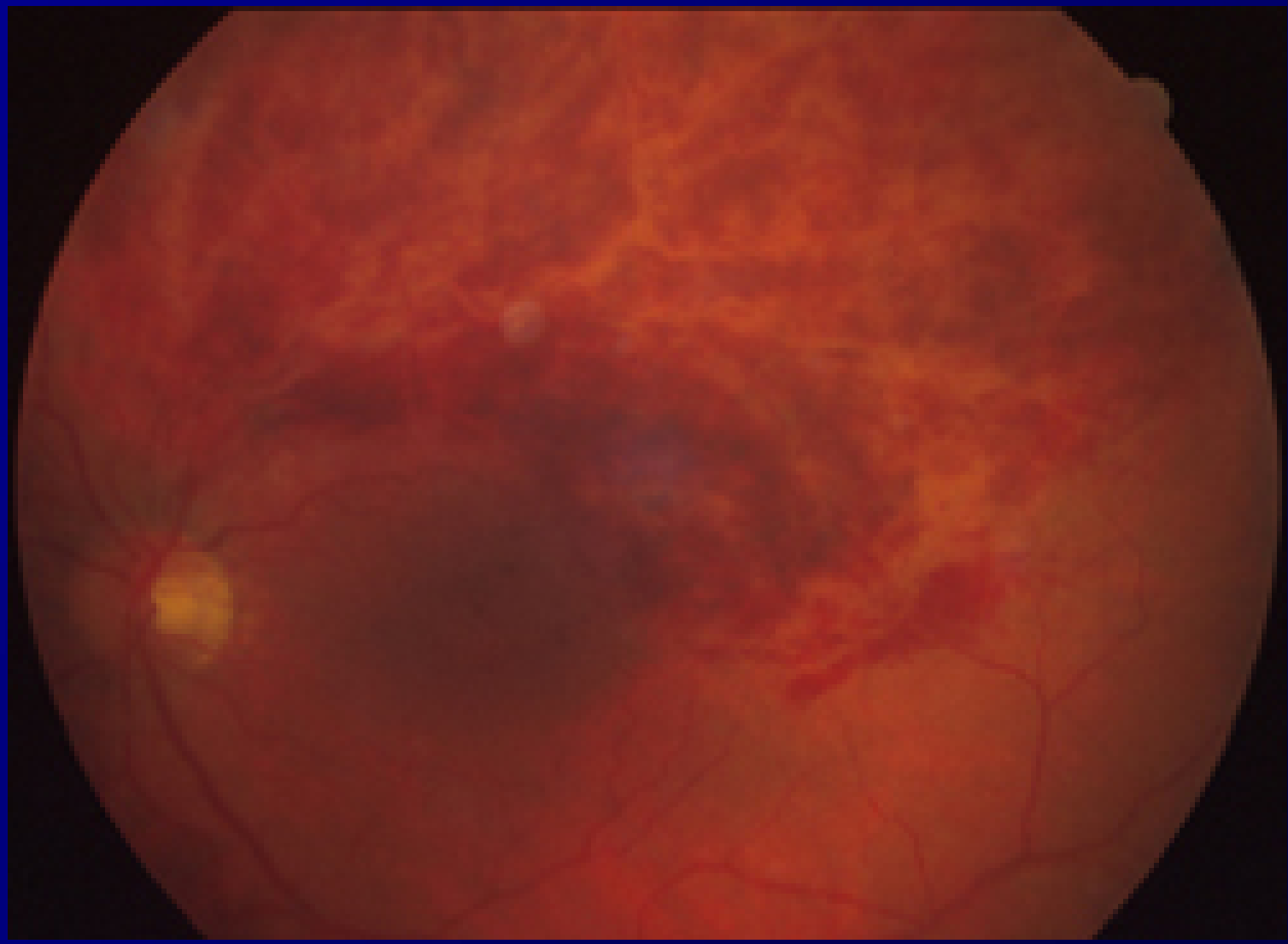
True Ophthalmic Emergency if acute CRAO.

CRVO

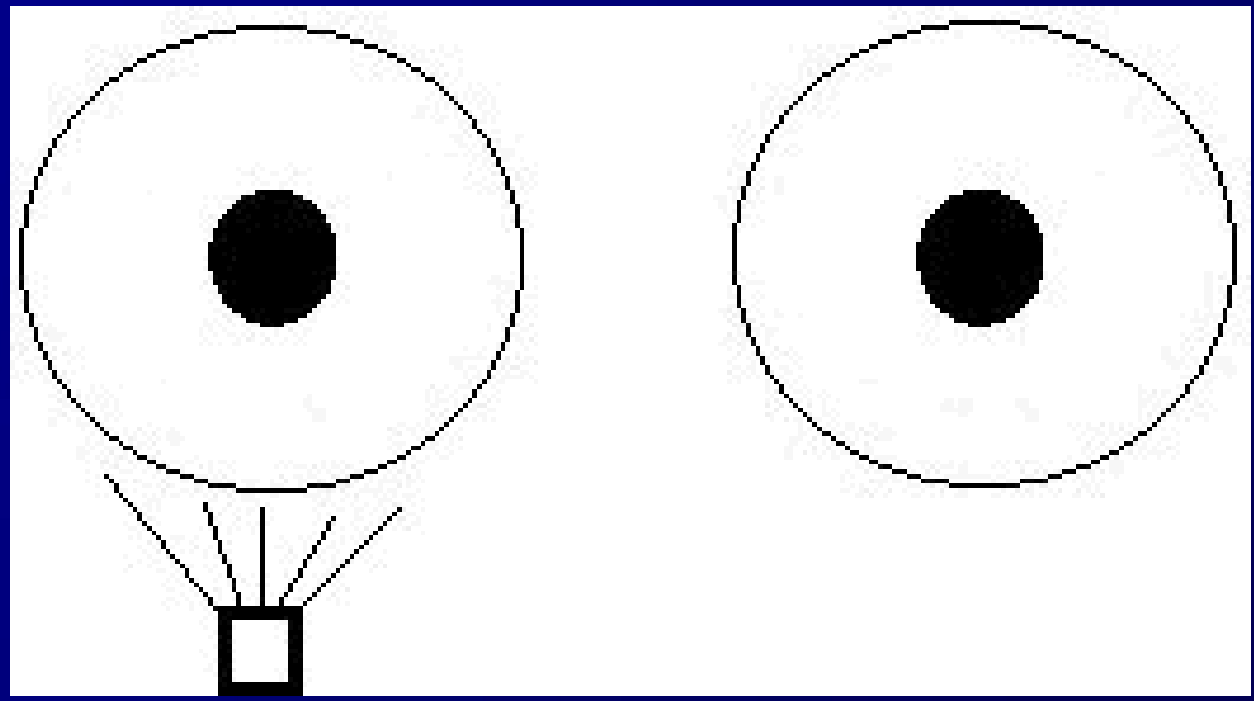


Another CRVO

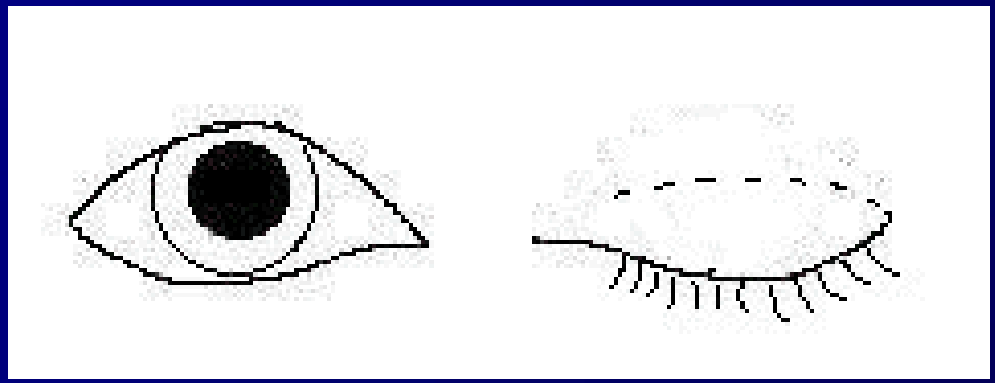




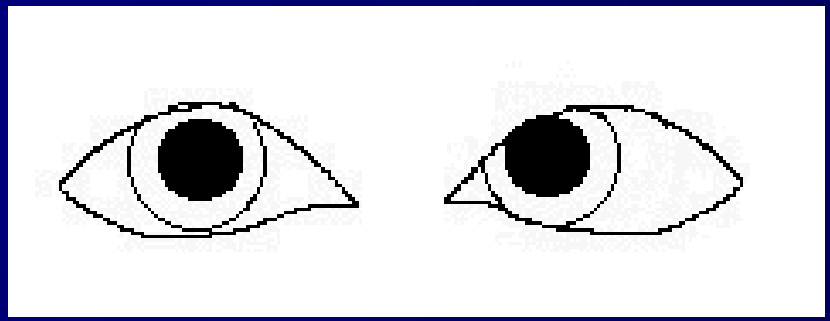
Superior BRVO



RAPD LE

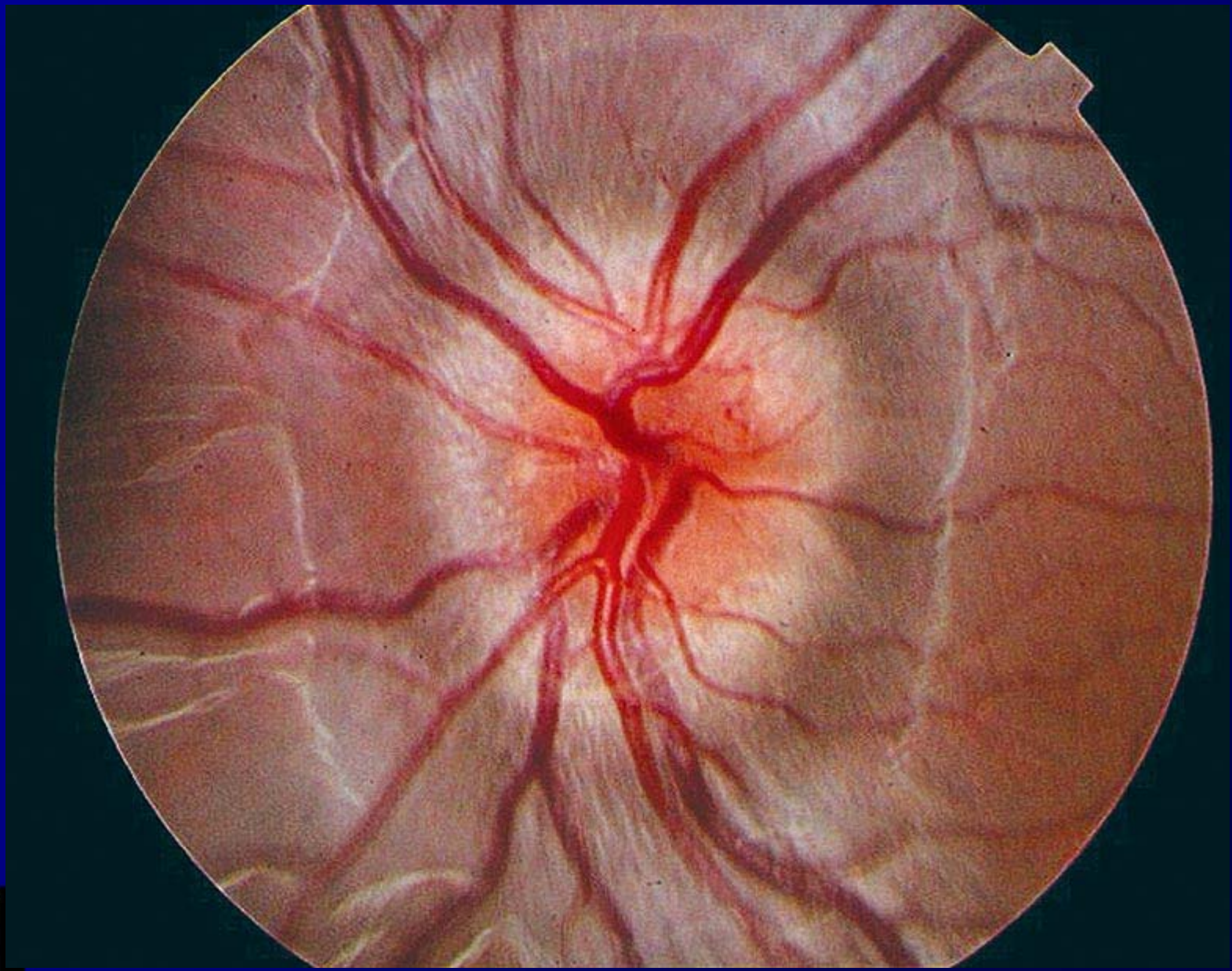


III nerve palsy



VI nerve palsy

Optic Disc Swelling → If bilateral, papilloedema



In Conclusion, Emergency Ophthalmology is easy if we:

(1)Try to examine as many normal eyes as possible

(2)Use our magnifying glass or better, slit lamp

(3)Realize that Quality is a journey– requires your never ending ambition… …

Thank you