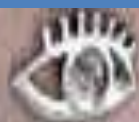


Important notes from dr. noor

Pics very important in these slides



- Exophthalmus
- Due to gravis (hypo or hyper thyrodisim)
- Edema & fibrosis
- Effect of vision by
 - 1- optic neuropathy (optic compression)
 - 2- exposure keratopathy (dryness & blurred vision)



keratoconus

- Corneal thinning
- Lasik surgery contraindicated
- Increase astigmatism & myopia
- Vogts striae & Fluscher ring (iron deposition)
- Treatment by intrastromal ring (to decrease progression & retinal curves), glass or contact lens



- Cobblestone appearance
- Seen in 1- severe allergic conjunctivitis
- Tt by antihistamine & mast cell stabilizer
steroid (only initially)



Before topical phenylephrine 2.5%



After topical phenylephrine 2.5%

- Ciliary injection (sign) : dilated tortuous vessel.
- * Causes :
 - 1- conjunctivitis (less aggressive than scleritis in redness)
 - 2- scleritis
- Scleritis painful , (if add epinephrin flushing not happen)tender → Tx by steroid
- Episcleritis painless (if add epinephrin flushing happen)→ Tx by steroid



Retinal detachment

- Causes : DM , ocular malignancy(non rematogenous) & rematogenous (trauma) .



- Right Isotropia

CAUSES Medial rectus spasm 6 nerve palsy
retinoblastoma (no red reflex) acomodative
isotropia CHECK FOR REFRACTIVE ERROR

- PHORIA : LATE SQUINT



(rubeosis iridis)

new vascularization of the iris due to ischemia

- Complication hyphema & new vascular glaucoma
- Tx : anti – VEGF or laser



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Hyphema

- Caused by :

- 1- trauma

- 2- rubeosis

- Complication

- 1- secondary glaucoma

- 2- staining cornea (rubeosis iritis)



chalazion

Acute – chronic

Tt : hot compression , topical Abx ,incision & drainage .

Acute painless swelling → external hordulium



Optic disk swelling :

- 1- papilodema due to increase ICP, benign increase ICP
- 2- optic neuritis{(Multiple sclerosis) pain full eye movemnt} , malignant HTN OR anterior ischemic optic neuropathy (arteritis & non)

Optic disk swelling giant cell arteritis



- Retinal hemorrhage & exudate
- Tt control DM
- NPDRP → follow up