Ophthalmology Quiz

by Laura King, MA, MFA, ELS

ANSWER KEY

Directions: Edit the following sentences based on your understanding of **§14.13**, Ophthalmology Terms of the *AMA Manual of Style*.

1. Unilateral lateral rectus resection ranging from 4 to 7 mm resulted in mean esotropic corrections of 10.5 to 14.9 prism diopters, whereas bilateral lateral rectus resection of 5, 6, and 7 mm resulted in a mean correction of 19.75, 28.75, and 33.5 prism diopters, respectively.

ANSWER: Unilateral lateral rectus resection ranging from 4 to 7 mm resulted in mean esotropic corrections of 10.5 to 14.9 prism diopters (Δ), whereas bilateral lateral rectus resection of 5, 6, and 7 mm resulted in a mean correction of 19.75, 28.75, and 33.5Δ, respectively.

Editor's Note: The prism diopter is a measure of the power of a prism and represents a 1-cm deflection of an image at a distance of 1 m. Its symbol, Δ, may be used with numbers after first mention (**§14.13**, Ophthalmology Terms).

2. Overestimation of glaucoma likelihood was associated with overestimation of retinal nerve fiber layer loss, rim loss, vertical cup-disk ratio, disk hemorrhage, and incorrect assessment of disk tilt and was more likely in large disks.

ANSWER: Overestimation of glaucoma likelihood was associated with overestimation of retinal nerve fiber layer loss, rim loss, vertical cup-disc ratio, disc hemorrhage, and incorrect assessment of disc tilt and was more likely in large discs.

Editor's Note: For the optic disc, spell as disc (not disk). The cup-disc ratio refers to the ratio of the diameter of the optic cup (a central area of the optic disc) to the diameter of the optic disc (**§14.13**, Ophthalmology Terms).

3. Pattern electroretinography is usually performed by alternating black and white checkerboards or stripes, eliciting a positive wave peaking at 50 milliseconds (P50) and a negative wave peaking at 95 milliseconds (N95) after the contrast is reversed.

ANSWER: Pattern electroretinography is usually performed by alternating black and white checkerboards or stripes, eliciting a P50 and an N95 after the contrast is reversed.

Editor's Note: Two main components of pattern electroretinography are the P50 wave, a positive-deflection waveform, and the N95 wave, a negative-deflection waveform. The terms P50 and N95 may be used without expansion (**§14.13**, Ophthalmology Terms).

JAMA Network™ OXFORD UNIVERSITY PRESS

4. Relative defects in the visual field were detected by using standard test objects such as V4e, I4e, I2e, and I1e, with additional isopters plotted as indicated.

ANSWER: Relative defects in the visual field were detected by using standard test objects such as V-4-e, I-4-e, I-2-e, and I-1-e, with additional isopters plotted as indicated.

Editor's Note: Goldmann perimetry is a method of assessing the visual field. The test stimuli are described by means of a 3-part term: spot size is designated with roman numerals I through V, and luminance is designated with arabic numerals 1 through 4 and letters a through e. For example, I-4-e isopter area, I-2-e test object, and V-4-e light (**§14.13**, Ophthalmology Terms).

5. The most frequently reported adverse event was conjunctival injection, which was mild and in most cases resolved without treatment before the next instillation.

ANSWER: The most frequently reported adverse event was conjunctival hyperemia, which was mild and in most cases resolved without treatment before the next instillation.

Editor's Note: When used to indicate excess blood, engorgement, or dilation of a vessel, injection should be changed to hyperemia or vasodilation, eg, conjunctival hyperemia or conjunctival vasodilation (not conjunctival injection) (**§14.13**, Ophthalmology Terms).

6. The neodymium:yttrium-aluminum-garnet laser uses infrared light focused at 1064 nm.

ANSWER: The Nd:YAG laser uses infrared light focused at 1064 nm.

Editor's Note: Nd:YAG (neodymium:yttrium-aluminum-garnet) may be used without expansion (**§14.13**, Ophthalmology Terms; **§13.11**, Clinical, Technical, and Other Common Terms).

7. This study aimed to evaluate the success of blinding study participants to treatment allocation using sham intravitreal injections.

ANSWER: This study aimed to evaluate the success of masking study participants to treatment allocation using sham intravitreal injections.

Editor's Note: Masked rather than blinded should be used in the ophthalmologic literature when referring to randomization or assessment of research participants or outcomes, if there could be confusion (**§14.13**, Ophthalmology Terms).

8. We examined costs and outcomes among patients 65 years and older with cataract and preexisting astigmatism (1.5-3.0 diopters) who were receiving conventional intraocular lenses.

ANSWER: We examined costs and outcomes among patients 65 years and older with cataract and preexisting astigmatism (1.5-3.0 D) who were receiving conventional intraocular lenses.

Editor's Note: Diopter is abbreviated D when used with a number (**§14.13**, Ophthalmology Terms).

9. At initial presentation, her best-corrected visual acuity was 20/30 in each eye. Five weeks later, while taking 40 mg of prednisone, she reported no improvement in her vision, and her best-corrected visual acuity remained at 20/30 OU.

ANSWER: At initial presentation, her best-corrected visual acuity was 20/30 OU. Five weeks later, while taking 40 mg of prednisone, she reported no improvement in her vision, and her best-corrected visual acuity remained at 20/30 OU.

Editor's Note: The abbreviations OD (right eye), OS (left eye), and OU (each eye) may be used without expansion only with numbers, eg, 20/25 OU, or descriptive assessments of acuity. Note that OU does not mean both eyes, although it is often used incorrectly to imply a vision measurement (eg, visual acuity or visual field) with both eyes at the same time (**§14.13**, Ophthalmology Terms).

10. His unaided vision was 20/25 – 2 OD and 20/30 OS pinholing to 20/25 – 2.

ANSWER: His visual acuity without correction was 20/25 – 2 OD and 20/30 OS pinholing to 20/25 – 2.

Editor's Note: Change "unaided vision" to "acuity without correction" (**§14.13**, Ophthalmology Terms).

11. The patient's vision was 20/20.

ANSWER: The patient's visual acuity was 20/20.

Editor's Note: Distinguish between vision, a general term, and visual acuity, measurable clearness of vision. If a measurement is given, eg, 20/20, use "visual acuity" (**§14.13**, Ophthalmology Terms).

12. The median visual acuity measured by the Early Treatment of Diabetic Retinopathy Study chart for all eyes tested was 0.23 logMAR, with a range of –0.2 to 4.0 logMAR.

ANSWER: The median visual acuity measured by the Early Treatment of Diabetic Retinopathy Study chart for all eyes tested was 0.23 logMAR, with a range of –0.2 to 4.0 logMAR (Snellen equivalents: median, 20/32; range, 20/12.5 to no light perception).

Editor's Note: Authors should report the visual acuity in the manuscript using the same nomenclature that was used in the study. Typically, visual acuities are collected as logMAR (base 10 logarithm of the minimum angle of resolution) values, letter scores, decimal fractions, or Snellen fractions (using meters or feet). However, evidence suggests that many readers, at least in the US, best understand visual acuity measurements when given as Snellen equivalents. For example, authors of manuscripts submitted to *JAMA Ophthalmology* are requested to provide the approximate Snellen equivalent in feet (20/20, 20/40, etc) in parentheses next to each visual acuity that is not in this Snellen format throughout the manuscript, including figures and tables. The methods used to provide the appropriate Snellen equivalent visual acuities should be given in the Methods section of the manuscript and should be based on published data (**§14.13**, Ophthalmology Terms).