

日期

2010年7月6日

內容摘要:

- (填寫說明: 1. 如有附件請註明, 如簡報檔、全文檔等  
 2. 需有問題與討論: 請註明姓名並包含醫學倫理及 EBM 之應用  
 3. 需有總結, 請註明做結論者【主持人】姓名  
 4. 請自行編排頁碼)

地點: 第二同新園

主講人: 張志華主任

講題: ptosis and pupils

記錄: R1 徐英洲

Q1 張志華主任: history taking. PE - lab data 何者最重要:

A1 R1 徐英洲: ~~history~~ physical examination (relative objective)

Q2 張志華主任: ptosis?

A2 R1 李心晃: upper eyelid 下垂

Q3 張志華主任: 下眼皮張力不夠蓋到眼睛:

A3 R1 蘇銘鋒: reverse ptosis

Q4 張志華主任: palpebral fissure?

A4 PGY 王瑛: 7-12 mm

Q5 張志華主任: cornea vertical diameter?

A5 R2 李向: 10.5 mm

Q6 張志華主任: Blepharospasm?

A6 沈謝皓揚: eye closure resulting from contraction of orbicularis oculi muscle.

Q7 張志華主任: ptosis?

A7 PGY 胡家夫: eyebrow is on the margin or above.

Q8 張志華主任: Horner's syndrome and CN3 palsy?

A8 PGY 廖昱昕: ptosis will diminish on upward gaze. ptosis does not change on upward gaze -

Q9 張志華主任: Horner's syndrome?

A9 R1 徐英洲: miosis, mild to moderate ptosis, impaired sweating ipsilaterally.

Q10 張志華主任: Myopathric disease?

A10 R2 劉力頌: 上眼輪匝上提 levator muscle 不受影響 => 可排除 myopathric disease.

內容摘要 (續):

< EBM topic > ~ How to perform neurologic examination

pupil size: 2-5 mm, depend on light. retraction

Biggest pupil: Schizophrenic patient, frightened people

Hippus: repetitive rapid constrict and dilate in a rhythmic way.

Marcus Gunn pupil: lesion eye will dilate when light stimulation

< ethic review >

New onset of CN3 palsy: should be cautious of cerebral aneurysm.

light reaction: Afferent  $\Rightarrow$  CN2: Efferent  $\Rightarrow$  CN3

< VS comment >

Anisocoria: 15-20% people will have anisocoric pupils but difference are usually less than 1 mm

記錄 R1 徐英河