

Scenario: j.s. is a 34yo male with a cc of acute onset st x 3 days” [provide additional information from the history that is relevant].

“physical exam is significant for” [provide relevant physical exam findings]. provide a differential diagnosis (minimum of 3) which might explain the patient’s chief complaint along with a brief statement of pathophysiology for each. the pathophysiology statement does not need to be extensive but it should not be vague either. just list the diagnosis and follow with a pathophysiology statement for each diagnosis.example:

diagnosis #1

-pathophysiology statement

analyze the differential by using the pertinent findings from the history and physical to argue for or against a diagnosis. rank the differential in order of most likely to least likely. (this is where you present your argument for each diagnosis in your differential using the patient’s subjective and objective information that was given).this is where you present your argument for each diagnosis individually using the patient’s pertinent subjective and objective information from the scenario.example:

diagnosis # 1-streptococcal pharyngitis

Case Study Analysis

Name

Institutional Affiliations

#Part One

According to the case study, the 19-years freshman college student remained brought in the school health centers with bilateral eye discomfort, which started 2 to 3 days ago. On further diagnosis, it remained noted that the bilateral issues were being experienced on both eyes. The gritty feeling is the physical examination that remained noted from the freshman college student. Ideally, this is not a good feeling since over time, and this can lead to the suffering of the eye, which includes blepharitis, Sjogren's syndrome, and dry eye.

Along with the pathophysiology statement in line with the patient history, the primary patient diagnosis was "#gritty sensation." Besides, according to the patient's history statement, it remained noted that aggravating factors and relieving factors were not identified in the procedure (Umezaki, Uezato, Toriihara, Nishikawa, & Toyofuku, 2017). In that regard, the treatment administered to the freshman college student only managed to improve the redness of the eyes but gritty sensation, itching and tearing remained enhanced in the procedure.

In reality, Tried OTC Visine drop remained the first in my differential procedure. According to the result obtained in the process, the tried OTC Visine drop should ruled-out since it has no full impact on the improvement of the eye problem (Umezaki, Uezato, Toriihara, Nishikawa, & Toyofuku, 2017). Also, according to the case study, the procedure only impacted the redness color of the eyes and having a reduced impact on the gritty sensation, itching, and tearing.

In my analysis based on my career information and concern, eye drop can is the best treatment procedure for the gritty sensation compared to the tried OTC Visine drop and hypromellose which is cheap but does not stay in the eye for a long time to cure the problem

to the fullest. On the other hand, eye drop can remain in the eye for a more extended period, thereby giving more relief with little risks of compassion.

#Part Two

Along with the presented eye condition of the patient, the primary diagnosis for this issue will be allergic conjunctivitis since it is an essential condition that is capable causes of the gritty eye sensation condition (Eom et al., 2019). On the other, it will remain significant to conclude that the primary diagnosis of the patient condition is the failure of the lacrimal gland to produce enough watery fluid, which is responsible for keeping the eyes adequately moistened. According to the international classification of disease ICD 10, the primary disease code is; ICD-10-CM. The code was holding a short description as, which can be used to indicate a diagnosis for reimbursement purposes (J. M, & Messmer, 2017).

Meibomian gland dysfunction diagnosis plan is based on the degree of the gritty sensation a patient is experiencing in that time. However, the conventional treatments plan for this condition according to familiar doctors, warm compression every day along with various lid hygiene eyelid scrubs (Eom et al., 2019). In that point of view, it remains significant to argue that the most effective treatment plan for the meibomian gland dysfunction is lid hygiene (Eom et al., 2019). The primary purpose of this treatment plan is to ensure that the oil clogging around the eyelid are thickened and melted to open the meibomian glands. Importantly, with increasing concern of the condition and treatment for the eye by various professionals in the different eye clinic sectors, the treatment plans for meibomian gland dysfunction are available over the counter in the various eye clinics (Eom et al., 2019).

List of references

- Eom, Y., Na, K. S., Cho, K. J., Hwang, H. S., Kim, S. W., Chung, T. Y., ... & Ocular Surface Study Group. (2019). Distribution and Characteristics of Meibomian Gland Dysfunction Subtypes: A Multicenter Study in South Korea. *Korean Journal of Ophthalmology*, 33(3), 205-213.
- Geerling, G., Baudouin, C., Aragona, P., Rolando, M., Boboridis, K. G., Benítez-del-Castillo, J. M., ... & Messmer, E. M. (2017). Emerging strategies for the diagnosis and treatment of meibomian gland dysfunction: Proceedings of the OCEAN group meeting. *The ocular surface*, 15(2), 179-192.
- Umezaki, Y., Uezato, A., Toriihara, A., Nishikawa, T., & Toyofuku, A. (2017). Two cases of oral somatic delusions ameliorated with brain perfusion asymmetry: a case report. *Clinical neuropharmacology*, 40(2), 97.

