

April 2013 – Ophthalmology

CPD questionnaires must be completed online via www.cpdjournals.co.za
After submission you can check the answers and print your certificate.



True (A) or false (B):

SCREENING FOR DIABETIC RETINOPATHY

1. Screening for diabetic retinopathy includes the measurement of visual acuity.
2. Mild non-proliferative diabetic retinopathy should be reviewed annually if there is only mild maculopathy.

ASTUTE AND SAFE USE OF TOPICAL OCULAR CORTICOSTEROIDS IN GENERAL PRACTICE: PRACTICAL GUIDELINES

3. Severe allergic keratoconjunctivitis is the main indication for the use of topical steroids in general practice.
4. Most side-effects of topical steroids are related to the specific corticosteroid's potency, duration of action and ability to penetrate the eyeball.

THE PAEDIATRIC OPHTHALMIC EXAMINATION

5. Prematurity of less than 32 weeks and less than 1 500 g are important pointers to potential eye problems.
6. Strabismus may be constant or intermittent.

COMMON CONJUNCTIVAL LESIONS

7. Malignant transformation in ocular melanosis is common.
8. A limbal dermoid may occur as part of the Goldenhar syndrome.

CHEMOTHERAPY IN EYE CANCER

9. Mohs' micrographic surgical technique includes surgical excision with clear tumour margins.
10. Conjunctival malignant melanoma may invade just the cornea or extend into the orbit and adnexa.

HIV AND THE EYE

11. When a patient with no previous history of ocular allergies presents with new-onset allergic conjunctivitis after the age of 18 years, underlying HIV disease should be excluded.
12. Proptosis is a common finding in those with HIV.

AN OVERVIEW OF THE THIRD, FOURTH AND SIXTH CRANIAL NERVE PALSIES

13. Diabetes causes a vascular palsy of CN III, usually sparing the pupil.
14. The abnormal head posture in CN IV avoids diplopia which is vertical, torsional and worse on looking down.

CORNEAL ULCERS: FOR THE GENERAL PRACTITIONER

15. Corneal sensation may be decreased in trigeminal nerve palsies.
16. *Acanthamoeba* is the commonest protozoal infection of the cornea and together with *Pseudomonas* species is commonly associated with keratitis from contact lens wear.

MANAGEMENT OF CHEMICAL OCULAR INJURIES – WHAT EVERY GP SHOULD KNOW

17. In a chemical ocular burn the inferior fornix needs to be rinsed with clean water until the pH is neutral.

THE ROLE OF SIMULATION TRAINING IN OPHTHALMOLOGY

18. Clinical reasoning skills can be developed with flat screen simulation.

GLAUCOMA: THE LEAST THE GENERAL PRACTITIONER SHOULD KNOW

19. Age over 40 is a risk factor for glaucoma.
20. Patients with glaucoma should have visual field tests regularly.

We are pleased to announce that the number of CEUs per test has been increased to 5.