 Möbius 教授近年来撰写了“前车之鉴”系列。这是给全科医生学习用的案例教材。Möbius 教授从全科医学服务的实践中收集整理了各种临床常见症状和疾病的病例，以讲故事的形式描述这些病例，并通过诊疗信息和引以为戒的提示，告诉全科医生应该怎样思考和处理类似的情况。本文摘选了“前车之鉴”中有关眼睛问题的几个案例和

澳大利亚 John Murtagh 全科病案研究 (十三)
——眼睛的前车之鉴：六个案例

John Murtagh 著，杨辉 译

【关键词】 眼睛 视力

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1 案例简介

案例 1：伊恩，30 岁，汽车修理师。伊恩的太太半夜 2:00 给我打电话，从她的声音里听得出她，遇到了很急的事情。伊恩的面部表情很严重，难以忍受，像着火一样。他感到马上就要失去平衡了。他的太太说他想不出来，是什么原因让伊恩的眼球变得这样。

检查发现，伊恩的双眼非红，且没有血液流出。

案例 2：吉姆，56 岁，渔民。吉姆主诉近 6 个星期来右眼视力明显减退，眼底无异常。检查发现，右眼视物情况较差，瞳孔扩大。视力检查为 6/60 R 和 6/9 L (Snellen 视力表)，右眼眼压为 28 mm Hg (1 mmHg = 0.133 kPa) (Schiotz 眼压计)，检眼镜反光镜发现玻璃体混浊，并出现视网膜脱离。因临床发现不能使视网膜动则判断他的病情，于是我把吉姆急诊入院并转诊到眼科专科那里。

案例 3：布鲁斯，42 岁，口腔医师。布鲁斯主诉 2 天来感到左眼疼痛，无其他症状，视力可。检查发现，眼睑边缘有 3 个浅表的溃疡，以及轻微的结膜出血，无异常现象。第 2 天，布鲁斯再次就诊，用了氯霉素眼药水后，眼睛情况变得更糟，疼痛持续。

案例 4：克雷格，10 岁，男孩。克雷格主诉不能忍受阳光，尤其是右眼。其父母告诉我克雷格右眼的瞳孔比左眼大。患儿其他方面均为正常，无外伤史。检查发现，右眼瞳孔扩大，其他正常。

案例 5：温蒂，10 个月，婴儿。其母告诉我温蒂的左眼“和正常的不一样”，瞳孔比较大，且颜色异常。其母还告诉我，温蒂不会哭，其姐姐说她这么大时已经会笑了。检查发现，温蒂左眼呈现黄色反光。为明确诊断我把温蒂转诊到眼科医生那里。

案例 6：全，26 岁，机械工人。全晚上下班后因眼睛不适就诊。上班时，他和一台机器上工作，感到一个金属夹子飞进左眼，当时他未戴护目镜。检查发现，眼睛发红，一个异

作（译）者单位：3165 澳大利亚维多利亚州，澳大利亚 Monash 大学
Cautionary tales of the eyes: six short case histories

John Murtagh

The following case histories of challenging eye problems which have presented to the author in recent years is described in his series on cautionary tales.

1 Ian M, aged 30; motor mechanic

Ian’s wife rang me at 2 am with a suggestion of panic in her voice. Ian was extremely distressed with agonizing pain and ‘burning’ of both eyes; he felt he was going blind. Mrs. M could think of no reason for his eyes to be affected this way. He had been perfectly fit and well when he went to bed. A distressed Ian groped his way though the sugary door. On examination, his eyes were very red by there was no discharge.

2 Jim W, aged 56; fisherman

Jim presented because of deterioration of vision in his right eye during the past 6 weeks. The sight in the left eye was good. The right eye felt hard and the pupil was dilated. Visual acuity was 6/60R and 6/9L. (Snellen chart). Intraocular tension 28 mm Hg (Sclerotonometer) – right eye. Ophthalmoscopic revealed a vitreous hemorrhage and an apparent retinal detachment. The clinical picture was very confusing and so I arranged an urgent appointment for his with an ophthalmologist.

3 Bruce D, aged 42; dentist

Bruce’s left eye had been painful for 2 days. There were no other symptoms and his vision was satisfactory. He had three small superficial ulcers on the lid margins and mild conjunctival hyperemia but no other abnormal findings. He returned the next day saying his eye was worse and his vision was blurred now, despite using the prescribed chlorhexidine ointment.

4 Craig, F, aged 10; rascal

Craig presented with an intolerance of sunlight, especially in this right eye and his parents had noted the pupil was larger than the left. He was otherwise well and there was no history of trauma. The right eye revealed a fixed dilated pupil; the other was normal.

5 Wendy M, aged 10 weeks; baby

Following grandparents’ prompting, Wendy was brought along by her mother because her left eye was ‘different’; the pupil was enlarged and was a different, unusual colour. Mrs. M had noted also that Wendy has not smiled yet her sister, by that age, had. On examination the findings were confirmed with the left pupil showing a yellow light reflex. She was referred to an ophthalmologist.

6 Kim P, aged 26; machine operator

Kim presented on evening after work because of discomfort in his left eye after he felt a piece of metal entered his eye after he was grinding with metal on a machine. He was not wearing protective eye goggles at the time. On examination the eye was red and a foreign body was seen stuck onto the cornea. This was carefully removed under topical anaesthesia and the rust ring gently buried. However, he unexpectedly report on the following day complaining of increasing discomfort, blurring of vision and an inability to sleep. I could find no evidence of another superficial foreign body and ordered an X - ray of the eye.

The diagnosis

1 Ian M has ‘flash burns’ caused by watching a builder doing some arc welding that day. The pain was due to an oedematous corneal epithelium and blepharospasm, caused by exposure of the unprotected eye to intense ultraviolet light from the oxyacetylene torch.

Remember this possibility for any patient who rings during the night because of burning and ‘blindness’ in the eyes. Dramatic relief can be obtained by instilling local anaesthetic. It is advisable to check also for corneal damage and visual acuity. Never send the drops home with the patient. Review next day.

2 Jim W has an intraocular malignant melanoma. The intraocular bleeding has caused his blurred vision but possibly the retinal detachment had prompted his attendance. The eye was removed and a prosthesis inserted. At a checkup 3 months later massive hepatomegaly was found; he died shortly after. We all learned in medical school the old say ‘beware of the man with a glass eye and a big liver’!

3 Bruce D had a herpes simplex infection with dendritic corneal ulcer. It responded to idoxuridine ointment and debridement of the ulcer by a consultant. Whenever we see painful ulcers we should think of simplex. Fortunately, steroid drops were not used.

4 Craig F has instilled some of his mother’s atropine eye drops, prescribed some time ago for acute iritis. At first he denied doing so but persistent questioning by his mother resulted in a confession, much to this doctor relief.

5 Wendy M had a retinoblastoma in the left eye with an associated retinal detachment. She presented with the classically described ‘cat’s eye’ reflex. In 30 per cent of patients the condition is bilateral and in Wendy a smaller tumour was identified in the right eye, causing impaired vision and hence delayed social development. Treatment included enucleation of the left eye and radiotherapy to the right, as well as parental counseling because of the significant genetic influence of the condition. An autosomal dominant gene is involved, and so Wendy’s older sister required screening.

6 Kim P has an intraocular metallic foreign body. He was referred to the eye hospital where he had the object removed by a specialist eye surgeon.

Lessons learned

We have to be forever vigilant with problems of the eye, especially with rare tumours affecting the eye.

Any unusual deterioration in vision demands urgent referral.

Penetrating eye injuries should be considered in occupations at risk from high velocity metallic objects caused by their work. If in doubt and suspected order an X - ray and refer. All workers at risk should wear protective goggles.

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