

CALIFORNIA LIONS FRIEND IN SIGHT, PATHOLOGY PROFILE FOR FYE JUNE 2012

	#13	#14	#15	#16	#17	#18	#19	#20	#21	#22	#23	#24	#25	January 2012 thru June 2012
Screening Number														
Screening Location	Grand		MV&K		Sai Baba	Flying	WU' OD's	K-57,	Sai Baba	Tecate,				
	Terrace	Yucaipa	Indio	Moorpark	Corona	Doc's	Pomona	Mexico	Huntington	Mexico	Murrieta	Hesperia	Rialto	
	number of patients with respective pathology													
Pathology, type of														
Cataracts	5	2	4	2	3	5		19	3			2	2	47
Glaucoma & or suspect	1	9	3	3	14	4		9	13		4	3	7	70
Pterygium					2	3		7	3		2	1	1	19
Laser Peripheral Irdotomies(narrow angles)		2						16			2	1		21
Strabismus		1												1
Dry Macular Degeneration, life style advice	1	1			1	1			2					6
6 month follow up on background diabetic retinopathy	3	2	1			1					1	1		9
Na Yag capsulotomy for a secondary cataract	1													1
Laser treatment for proliferative diabetic retinopathy						1		2	1		1			5
Retinal Detachment								1						1
Amaurosis fugax														0
Laser treatment for diabetic MACULOPATHY					1	2		3						6
Laser treatment for proliferative retinopathy (sickle cell)														0
Dilated Fundus Examination for flashes & floaters					1									1
Treatment for Neovascular Glaucoma/ Diabetes														0
Excision of a sebaceous cyst														0
Work up for a recent onset of diplopia/strabismus														0
Treatment for a corneal abrasion														0
Optic Neuritis														0
Bacterial Conjunctivitis														0
Allergic Conjunctivitis														0
Seborrehic Blepharitis														0
Work up for optic disc pallor														0
3 month follow up on diabetic retinopathy														0
Ptosis sugery														0
Dilated Fundus Examination for high myopia														0
HGP fit for irregular cornea and keratoconus	1					1						1		3
Ectropion Surgery								1						1
Macular Hole											1			1
Penetrating Keratoplasty secondary to corneal scar								1						1
Right homonymous hemianopic visual field loss														0
Pupillary defect														0
Intermittent diplopia	1													1
Optic Atrophy		1												1
Unilateral apahia			1											1
Anterior Uveitis					1									1
Transient bilateral loss of complete visual field					1									1
Lacrimal dilation/probing/irrigation								1						1
Prosthetic shell								2						2
														201
United States	13	18	9	5	24	18			22		11	8	11	139
Mexico								62						62
														201

TYPE OF PATHOLOGY	COMMENTS ON PATHOLOGY TYPES
Cataracts	pathological blindness if not treated, leading cause of blindness in the 3rd world, no access to care
Glaucoma & or suspect	pathological blindness-treatment just slows it down,most treated patients will pass before blindness
Pterygium	can cause pathological blindness if not treated
Laser Peripheral Irdotomies(narrow angles)	can cause angle closure glaucoma, potentially blinding and very painful
Strabismus	functional blindness if amblyopia develops., VT/ surgery aims for cosmetic/functional cure.
Dry Macular Degeneration, life style advice	pathological blindness
6 month follow up on background diabetic retinopathy	monitor to treat if diabetic maculopathy and or proliferative changes occur.. Pathological blindness
Na Yag capsulotomy for a secondary cataract	pathological blindness if not treated. Easily treated with access to care
Laser treatment for proliferative diabetic retinopathy	pathological blindness if not treated, highly likely
Retinal Detachment	pathological blindness if not treated.
Amaurosis fugax	loss of vision out of one eye secondary to an embolus, condition can cause a stroke/death
Laser treatment for diabetic MACULOPATHY	pathological blindness, treatment usually maintains current level of vision, but does not improve it.
Laser treatment for proliferative retinopathy (sickle cell)	similar to proliferative diabetic retinopathy.
Dilated Fundus Examination for flashes & floaters	has the potential to cause a tear in the retina and subsequent retinal detachment (15% of cases)

treatment for Neovascular Glaucoma/ Diabetes	pathological blindness: highly likely even with treatment
Excision of a sebaceous cyst	typical not a issue, other than cosmetic
Work up for recent onset of diplopia/strabismus	need to determine etiology, could signify vascular problems or a brain tumor.
Treatment for a corneal abrasion	potential for pathological blindness
Optic Neuritis	may represent initial sign of multiple sclerosis or represent a vascular or viral origin. Can cause loss of vision/blindness
Bacterial Conjunctivitis	usually self limiting, easily treated; but can cause corneal scarring and other issues in serious cases
Allergic Conjunctivitis	usually self limiting, easily treated in most cases, not usually associated with blindness issues.
Seborrheic Blepharitis	rather common, treatments help reduce complaints, but problem is usually chronic in nature
Work up for optic disc pallor	its presence could represent a tumor compressing the optic nerve or part of its pathway. Also could have vascular/MS issue
3 month follow up on diabetic retinopathy	monitor to treat if diabetic maculopathy and or proliferative changes occur.. Pathological blindness
Ptosis sugery	upper eyelid/s drop down and obscure vision. Can represent a paresis/paralysis of the 3rd crainial nerve.
Dilated Fundus Examination for high myopia	high myopia is associated with more peripheral degenerative changes in the retina, that may be prophylactically treated.
HGP fit for irregular cornea and keratoconus	hard gas permeable contact lenses are the initial treatment for patients that cannot see well enough with glasses.
Ectropion Surgery	the lower eyelid falls away from the eyeball, causing excessive tearing and increased risk for corneal/eyelid dessication
Macula Hole	potential to cause blindness as the patient loses central vision to a significant level
Penetrating Keratoplasty secondary to corneal scar	scars dense enough and causing irregularity in the cornea need to be removed and have a donor cornea sown in place
Right homonymous hemianopic visual field loss	can represent a symptom of a stroke or tumor in the visual pathway
Pupillary defect	can represent a variety of causes that need to be ruled out.
Intermittent diplopia	a general binocular dysfunction, usually just functional in origin, but could represent the residual effect of a pathologic origin
Optic Atrophy	sign of a current or previous pathology causing damage to the optic nerve from various causes: tumor/vascular/MS, etc..
Unilateral Aphakia	patient has had their natural lens removed from the eye and no intra-ocular implant, needs a contact lens to see
Anterior Uveitis	could lead to increased probability for cataract formation/glaucoma and may be associated with systemic diseases
Transient bilateral loss of complete visual field	typically associated with a vascular cause; requires a complete cardio-vascular assessment
Lacrimal dilation/probing/irrigation	blockage in the lacrimal drainage system increases the risk for infections and constant tearing that flows down the face
Prosthetic shell	eyes that have been damaged beyond repair and or that have been removed generally require a glass eye for appearance.