

# Salud Juntos 2010 Eye Brigade to Punta Ocote



**Wednesday 6 January 2010**

## An Interesting Start to the Day



Not steamed, but quite warm, and... foamy.

We were invited to Ramon's dairy for breakfast today.



The menu was "Cowpuccinos", and Dale was very sly about just what that meant.

## A Scary Start



We arrived at clinic at 0830 and it was not the crowd we were expecting. Time for a change in plans. First, the recruitment efforts were reviewed. The person who planned to broadcast the clinic was unable to. We learned that broadcast is the term for driving around in a

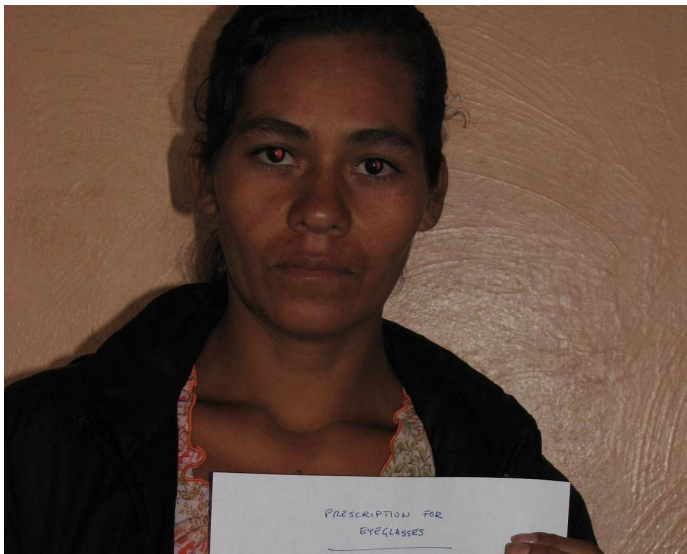
truck with loudspeakers, through the communities, “broadcasting” the presence of the clinic. Dale and Ramon recruited our community refractionist, Kristina, to go to several surrounding aldeas and make the clinic known. This was followed by Dale running a shuttle service. Very quickly, the clinic volume built, and in contrast to the first two days, most of the patients had pathology in addition to refractive error.

### **Not the case(s) of the day**



Not one but two foreign bodies were removed today (thank you Dr. Twelker for putting together the excellent kit). The first was vegetable but the second was definitely animal – a winged insect!

### **Refractive Blindness Revisited**



One of our patients from last year came back to see us, and Laura remembered her. The normal range of refractive error is somewhere around four diopters either myopic or hyperopic, as is covered by our little refractor. This lady has 20 diopters of myopia (without

glasses, everything about an inch beyond here eyes are out of focus). The strongest pair we brought along were -10 in each eye. I promised to look for a donated pair between now and next year, and she promised to buy a pair if she wins the lottery between now and then.

### **Referral of the Day**



One of the greatest advances in ophthalmology has been the use of laser light to photocoagulate the retinas of diabetic patients. With appropriate laser treatment, the risk of blindness in diabetics has been repetitively cut in half several times over. This lady has had diabetes for many years, and was not able to be refracted better than 20/40.

She was found to have diabetic macular edema bilaterally as well as vitreous hemorrhage. We will be referring her for laser treatment. We are told that the services are available in country, and will try to arrange this care before leaving.

By lunchtime, 21 patients had been seen, and our appetites had returned.

## Zombie Patrol Squad of Punta Ocote



While walking back to the clinic from lunch, we ran into the zombie patrol and enjoyed their protection.

## Clinic Started a Little Late after Lunch



We were safely escorted back to clinic, but there was no rush, as the lady with the key was behind the traffic jam.

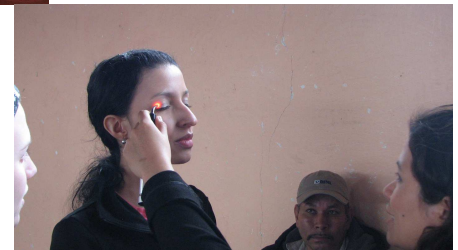
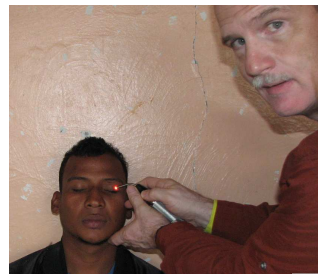


Proper footwear is very important here. By lunchtime, the road had mostly dried out but there is a great deal of debris, and the animals have the right-of-way.

## Second Referral, and Teaching Moment



This young man had suffered trauma to his left eye as a child, and developed the cataract that you see here. Should he be referred for cataract surgery? In Tucson, it is uncommon to see a cataract as dense as this, but when it is encountered, an ultrasonic image is taken to determine if the retina is attached. We did not have access to that technology, so we used an older test called the “Purkinje Image Test”. A flashlight is held against the closed upper eyelid, and wiggled slightly. If the retina is functional, the moving light causes the shadows of the blood vessels to be seen, regardless of the density of the cataract (try it!). “See one, do one, teach one” followed.



## Case of the Day

### Sympathetic Ophthalmia



The last patient of the day proved to be the most interesting in terms of his disease (illustrating once again it is never good to be interesting to a doctor). Notice the unusual left eye? The lack of a glow coming back from the pupil? The left eye is a prosthetic, well fitting, and removed and cleaned every night by this gentleman.

This 43 year old male told us that when he was 15 years old, he had a traumatic event to his left eye. He lost vision but did not have pain until 5 years later when he sought care for the left eye. A visit to an ophthalmologist in San Pedro resulted in enucleation of the left eye "to save the other eye." On our exam, while his vision was 20/40, his fundus had post-inflammatory changes: pigmentary changes along a retinal vein suggesting a history of a periphlebitis likely from sympathetic ophthalmia. We stressed the use of protective eyewear and we provided polycarbonate glasses.

## Wednesday Patient Count

### Punta Ocote Salud Juntos 2010 Eye Brigade Day 3

	<40y	>= 40	Total	Hyper	Em	Myope
<b>Male</b>	<b>8</b>	<b>14</b>	<b>21</b>	<b>10</b>	<b>9</b>	<b>2</b>
<b>Female</b>	<b>5</b>	<b>15</b>	<b>20</b>	<b>10</b>	<b>8</b>	<b>2</b>

### Diagnoses

14	Dry Eye Syndrome
5	Allergic Conjunctivitis
2	Glaucoma
2	Diabetics, 1 requiring LASER
1	Hypertensive Retinopathy, no treatment
1	Visually Significant Cataract
13	Pterygea
3	Pinguecula
1	Down Syndrome
1	Pathologic Myopia
1	Optic Neuropathy
2	Lid Lesions
1	Corneal Abrasion
1	Fly in Eye

### Distribution of Refractive Error

Glasses	Plus SV	Plus BF	Minus SV	Minus BF
<b>0 to 1</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>0</b>
<b>1 to 2</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>0</b>
<b>2 to 3</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>3 to 4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>4 Plus</b>	<b>2</b>	<b>0</b>	<b>1 (-20)</b>	<b>0</b>

This was a very successful day. We saw 42 patients.

Today, despite the scary start, the turnout improved thanks to the flexibility of the team and the 15 passenger van that Dale had rented.

Tomorrow, the weather should clear (as we were told yesterday, Monday, Sunday, and Saturday)

Best wishes- Dale, Joe, Laura, Leslie, and Carmen

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