



Test your knowledge and understanding

This page is designed to help you to test your own understanding of the concepts covered in this issue, and to reflect on what you have learnt. We hope that you will also discuss the questions with your colleagues and other members of the eye care team, perhaps in a journal club. To complete the activities online – and get instant feedback – please visit www.cehjournal.org

1. Ocular surface disease may affect the following:	Tick all that apply
a Conjunctiva	<input type="checkbox"/>
b Tear film	<input type="checkbox"/>
c Iris	<input type="checkbox"/>
d Cornea	<input type="checkbox"/>
e Eyelid margins	<input type="checkbox"/>
2. What is important in the treatment of blepharoconjunctivitis?	Tick all that apply
a Systemic prednisolone	<input type="checkbox"/>
b Tarsorrhaphy	<input type="checkbox"/>
c Warm compresses to the eyelids	<input type="checkbox"/>
d Topical atropine	<input type="checkbox"/>
e Mechanical debridement of eyelash crusts	<input type="checkbox"/>
3. Dry eye syndrome:	Tick all that apply
a Is more common with increasing age	<input type="checkbox"/>
b Is improved by a hot, dry atmosphere	<input type="checkbox"/>
c Can cause punctate epithelial erosions	<input type="checkbox"/>
d Can be treated with artificial tears	<input type="checkbox"/>
e May result in Mooren's ulcer	<input type="checkbox"/>
4. Which of these statements are true?	Tick all that apply
a Stevens Johnson Syndrome may be associated with HIV positive status	<input type="checkbox"/>
b Epiphora means a dry eye	<input type="checkbox"/>
c Vernal keratoconjunctivitis is associated with keratoconus	<input type="checkbox"/>
d Herpes zoster ophthalmicus may cause corneal anaesthesia	<input type="checkbox"/>
e Alkali burns to the eye are usually more serious than acid burns	<input type="checkbox"/>
5. The following are useful diagnostic tests in ocular surface disease:	Tick all that apply
a Direct ophthalmoscopy	<input type="checkbox"/>
b Slit lamp examination of the tear film	<input type="checkbox"/>
c Fluorescein staining of the cornea	<input type="checkbox"/>
d Testing for corneal sensation	<input type="checkbox"/>
e Schirmer's test	<input type="checkbox"/>

ANSWERS

1. Answers a, b, d and e. As the name indicates, the surface of the eye can be affected, but not the deep tissues such as uvea (iris) and retina.
 2. Answers c and e. Hot bathing and removal of any debris at the base of the eyelashes are important, together with eyelid massage.
 3. Answers a, c and d are correct. Hot dry atmospheres make dry eye symptoms worse. Dry eye syndrome does not cause Mooren's ulcer.
 4. All the answers are true except b. Epiphora means a watering eye. Note: Stevens-Johnson syndrome may be due to an adverse reaction to some medications.
 5. All are true except a.

REFLECTIVE LEARNING

Visit www.cehjournal.org to complete the online 'Time to reflect' section.

Picture quiz



This ten-year-old boy presents with itchy, watering eyes with a thick mucous discharge of several months' duration. His visual acuity is 6/9 and 6/12.

Q1. Which of the following signs are visible? (tick all that apply)

- a. Follicles
- b. Horner-Trantas dots
- c. Giant papillae
- d. Pannus
- e. Trachomatous inflammation

Q2. Which of the following is the most likely diagnosis? (tick one)

- a. Bacterial conjunctivitis
- b. Trachoma
- c. Kaposi's sarcoma
- d. Vernal conjunctivitis
- e. Adenoviral conjunctivitis

Q3. Which of the following may be used in treatment? (tick all that apply)

- a. Topical prednisolone
- b. Topical antihistamines
- c. Topical mast cell inhibitors
- d. Topical acyclovir
- e. Topical neomycin

ANSWERS

1. Answer c. The slide shows giant papillae (< 1.0 mm) on the upper eyelid. Horner-Trantas dots may be seen on the limbus, which is not visible in this picture. There is no evidence of follicles or trachoma.
 2. Answer d. The most likely diagnosis is vernal conjunctivitis. Bacterial conjunctivitis is associated with a purulent discharge, trachoma often shows follicles, and adenovirus is self-limiting and does not have giant papillae.
 3. Answer a, b and c. Treatment is to reduce inflammation from mast cell degranulation, so mast cell inhibitors, antihistamines and prednisolone may all have a role.