SECO Contact Lens Summit - A Day In The Life of a CL Expert: Cases To Make You Laugh Or Cry TQ

TQ

1. Which scleral lens changes resulted in improved comfort and resolution of punctate staining
A. Decreased diameter and reduced sagittal depth
B. Increased diameter with quadrant-specific design and increased sag
C. Switch to soft contact lenses with daily disposal
D. Reduced wear time and preservative-free artificial tears only

2. Which change in lens management contributed to symptom improvement in previous question/case?
A. Addition of antibiotic ointment to the bowl
B. Switching to a preserved multipurpose solution
C. Changing the scleral lens filling solution
D. Eliminating gel drops from lens care

3. Which scleral lens approach was selected for the patient with EEC syndrome and shortened fornices?
A. Impression-based custom scleral lenses
B. Hybrid contact lenses
C. Standard diagnostic scleral lenses
D. Corneal GP lenses

4. Which adjunctive treatment modification was made alongside new scleral lenses in Case 2?
A. Discontinuation of serum tears
B. Reduction of glaucoma medications
C. Increase in serum tear concentration to 50% with vitamin A supplementation
D. Initiation of topical corticosteroids

5. Which ocular finding is associated with ectodermal dysplasia according to the presentation?
A. Increased tear production
B. Meibomian gland alterations
C. Posterior segment inflammation
D. Retinal vascular abnormalities

6. Case: 42 year old female referred for CL fitting for vision improvement, why did standard diagnostic scleral lenses fail to remain stable on the eye?
A. Insufficient oxygen permeability
B. Excessive central corneal thickness
C. Significant corneal and scleral toricity
D. Inadequate tear volume

7. Which technology was identified as beneficial for fitting the scleral lens in previous question/case?
A. Optical biometry
B. Corneal topography alone
C. Anterior segment OCT only
D. Corneo-scleral profilometry

8. What finding supported the need for profilometry-guided scleral lens design in previous question/case?
A. Less than 300 µm of elevation difference
B. Over 1200 µm of sagittal height difference between meridians
C. Central corneal scarring
D. Reduced endothelial cell count

9. Which definition best describes a persistent epithelial defect (PED)?
A. Any corneal abrasion lasting more than 48 hours
B. A corneal epithelial wound that fails to heal after approximately 10–14 days despite appropriate therapy
C. A stromal ulcer associated with active infection
D. A recurrent epithelial erosion occurring after trauma

10. According to the clinical pearl presented, which evaluation is required for every patient with a persistent epithelial defect?
A. Tear osmolarity testing
B. Endothelial cell count
C. Corneal sensation testing
D. Anterior segment OCT

11. Which instrument was specifically referenced for assessing corneal sensitivity?
A. Non-contact aesthesiometer
B. Cochet-Bonnet esthesiometer
C. Goldmann applanation tonometer
D. Pachymeter

12. Which are the two preservation methods for amniotic membranes described in the presentation?
A. Freeze-drying and ethanol fixation
B. Cryopreservation and dehydration
C. Lyophilization and irradiation
D. Refrigeration and saline storage

13. Why is it critical to thoroughly rinse a cryopreserved human amniotic membrane (CHAM) with saline before application?
A. To improve oxygen transmission
B. To remove residual antibiotics
C. To remove glycerol that can cause burning and discomfort
D. To sterilize the membrane

14. In April 2021, which organization declared myopia management to be the standard of care?
A. World Council of Optometry
B. World Health Organization
C. American Academy of Optometry
D. American Optometric Association

15. Slowing myopia progression by 1 diopter is associated with approximately what reduction in the risk of myopic maculopathy?
A. 10%
B. 20%
C. 30%
D. 40%

16. Which factor made a translating GP multifocal the best option for the presbyopic patient in Case 1?
A. Minimal corneal cylinder and low add requirement
B. Long-time GP wear with high presbyopic add and optimal lower lid position
C. History of soft lens intolerance
D. Desire for monovision correction

17. Which procedure combination defines the Athens Protocol?
A. Epithelial PRK and LASIK
B. PTK and topography-guided PRK without crosslinking
C. Topography-guided PRK combined with corneal crosslinking
D. Intracorneal ring segments and crosslinking

18. What was the prescribed concentration of compounded topical losartan used for corneal haze?
A. 0.01%
B. 0.04%
C. 0.08%
D. 0.2%

19. According to the presentation, the current evidence supporting ophthalmic losartan for corneal haze includes:
A. Multiple randomized controlled trials
B. FDA-approved clinical guidelines
C. Large prospective cohort studies
D. Animal models and case reports/series

20. Which statement best reflects a key conclusion from the losartan case?
A. Aberration-correcting lens surfaces are becoming more common and effective
B. Corneal haze always resolves with scleral lens wear alone
C. GP lenses fully eliminate higher-order aberrations in keratoconus
D. Soft contact lenses are preferred for post-crosslinking patients