

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

AAO Community Online Platform

We are working with the AAO to create a new online social media community platform for OHIG. Stay tuned for further details!

Welcome New Members!

Please visit the [OHIG website](#) to verify that your information is correct. Thank you!

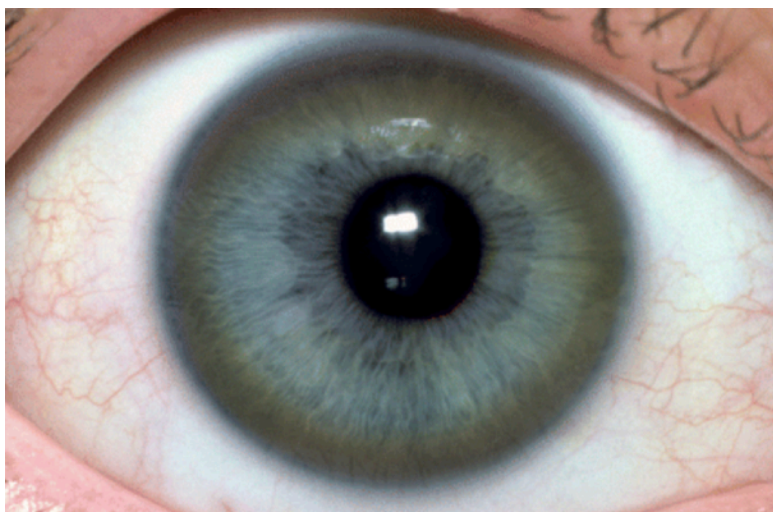


Image Source: QJM

Articles

[The Eye In Wilson's Disease, QJM, May 2010](#)

A helpful description of the clinical ocular features of Wilson's Disease and how they evolve as patients undergo treatment.

[KF Ring: A Systems Based Review of the Ophthalmologist's Role in the Diagnosis of Wilson's Disease, EyeRounds, 2009](#)

An interesting summary from Univ of Iowa which provides a discussion about Wilson's including a cost-analysis of ophthalmology consultation vs laboratory testing.

[Screening for Wilson's Disease: Which Tests Are Good Enough?, Liver Transplantation, 2014](#)

Viewpoints from Hepatology sharing some of their perspectives about the challenges in making a diagnosis of Wilson's Disease.



PEARLS

Globe Trauma Review

A helpful resource from Harvard for residents who cover trauma related call activities. [Click here](#)

EHR Ophtho Consult Order

Do you spend a lot of time waiting for return calls or writing down patient information for consults? Optimize your paging process by using EHR.

Systems such as EPIC can allow requesting providers to place an order for an ophthalmology consult which can generate an automatic text page to the on-call consultant.

Work with your EHR team to send relevant info including patient name, MRN, location, and pupil dilation clearance directly to your pager. See page 3 for example.

Simple Fixes for Zoom Fatigue

Stanford researchers share 4 primary reasons why video chats fatigue humans and offer solutions to help. [Click here](#)

CONSULT ROUNDS



You are paged about a 17 yo immigrant male from Yemen who has a history of G6PD deficiency who presents to the ER with generalized weakness, fatigue, and intermittent hematuria for the past 3 years.

He is admitted to the hospital for further work up and found to have anemia and hyperbilirubinemia. A RUQ ultrasound is performed and shows a nodular liver pattern.

Laboratory studies are also notable for a low ceruloplasmin and elevated

24 hour urine copper. A diagnosis of Wilson's Disease is under consideration and an ophthalmology consult is requested to rule out corneal Kayser Fleischer rings.

On exam the patient has no visual symptoms. His visual acuity is 20/20 OU, with normal pupillary responses. The anterior exam is notable for scleral icterus and golden brown pigmentation along Descemet's membrane peripherally OU. The posterior exam is wnl OU.

With the constellation of clinical findings, imaging, and laboratory findings, the patient is given a diagnosis of Wilson's Disease and started on trientin hydrochloride, a chelating agent used to treat Wilson's Disease.

Case Comments:

Wilson's Disease is a rare diagnosis with ocular manifestations that include corneal Kayser-Fleischer rings and sunflower cataracts. The eye exam is often considered a standard part of work up and poses unique challenges for how best to detect these subtle clinical findings on inpatient bedside exams.

Case and clinical photo courtesy of Dr. Maggie Hymowitz

Wilson's Disease Consult Survey

Q: In the inpatient setting, how do you examine for a KF Ring at bedside?

- A) Defer the exam to the outpatient setting
- B) Perform the exam with a 20D lens
- C) Perform the exam with a portable or mobile slit lamp
- D) Perform the exam with a slit lamp and gonioscopy

[Click here](#) to access the Monkey Survey - thank you for your responses!

Inpatient Ophthalmology Consult Order

IP CONSULT TO OPHTHALMOLOGY (ADULT & PEDS)
✓ Accept
✗ Cancel

Priority:

Reason for Consult:

Call back number:

Pager:

Cleared for pupil dilation:

Comments:

abc
↶
↷
?
?
+
Insert SmartText

Next Required
Link Order
✓ Accept
✗ Cancel

Consult IP - Page

IP CONSULT TO NEUROLOGY	Urgent, ONCE, Tue 2/9/21 at 1503, For 1 occurrence Reason for Consult: concern for optic neuritis Call back number: 85593 Page Resident MRN 00588705
IP CONSULT TO NEUROLOGY	Urgent, ONCE, Tue 2/9/21 at 1740, For 1 occurrence Reason for Consult: PO status Call back number: 85593 Page Resident MRN 00588705 Admit Reason: Optic neuritis (primary encounter diagnosis)
IP CONSULT TO NEUROLOGY	Routine, ONCE, Wed 2/10/21 at 1415, For 1 occurrence Reason for Consult: Neuro-immunology Call back number: 88349 Pager: 25235
IP CONSULT TO OPHTHALMOLOGY (ADULT & PEDS)	Urgent, ONCE, Tue 2/9/21 at 1403, For 1 occurrence Cleared for pupil dilation: Yes Page Resident MRN 00588705