

Epiretinal Membrane

Clinical data presented by courtesy of Ms. Gurdeep Bidhesha School of Optometry and Vision Science, UNSW Australia

■ Patient

70 year-old Caucasian female Presented to general clinic at March 26th, 2013

Chief Complaint: Patient was seen at Sydney Eye Hospital five days prior with a conjunctival abrasion following a gardening incident. She was put on a course of Systane Ultra gtt. Qid and advised a review with her own optometrist

Ocular Clinical History: DV and NV down OD since last eye exam (Round Seg BIFS). OD retinal tear in 2001 with laser. Subsequent epiretinal membrane (ERM) OD reviewed by a number of ophthalmologists over the years withno treatment advised. SVN used for reading. Non-tolerance to PAL's. (-) Headaches (-) Diplopia (-) Flashes (+) Longstanding floaters OU. Regular Amsler checks- no change. History of blepharitis.

General Medical History: Chronic back pain (-) Diabetes mellitus (-) Hypertension (+) Penicillin allergy

Medication:, Multivitamins and minerals, Pain relief ineffective-not used.

Family Ocular Clinical history: (-) Glaucoma (-) Blindness Family Medical History: (-) Diabetes mellitus (-) Hypertension Refraction: (OD) -4.50/-2.00*75 6/9.0 NIPH J2 (OS) -5.00/-1.75*160 6/7.5+2 J1 Add +2.25

Cover Test: Ortho D+N Pupils: DCN OD+OS No RAPD Motility: SAFE

Confrontation: Full

Amsler: OD central distortion of vertical lines. No change compared to 2012 records (Figure 1).

External: OD upper lid papilloma, Grade 2.0 MGD OU, Lashes clear (-) Crusting OU, Corneae clear (-) NaFI stain OU, Conjunctiva grade 1.0 redness with bulbar dessication staining OU (-) Abrasion OU, Lens grade 1.0 nuclear sclerosis OU

IOPs: (OD) 16/16/16 (OS) 16/17/16 at 4.45pm with applanation

tonometry

■ DFE

Vitreous floaters OU, well defined pink optic nerve heads with 360deg PPA, OD subtle ERM changes more visible with direct ophthalmoscopy, OD supero-temporal peripheral retinal laser scarring, (-) Holes (-) Tears OU (Figure 2 and 3).

■OCT

Prominent distortion of OD macula profile (Figure 4), OS normal profile (Figure 5).

Patient was seen previously at Centre for Eye Health for other OCT imaging (A and B). For progression analysis the patient was referred again.

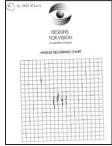
- Thickness map change report shows reduction in central thickness A. OD
- Also confirm central thickness reduction OD

■ Diagnosis

OD ERM secondary to laser treatment for retinal tear.

■ Management

Patient re-advised again on the posterior blepharitis management regime. No treatment indicated at present for the ERMA review in 12 months was recommended, with a return to clinic sooner should any problems occur.



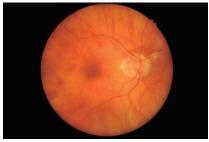


Figure 2.



Figure 3.

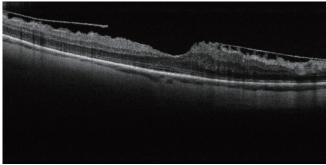


Figure 4.

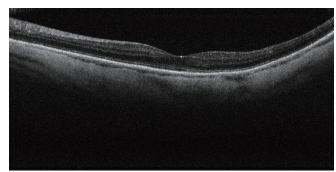


Figure 5.

