

**Name:** Henry or Marilyn Stone

**Age:** Your own age

**Setting**

You are sitting next to your bed in an ophthalmology ward at Addenbrooke’s. You are pretty worried. You came in this morning having been admitted straight from out-patients by your consultant ophthalmologist. You have not seen the ward doctor yet and are about to be clerked in by a medical student. The consultant who you really like, and has been very good to you, looked really concerned this morning. Your good (RIGHT) eye has recently started to become sore and red and inflamed and when he saw this today, he said that you must come into the ward straightaway for some intensive treatment or you might lose the sight in your good eye too. You were shocked by this and didn’t ask him any questions. You just clammed up and shut off from whatever he said next. You were just thinking all the time “My God, does he mean I’m going to go blind”. You think he said you that it might be necessary to do an excision of the bad eye to save the good one but you had no idea what he meant by this.

**Clinical details**

About four weeks ago, you were talking to your next door neighbour’s five year old child when he threw something at you to catch and you felt something go straight into your (LEFT) eye. It really hurt and immediately you couldn’t see as well. You couldn’t even open your eye. It turned out it was a metal dart which had gone into your eye and then fallen to the floor. You were rushed by your neighbours to the hospital and immediately sent up to the ophthalmology ward and admitted. You had an operation the next day and the surgeon was quite guarded about whether you would regain vision in that eye. You have been coming up to outpatients every week since. The consultant has been quite worried each week about the eye as it has not really settled down despite the numerous drops that you have to put in everyday and the tablets they have given you – you don’t know what any of them do (you think they may be some kind of antibiotic and “steroids”) but you know they are important. He said that there was a lot of inflammation still and probably some infection from the dart. You have been wearing an eyeshield over your left eye and you have not been able to see clearly through your left eye. You did not have any problems with your right eye initially, but now in the last week your good (RIGHT) eye seems to have started to get inflamed too and you think you are seeing less clearly through your right eye, although you have no idea why.

**Past medical history**

*Any previous illnesses:* eczema, hay-fever, recurrent sinusitis

**Medication**

*Any medication taken for this:* three lots of drops three times a day and regular tablets four times a day, ?what

*Are you on any prescribed drugs such as the pill:* anti-histamine tablets (Zirtek), Flixonase spray for sinuses once every daily

**Family history**

*Any family history of eye problems:* you know a distant relative went blind from diabetes, lived in a home

*Smoking:* nil

*Alcohol:* nil

**Social history**

*You are not married and live alone*

*Occupation:* you work in Robert Sayles as a sales assistant

*Where do you live:* in Cambridge

*Type of housing:* own semi

## **Temperament**

Very neat and presentable both at home and especially at work, house very tidy and clean, everything in its place. Quiet and smile a lot when nervous, try to keep up appearances

## **Patient's framework**

- **ideas and thoughts**

*what did you think might have caused your problem:* you don't understand at all what has happened to your good eye at all – is it something to do with the treatment you are on?

*what have they told you so far:* as above

- **concerns**

*what are you concerned about:* terrified of both going blind and also of losing an eye and looking deformed – you would not cope with either – you never worry overtly about being single but suddenly you feel really lonely and afraid

- **feelings**

*how are you feeling about it all:* trying to keep calm but distraught inside

- **effect on life**

*what effect is this having on your life:* you live alone and have no idea at all how you are going to cope by yourself. And financially you depend on your job – what is going to happen to you?

## **Behaviour**

You start off the interview brave enough, trying to keep up appearances. You are friendly to the medical student and try to answer his questions diligently. You get through the introductions and initiation alright. But as you get into the account of your story and come up to the point where your good eye starts to get affected, you start to feel emotional and eventually break down and become tearful. You apologise through your tears. You can't go on with the story. If the student gives you empathy or concern and a little space, you gradually explain how you are desperately worried about the future and what will happen if you go blind. Don't mention your concern about your appearance initially. Ask the student some difficult questions such as: why has the good eye gone bad, what is the name of your condition so you can look it up, is it due to the medicines you have been taking, will it get better, will you have to have the bad eye removed.

## **Clinical reasoning:**

Note: when dealing with bilateral organs (eyes, ears, breasts, etc, but particularly with eyes, always state the side you are dealing with in full i.e. LEFT or RIGHT, not L or R, not affected and contralateral etc. )

### **Symptoms**

- Four week history of treatment following a penetrating injury to the LEFT eye, treated by initial surgical exploration followed by both topical and systemic treatments
- Uncertain recovery with persistent inflammation in the LEFT eye
- One week history of inflammation with deteriorating vision in the RIGHT eye

### **Penetrating Eye Injuries:**

These are serious and require immediate specialist attention. The eye should not be put under pressure or manipulated by first aiders (risk of irreversible vitreous extrusion or compounding the damage). The eye can be shielded with a make shift shield such as a cut plastic cup, but pads should be avoided as they can put pressure on the eye. For further reading regarding ocular injuries

See:

<http://www.bmj.com/cgi/reprint/328/7430/36.pdf>

[http://www.rcsed.ac.uk/journal/vol44\\_5/4450010.htm](http://www.rcsed.ac.uk/journal/vol44_5/4450010.htm)

### **Complications:**

Most complications relate to the injury, including infections, cataracts, and retinal detachment.

**Sympathetic ophthalmia** is a late granulomatous inflammation of the contralateral, uninjured eye, thought to be of autoimmune origin. Famously, Louis Braille is said to have become blind as a result of a penetrating injury in one eye, followed by sympathetic ophthalmia in the other. Nowadays this complication IS VERY RARE (probably <0.1% of cases), and is generally treated by immunosuppression in the first instance.

See:

[http://en.wikipedia.org/wiki/Sympathetic\\_ophthalmia](http://en.wikipedia.org/wiki/Sympathetic_ophthalmia)

### **Differential diagnosis**

Primary infection

Cross infection

Sympathetic ophthalmia