
ELISSE HIGGINBOTHAM


KYLIE MCNEILL

Wave 2023
DAY 2 - SESSION 1

PRINT VERSION – PLEASE SUBMIT ONLINE BEFORE 11.59PM MONDAY 20TH MARCH 2023.

Dr Kylie McNeill presents on Kids & Contact Lenses: The Considerations & Conversations

Q.1) Which of the following is TRUE regarding contact lens associated microbial keratitis in paediatric patients?

A. Fluroquinolone topical medications can't be used in patients under 12 years of age, so contact lens fitting is considered inappropriate in this age group.

B. The rate of microbial keratitis in children aged 8-12 years wearing soft disposable contact lenses is higher than in an adult population.

C. Current literature reports the rate of microbial keratitis in teens (13-17 year olds) wearing soft CLs to be lower than in children (8-12 year olds).

D. The rate of microbial keratitis in orthoK wear in children is estimated to be 13.9 per 10,000 patient years.

Q.2) Which of the following therapeutic medications would be the most suitable monotherapy to instigate treatment for an 8 year old with contact lens associated microbial keratitis?

A. Tobramycin 0.3% eye drops

B. Ofloxacin 0.3% eye drops

C. Ciprofloxacin 0.3% eye drops

D. Chloramphenicol 0.5% eye drops

Q.3) Which of the following statements is FALSE regarding topical steroids for a paediatric patient?

A. Paediatric patients are less likely to have steroid induced ocular hypertension compared to adults.

B. Fluorometholone 0.1% (FML) can be prescribed for patients over 2 years of age.

C. Intraocular pressure needs to be monitored more regularly in children.

D. Corticosteroids should be used with caution in children under 2 years, as the different dose/weight ratio for young children increases the risk of adrenal suppression.

Q.4) Which of the following is FALSE regarding the prescription of soft contact lenses for children under 12 years of age?

A. On average it takes children 12 minutes longer to learn contact lens handling procedures compared to adults.

B. HVID is usually less that 10mm so standard diameter soft CLs are too large to gain an ideal fit.

C. Fitting children with contact lenses improves their self-perception of physical appearance, competence in athletics activities and social acceptance.

D. There is a lower rate of microbial keratitis seen in children, than in teens and adults.

Q.5) To treat a child with perennial allergic symptoms, all of the following ocular medications are available preservative free, except:

A. Sodium cromoglycate 2%

B. Ketotifen 0.025%

C. Olopatidine 0.1%

D. Sodium hyaluronate 0.1%


ELISSE HIGGINBOTHAM


KYLIE MCNEILL

Wave 2023
DAY 2 - SESSION 1

Elisse Higginbotham presents on Ocular Allergies In Kids & Teens

Q.6) What was the prevalence of self-reported hay-fever and rhinoconjunctivitis respectively in 13-14yr-old children in Perth according to the ISAAC study?

A. 5.0%, 0.6%
B. 15%, 5%
C. 23%, 15%
D. 49%, 23%

Q.7) What would be the best treatment protocol for seasonal allergic conjunctivitis in a 6-year-old child?

A. Zaditen bd + Children's Zyrtec daily
B. Naphcon-A tid + Phenergan every 6-8 hours
C. Sodium cromoglycate qid + oral steroids twice daily
D. Acular q4h + Panadol for kids prn

Q.8) Which of the following would suggest increasing treatment to include a steroid?

A. Keratoconus
B. Horner-Trantas Dots
C. Allergic shiners
D. Conjunctival chemosis

Q.9) Initial treatment for vernal keratoconjunctivitis would be most likely to include

A. Naphazoline and antazoline tid
B. Ketorolac bd
C. Sodium cromoglycate qd
D. Fluoromethalone acetate q1h

Q.10) Damage to the corneal epithelium and basement membrane occurs in VKC due to

A. Increased number of TH2 lymphocytes
B. Eosinophil-derived Major Basic Protein (MBP) and matrix metallopeptidase (MMP-9)
C. Upregulation of histamine, leukotrienes and chemokines
D. Synthesis of IgE

This is a print version prepared in advance of WAVE for those that like to print and have with them at the conference & submit via online later. Online MCQS close 11.59pm AWST Monday 20th March 2023.

PRINT VERSION, PLEASE SUBMIT ONLINE. Use the MCQ ACCESS HUB or SINGLE ACCESS NO PASSWORD REQUIRED

Wave 2023