

AAO ITEDS COURSE 244	SUNDAY, OCTOBER 16, 2016	2:00-4:00pm	ROOM S106A
Introduction and Explanation of the Course			
2:00 – 2:10	Jennifer Sivak, MD	Welcome, Visa Worksheet, SACME explanation	
Early Disease and Medical Management			
2:10 – 2:25	Jonathan Dutton, MD, PhD	Etiology and Management of the Inflammatory Phase	
2:25 – 2:35	Peter Dolman, MD	Clinical Evaluation using the VISA Classification	
2:35 – 2:45	Dan Morris, MBChB	Practical Extraocular Motility assessment – catching change early	
2:45 – 2:50	Mike Kazim, MD	Case presentation – Medical Management – Use VISA Form	
2:50 – 2:56	Panel Discussion		
2:56 – 3:00	Jennifer Sivak, MD	SACME Questions (Questions 1-5)	
Chronic Disease and Surgical Management			
3:00 – 3:10	Jimmy Uddin, MD	Features of Chronic Disease	
3:10 – 3:20	Kelvin Kam Lung Chong, MD	Medial Wall decompression, Anatomy, Indications, Techniques	
3:20 – 3:30	Don Kikkawa, MD	Lateral and Inferior decompression, Anatomy, Indications, Techniques	
3:30 – 3:35	Mark Lucarelli, MD	Case presentation – Surgical Management – Use VISA Form	
3:35 – 3:38	Panel Discussion		
3:38 – 3:40	Jennifer Sivak, MD	SACME Questions (Question 6)	
3:40 – 3:55	Victor Elner, MD, PhD	Upper and Lower Eyelid Surgery for TED	
3:55 – 4:00	Diego Strianese, MD	Case Presentation – Eyelid Malposition – Use VISA Form	
4:00 – 4:10	Panel Discussion		
Final Summary			
4:10 – 4:15	Jennifer Sivak, MD	Final Comments and ITEDS Information	

Self-Assessment CME Questions (SACME)
for Maintenance of Certification (MOC)
Approved By the American Board of Ophthalmology (ABO)

1. What component is part of the VISA inflammatory score?
 - a. Afferent pupillary defect
 - b. Axial globe proptosis
 - c. Conjunctival chemosis**
 - d. Punctate epithelial erosions
2. A 37-year-old female has worsening redness and swelling of her eyes after I¹³¹ treatment 8 weeks prior. What is the most likely etiology?
 - a. Atopic dermatitis
 - b. Hypothyroidism**
 - c. Radiation burn
 - d. Seasonal allergies

3. What is the cumulative lethal dose of intravenous corticosteroids?
 - a. 2-3grams
 - b. 3-4 grams
 - c. 4-5 grams
 - d. **6-8 grams**

4. A 67-year-old male smoker with hyperthyroidism has double vision, pain with eye movement, and pressure behind both eyes for 2 months. Visual acuity is 20/70 in both eyes. The right eye has an inferior visual field defect. What is the most appropriate next step in management?
 - a. Electroretinogram
 - b. **Orbital CT scan**
 - c. Urgent decompression
 - d. Visual evoked potentials

5. A 35-year-old female on methimazole and synthroid for two weeks, complains of burning, tearing, and a frightened appearance of her eyelids. Examination shows mild eyelid retraction and slight corneal exposure. There is no chemosis, eyelid edema or injection. Visual acuity, visual fields, pupil and fundus examinations are normal. What is the most appropriate management?
 - a. Eyelid retraction repair
 - b. Oral Prednisone
 - c. Orbital CT scan
 - d. **Topical lubricants**

6. A 36-year-old female with hyperthyroidism and thyroid eye disease has decreased vision, (20/200) and double vision despite IV methylprednisolone and orbital radiation. What action will most likely restore vision?
 - a. Intravenous Diclofenac
 - b. **Medial wall decompression**
 - c. Orbital floor decompression
 - d. Repeat orbital radiation