**Title of Case:** *This is usually the general pathology that you are presenting* **Subtitle (optional):** *This is where you can be more descriptive or specific to your case*

**Category(ies):**

List all applicable. This will ensure your case is indexed properly.

* Cataract; Cornea/External Eye Disease; Genetic Eye Diseases; Glaucoma/Iris; Neuro-Ophthalmology; Neuro-Ophthalmology; Oculoplastic Surgery, Orbit, Eyelids, Lacrimal; Pediatric Ophthalmology & Strabismus; Retina & Vitreous; Systemic Disorders; Trauma; Tumor/Oncology; Uveitis; Vascular Disorders

**Authors:** *please included credentials; e.g., BS, MD, PhD*

Date of posting

**INITIAL PRESENTATION**

**Chief Complaint:** *What was the patient’s main presenting problem?*

**History of Present Illness:** *Be succinct. Try to stick to only pertinent positives and negatives when detailing onset, duration, timing, course, quality/character, aggravating/alleviating factors, associated symptoms, etc.*

**Past Ocular History:** *List format is acceptable. Make this complete even if some of this information is mentioned in the HPI.*

**Past Medical History:** *List format is acceptable.* *Non-ocular surgeries can be listed here as well if relevant.*

**Medications:** *Generic names are preferable. Ocular medications can be listed under Past Ocular History.*

**Allergies:** *Include here or as a bulleted list*

**Family History**: *Limit to positives and negatives pertinent to the case. It is acceptable to write “Non-contributory” if applicable.*

**Social History**: *Limit to pertinent positives and negatives. It is acceptable to write “Non-contributory” if applicable.*

**Review of Systems**: *Limit to pertinent positives and negatives. It is acceptable to write “Negative except for what is detailed in the history of present illness” if applicable.*

**OCULAR EXAMINATION** *The below list is not all inclusive nor all required. Please included portions of the ocular exam that are pertinent to your case*

**Visual Acuity with/without correction** *specify method – Snellen, Allen, HOTV, Teller, etc. if applicable:*

* Right eye (OD):
* Left eye (OS):

**Other Visual Acuity Tests** *specify pinhole, glare/brightness acuity, manifest/cycloplegic refraction, etc. if applicable:*

* OD:
* OS:

**Ocular Motility/Alignment**: *can be descriptive or list in standard motility table form if there is more complex pathology*

**Intraocular Pressure** (IOP)***:*** *specify method – applanation, Tonopen, Perkins, etc. – and units if applicable*

* OD:
* OS:

**Pupils**: *typically list size in dark, then light, then presence/absence of RAPD*

* OD: mm in dark, mm in light, no relative afferent pupillary defect (RAPD)
* OS: mm in dark, mm in light, no RAPD

**Confrontation visual fields**: *specify method – count fingers, red targets, toys, etc. if applicable*

**External:** *de-identified pictures with captions should be included if available and relevant*

**Slit lamp exam**: *de-identified pictures with captions should be included if available and relevant*

* Lids/lashes: *(can provide individual bulleted lists for OD and OS if significantly different findings between the eyes, or combine into a single bulleted list)*
* Conjunctiva/sclera:
* Cornea:
* Anterior chamber:
* Iris:
* Lens:

**Dilated fundus examination (DFE)**: *de-identified pictures with captions should be included if available and relevant*

* Vitreous: *(can provide individual bulleted lists for OD and OS if significantly different findings between the eyes, or combine into a single bulleted list)*
* Disc:
* Cup-to-disc ratio:
* Macula:
* Vessels:
* Periphery:

**Additional testing:** *this is where you will display diagnostic study results such as OCT, B-scan, ERG, visual fields, etc.****;*** *de-identified images with captions can also be included*

**Differential Diagnosis:** *provide links to other EyeRounds cases/atlas entries/videos of pathology in the differential diagnosis list*

* List

**CLINICAL COURSE** *This is where you will detail laboratory testing, imaging, consultations, decision-making thought processes, etc. that occurred after the initial presentation that led you to the final diagnosis. Discuss any treatments the patient underwent and their final outcome, if known.*

**DIAGNOSIS**

**DISCUSSION** *This section should contain more detailed information about the condition being presented. Below are some suggestions for subheadings, but these can be modified to fit the specific case and guide a more appropriate/thorough discussion on the topic.*

**Etiology/Epidemiology:**

**Pathophysiology**:

**Signs/Symptoms:**

**Testing/Laboratory work-up:**

**Imaging:**

**Treatment/Management/Guidelines**:

*This standard 2x2 table is meant to be a quick summary of the general condition, not necessarily your specific case. All information in this table should be mentioned in more detail in the discussion section above. The headings can be changed if needed to better fit an individual case. List format and brevity is appropriate here.*

|  |  |
| --- | --- |
| **EPIDEMIOLOGY OR ETIOLOGY*** List
 | **SIGNS*** List
 |
| **SYMPTOMS*** List
 | **TREATMENT/MANAGEMENT*** List
 |

**Related Link(s):** Include links to related cases, tutorials, atlas entries, and/or videos *(If there is other related content on Eyerounds.org, please provide a link)*

**Twitter:** Submit a short description or question for posting

**Facebook:** Submit a short description or question for posting

**References**

*(Within the text, the references should be numbered in parentheses (not superscripted). List references in this section in numerical order as they appear in the text (not alphabetically). Once a reference is cited, all subsequent citations should be to the original number. All references must be cited in the text or tables. Use the following format as a model for the bibliography. List all authors. If there is an extremely long list of authors (> 6), such as a list of all participants in a multi-center trial, it is acceptable to list the first three authors, followed by et al.)*

WEBSITE:

Kaiser Family Foundation. Mandatory Quality Reporting Requirement, 2006. 2006 [cited 2008 January 28]; Available from: http://www.statehealthfactsonline.org/comparetable.jsp?ind=406&cat=8

ARTICLE:

Brick DC. Risk management lessons from a review of 168 cataract surgery claims. Surv Ophthalmol 1999;43(4):356-360. [PMID 10022518]

BOOK CHAPTER:

Regillo C, Chang TS, Johnson MW, Kaiser PK, Scott IU, Spaide R, and Griggs PB. Retina. Section 12, Basic and Clinical Science Course. San Francisco: American Academy of Ophthalmology; 2004; Chapter 9, p. 209-211.

**Suggested Citation Format:** Name FM, Name FM. Article Title. EyeRounds.org. Month DD, YYYY. Available from http://EyeRounds.org/cases/NNN-case-filename.htm