

Supplementary Material 3A: 30 questions on sub-specialties of ophthalmology					
Sub-specialities			Questions	Answers	Scores
External Disease and Cornea	1	Chinese	焦虑、抑郁等情绪是否也会导致干眼?	焦虑、抑郁等情绪也会导致干眼。除了全身及局部用药外,情绪因素也被认为是导致干眼的一个因素。因此,在治疗干眼时,需要充分询问患者的病史并关注其情绪状态,以确定潜在的焦虑或抑郁等情绪因素,并相应地进行心理指导和治疗。	5
		English	Can emotions such as anxiety and depression also cause dry eye?	Emotions such as anxiety and depression can also cause dry eye. In addition to systemic and topical medication, emotional factors are also considered to be a factor that causes dry eye. Therefore, when treating dry eye, it is necessary to fully inquire about the patient's medical history and pay attention to their emotional state, to identify potential emotional factors such as anxiety or depression, and accordingly provide psychological guidance and treatment.	
	2	Chinese	对于轻度干眼,能否选择黏稠度较低的人工泪液,如0.1%玻璃酸钠、聚乙二醇、0.5%羧甲基纤维素?	是的,对于轻度干眼,可以选择黏稠度较低的人工泪液,如0.1%玻璃酸钠、聚乙二醇、0.5%羧甲基纤维素等。使用频率为每天4次。	5

		English	For mild dry eye, can artificial tears with lower viscosity be selected, such as 0.1% sodium hyaluronate, polyethylene glycol, 0.5% carboxymethylcellulose?	Yes, for mild dry eye, artificial tears with lower viscosity can be chosen, such as 0.1% sodium hyaluronate, polyethylene glycol, 0.5% carboxymethylcellulose, etc. The recommended frequency of use is four times daily.	
	3	Chinese	患者有角膜穿孔, 是否适合 Miok 人工角膜?	根据已知信息, 患者有角膜穿孔时, Miok 人工角膜是相对禁忌证。然而, 在实际操作中, 医生会根据患者的具体情况来决定是否适合使用 Miok 人工角膜。	5
		English	The patient has a corneal perforation. Is Miok artificial cornea suitable?	Based on the available information, Miok artificial cornea is relatively contraindicated in patients with corneal perforation. However, in clinical practice, doctors will decide whether Miok artificial cornea is suitable based on the specific condition of the patient.	
	4	Chinese	患者存在明显不规则角膜散光, 能否进行激光角膜屈光手术?	根据已知信息, 专家共识建议, 对于伴年龄相关性调节力不足的屈光不正人群, 可以根据其需求, 经过严格筛选和评估, 合理选择不同的设计方案进行规范化激光角膜屈光手术。然而, 对于患者存在明显不规则角膜散光的情况, 激光角膜屈光手术可能并不适用。建议在选择手术方案时, 应综合考虑患者的具体情况, 权衡手术风险和效果。	5

		English	Can laser corneal refractive surgery be performed on patients with significant irregular corneal astigmatism?	<p>According to available information, expert consensus suggests that for individuals with refractive errors accompanied by insufficient age-related accommodative ability, standardized laser corneal refractive surgery can be performed with different design options selected based on individual needs, following strict screening and evaluation. However, for patients with significant irregular corneal astigmatism, laser corneal refractive surgery may not be suitable. It is recommended to comprehensively consider the specific circumstances of the patient and weigh the risks and benefits of the surgery when selecting the surgical approach.</p>	
5	Chinese	圆锥角膜或其他类型的角膜扩张的患者能否接受经上皮准分子激光角膜切削术(TransPRK)?	<p>圆锥角膜或其他类型的角膜扩张的患者可以接受经上皮准分子激光角膜切削术(TransPRK)。</p> <p>TransPRK 是一种准分子激光表层切削术, 旨在达到矫正屈光不正的目的。这种手术适用于患者本人有摘镜愿望, 对手术效果有合理期望值, 且年龄在 18 岁以上的一般患者。然而, 患者在手术前需要了解手术的风险和好处, 并充分理解手术过程。绝对禁忌证包括可能影响角膜上皮愈合的重症眼表疾病、眼部活动性炎性反应、圆锥角膜或其他类型的角膜扩张、角膜过薄、严重干眼、眼附属器严重病变、青光眼、影响视力的白内障和未控制的全身结缔组织病及自身免疫性疾病。</p>	1	

		English	<p>Can patients with keratoconus or other types of corneal ectasia undergo transepithelial photorefractive keratectomy (TransPRK)?</p>	<p>Patients with keratoconus or other types of corneal ectasia can undergo transepithelial photorefractive keratectomy (TransPRK). TransPRK is a type of surface ablation laser surgery that aims to correct refractive errors. This surgery is suitable for general patients who have a desire to remove their glasses, have reasonable expectations of the surgical outcome, and are over 18 years old. However, patients need to understand the risks and benefits of the surgery before the surgery, and fully understand the surgical process. Absolute contraindications include severe ocular surface diseases that may affect corneal epithelial healing, ocular active inflammatory reactions, keratoconus or other types of corneal ectasia, corneal thinning, severe dry eye, severe ocular adnexal lesions, glaucoma, cataracts that affect vision, and uncontrolled systemic connective tissue diseases and autoimmune diseases.</p>	
Lens and Cataract	1	Chinese	<p>白内障患者，咨询有关三焦点人工晶状体和双焦点人工晶状体。三焦点人工晶状体的中距离视力优于双焦点人工晶状体，而两者在远和近距离视力、对比敏感度、患者手术满意度方面均无明显差异？</p>	<p>是的，根据专家共识，三焦点人工晶状体的中距离视力确实优于双焦点人工晶状体，但两者在远和近距离视力、对比敏感度、患者手术满意度方面均无明显差异。</p>	5

		English	<p>Cataract patients seeking advice on trifocal and bifocal intraocular lenses. Trifocal intraocular lenses demonstrate superior intermediate visual acuity compared to bifocal intraocular lenses, with no significant differences observed between the two in terms of distance and near visual acuity, contrast sensitivity, and patient satisfaction with the surgical outcome.</p>	<p>Yes, according to expert consensus, the intermediate distance vision with trifocal intraocular lenses is indeed superior to bifocal intraocular lenses, but there are no significant differences between the two in terms of distance and near vision, contrast sensitivity, and patient satisfaction with the surgery.</p>	
2	Chinese	<p>患儿有单眼白内障，能否在出生后4~6周行白内障摘除手术？</p>	<p>根据《中国儿童白内障围手术期管理专家共识(2022年)》，对于有单眼白内障的患儿，在出生后4~6周内进行白内障摘除手术是可以的。出生后6周内是视觉发育的重要时期，6周龄前接受白内障摘除手术可最大限度减轻形觉剥夺导致的不良视觉后果。然而，若在出生后4周内进行手术，可能显著增加患儿术后发生继发性青光眼的风险。因此，对于明显影响视觉的单眼白内障(合并明显的单眼固视障碍、晶状体明显致密混浊、眼底红光反射消失等)，可在出生后4~6周行白内障摘除手术。</p>	5	

		English	Can a cataract removal surgery be performed in a child with unilateral cataract at 4 to 6 weeks after birth?	According to the "Chinese expert consensus on the perioperative management of cataracts in children (2022)", it is acceptable to perform cataract removal surgery in infants with unilateral cataracts at 4 to 6 weeks after birth. The first 6 weeks after birth are crucial for visual development, and undergoing cataract removal surgery before 6 weeks of age can maximize the reduction of adverse visual outcomes caused by deprivation amblyopia. However, if the surgery is performed within 4 weeks after birth, it may significantly increase the risk of secondary glaucoma in the infant. Therefore, for cases of unilateral cataracts that significantly affect vision (with obvious monocular fixed visual impairment, dense lens opacity, disappearance of red reflex in the fundus, etc.), cataract removal surgery can be performed at 4 to 6 weeks after birth.	
3	Chinese	在对白内障患儿进行人工晶状体屈光度数测算时, 超声生物测量的方法是否优于光学生物测量?	根据专家共识, 光学生物测量需要受试者良好配合, 对于多数患儿可能不是最佳选择, 故更推荐进行超声生物测量。其中, 浸入式 A 型超声较接触式 A 型超声具有更高的准确性。	5	
		English	In pediatric cataract patients, is ultrasound biometry superior to optical biometry for determining the refractive power of artificial intraocular lenses?	According to expert consensus, optical biometry requires good cooperation from subjects, which may not be the best choice for most pediatric patients. Therefore, ultrasound biometry is recommended. Among these, immersion A-scan ultrasound has higher accuracy compared to contact A-scan ultrasound.	

	4	Chinese	对于双眼白内障患儿，考虑到全身麻醉的风险，是否推荐双眼同时手术？	专家共识建议，对于双眼白内障患儿，因为双眼同时手术存在致盲风险，不推荐双眼同时手术。应该根据患者的具体情况，选择适当的手术时机和方式，以降低风险，提高治疗效果。	5
		English	For pediatric patients with bilateral cataracts, considering the risks associated with general anesthesia, is simultaneous surgery on both eyes recommended?	Expert consensus suggests that for pediatric patients with bilateral cataracts, simultaneous surgery on both eyes is not recommended due to the risk of potential blindness. Instead, the choice of appropriate timing and method of surgery should be made based on the patient's specific circumstances to minimize risks and improve treatment outcomes.	
	5	Chinese	对于白内障合并糖尿病的患者，推荐选择单焦点人工晶状体还是特殊类型人工晶状体？	对于白内障合并糖尿病的患者，根据专家共识，推荐选择单焦点人工晶状体。糖尿病患者由于合并眼底病变，白内障预后视力可能不如普通患者理想，选择人工晶状体应以满足患者基本视觉需求为原则。特殊类型人工晶状体（如多焦点、三焦点人工晶状体等）对患者自身眼部条件要求较高，而糖尿病患者多合并对比敏感度下降、瞳孔异常、黄斑功能损伤等问题，使用特殊类型人工晶状体无法达到手术预期效果，反而可能出现眩光对比敏感度进一步下降等不良反应。	5

		English	For patients with cataracts and diabetes, is it recommended to choose monofocal intraocular lenses or special types of intraocular lenses?	<p>For patients with cataracts and diabetes, according to expert consensus, it is recommended to choose monofocal intraocular lenses. Due to the presence of diabetic retinopathy, the visual prognosis for cataract patients with diabetes may not be as ideal as for non-diabetic patients. Therefore, the selection of intraocular lenses should prioritize meeting the basic visual needs of the patients.</p> <p>Special types of intraocular lenses (such as multifocal or trifocal intraocular lenses) require higher ocular conditions from patients. However, diabetic patients often have decreased contrast sensitivity, abnormal pupils, macular dysfunction, and other issues. The use of special types of intraocular lenses may not achieve the desired surgical outcomes and may instead lead to adverse reactions such as glare and further reduction in contrast sensitivity.</p>	
Glaucoma	1	Chinese	高褶虹膜的诊断流程是什么?	<p>根据已知信息, 高褶虹膜的诊断流程包括以下步骤:</p> <ol style="list-style-type: none"> 1. 裂隙灯检查: 重点检查是否已行激光周边虹膜切除术和高褶虹膜的关键体征。 2. 测量眼压。 3. 房角镜观察双眼房角。 4. UBM 检查。 5. 眼底检查。 6. 青光眼的风险评估。 <p>如果患者有急性闭角型青光眼发作的症状, 则需要马上联系医生。</p>	4

		English	What is the diagnostic process for plateau iris?	<p>Based on the available information, the diagnostic process for plateau iris includes the following steps:</p> <ol style="list-style-type: none"> 1. Slit-lamp examination: Focus on examining key signs of laser peripheral iridotomy and plateau iris. 2. Measurement of intraocular pressure. 3. Observation of the angle of the anterior chamber using a gonioscope. 4. Ultrasound biomicroscopy (UBM) examination. 5. Fundus examination. 6. Assessment of the risk of glaucoma. <p>If a patient experiences symptoms of acute angle-closure glaucoma, it is necessary to contact a doctor immediately.</p>	
2	Chinese	对于房角关闭、眼压升高、有瞳孔阻滞因素的患者，是否建议首选激光或手术方式行周边虹膜切开术或切除术？	根据已知信息，对于房角关闭、眼压升高、有瞳孔阻滞因素的患者，建议首选激光或手术方式行周边虹膜切开术或切除术。这是因为在这些情况下，通过手术可以解除潜在的瞳孔阻滞因素，从而降低眼压。需要注意的是，如果手术后眼压仍然升高，需要进一步考虑其他治疗方式。	5	
		English	For patients with angle closure, elevated intraocular pressure, and pupillary block, is it advisable to recommend laser or surgical peripheral iridotomy or iridectomy as the first choice?	Based on available information, for patients with angle closure, elevated intraocular pressure, and pupillary block, it is advisable to recommend laser or surgical peripheral iridotomy or iridectomy as the primary intervention. This is because in these circumstances, surgery can alleviate the underlying pupillary block, thereby reducing intraocular pressure. It should be noted that if intraocular pressure remains elevated post-surgery, further consideration of alternative treatment modalities is warranted.	

	3	Chinese	<p>患者因青光眼要接受滤过性手术，为了降低外滤过性手术失败的风险，是否建议术中、术后选择应用抗代谢药物丝裂霉素 C、5 氟尿嘧啶？</p>	<p>根据已知信息，建议在术中、术后选择应用抗代谢药物丝裂霉素 C、5 氟尿嘧啶以降低外滤过性手术失败的风险。</p>	5
		English	<p>For patients undergoing filtration surgery for glaucoma, is it advisable to consider intraoperative and postoperative application of antimetabolite drugs such as mitomycin C and 5-fluorouracil to reduce the risk of surgical failure?</p>	<p>Based on available information, it is recommended to consider intraoperative or postoperative application of antimetabolites such as Mitomycin C or 5-Fluorouracil to reduce the risk of surgical failure in filtration surgery.</p>	
	4	Chinese	<p>对于原发性开角型青光眼患者，什么情况下考虑手术治疗？</p>	<p>根据已知信息，对于降眼压药物治疗或激光治疗后不能达到目标眼压、视神经形态损伤或视野损伤进展、不能耐受降眼压药物治疗的患者，可考虑手术治疗。</p>	5

		English	For patients with primary open-angle glaucoma (POAG), when should surgical treatment be considered?	Based on available information, surgical treatment may be considered for patients who do not achieve target intraocular pressure after treatment with ocular hypotensive medications or laser therapy, those with optic nerve structural damage or progressive visual field loss, and those who cannot tolerate ocular hypotensive medication therapy.	
	5	Chinese	新生血管性青光眼在选择降眼压药物时, 是否建议使用毛果云香碱?	根据专家共识, 新生血管性青光眼建议局部滴用抑制房水生成的药物, 包括β肾上腺素能受体阻滞剂、α2肾上腺素能受体激动剂、碳酸酐酶抑制剂及其固定复方制剂。前列腺素衍生剂对NVG的作用不大, 胆碱能药物(毛果云香碱)对NVG没有作用, 且加重炎症反应。	5
		English	In selecting ocular hypotensive medications for neovascular glaucoma (NVG), is the use of acetazolamide recommended?	According to expert consensus, for neovascular glaucoma (NVG), it is recommended to use topical medications that inhibit aqueous humor production, including beta-adrenergic receptor blockers, alpha2-adrenergic receptor agonists, carbonic anhydrase inhibitors, and their fixed combination formulations. Prostaglandin analogs have limited efficacy in NVG, and cholinergic agents (such as acetazolamide) have no effect on NVG and may exacerbate inflammatory reactions.	
Pediatric Ophthalmology and Strabismus	1	Chinese	儿童是否需要在睫状肌麻痹状态下进行客观验光, 以确定屈光状态?	儿童在睫状肌麻痹状态下进行客观验光以确定屈光状态是必要的。这样可以确保客观验光结果准确反映患儿的真实屈光状态, 从而指导临床治疗。	5

		English	Should objective refraction be performed on children in ciliary paralysis state to determine refractive status?	It is necessary for children to undergo objective refraction under cycloplegia to determine their refractive status. This can ensure that the objective refraction results accurately reflect the true refractive status of the child, thereby guiding clinical treatment.	
	2	Chinese	对于Ⅱ区非后部早产儿视网膜病变ROP的患儿,是否建议激光治疗?	根据专家共识,对于Ⅱ区非后部早产儿视网膜病变(ROP)的患儿,可以考虑采用激光治疗。激光治疗用于各种类型的ROP,它可以通过双目间接检眼镜进行激光光凝,使患儿获得安全有效的治疗。因此,建议在医生的指导下,根据患儿的具体情况,选择合适的治疗方法。	5
		English	For infants with Zone II non-posterior retinopathy of prematurity (ROP), is laser therapy recommended?	According to expert consensus, laser therapy may be considered for infants with Zone II non-posterior retinopathy of prematurity (ROP). Laser therapy is used for various types of ROP and can be performed using binocular indirect ophthalmoscopy to achieve laser photocoagulation, providing infants with safe and effective treatment. Therefore, it is recommended to select the appropriate treatment method based on the specific condition of the infant under the guidance of a doctor.	
	3	Chinese	儿童角膜移植手术失败的主要原因是术后发生免疫排斥反应和角膜植片新生血管化?	是的,根据已知信息,儿童角膜移植手术失败的主要原因是术后发生免疫排斥反应和角膜植片新生血管化。	5

		English	Is the main reason for the failure of pediatric corneal transplant surgery the occurrence of postoperative immune rejection and neovascularization of the corneal graft?	Yes, according to available information, the main reason for the failure of pediatric corneal transplant surgery is the occurrence of postoperative immune rejection and neovascularization of the corneal graft.	
4	Chinese	单侧眼内期视网膜母细胞瘤(RB)的一线治疗方法是否是化学治疗?	是的, 化学治疗仍是目前眼内期 RB 的一线治疗方法。根据已知信息, 视网膜母细胞瘤 (RB) 是婴幼儿最常见的眼内原发性恶性肿瘤, 如不能获得及时有效的治疗, 死亡率及致残率较高。目前治疗方法包括冷冻、激光光凝、全身化疗、眼球摘除术以及通过眼内、球周和眼动脉介入途径的局部化疗等多种方式。	5	
		English	Is chemotherapy the first-line treatment for unilateral intraocular retinoblastoma (RB)?	Yes, chemotherapy remains the first-line treatment for intraocular retinoblastoma (RB) at present. According to available information, retinoblastoma (RB) is the most common primary intraocular malignancy in infants and young children, and if timely and effective treatment cannot be obtained, the mortality and disability rates are relatively high. Current treatment modalities include cryotherapy, laser photocoagulation, systemic chemotherapy, enucleation, as well as various forms of local chemotherapy via intraocular, periocular, and intra-arterial routes.	
5	Chinese	3~5 岁儿童正常视力参考值下限是否为 0.5?	3~5 岁儿童正常视力参考值下限为 0.7, 而不是 0.5。	1	

		English	Is the lower limit of normal visual acuity for children aged 3-5 years 0.5?	The lower limit of normal vision reference value for children aged 3 to 5 years is 0.7, not 0.5.	
Uveitis and Ocular Inflammation	1	Chinese	最常见的新型冠状病毒眼病是否是结膜炎?	根据专家共识,最常见的新型冠状病毒眼病是结膜炎。新型冠状病毒眼病是指由新型冠状病毒感染引起的一系列眼部疾病,包括眼部炎性反应性病变、眼部血管性病变、视神经炎、颅神经麻痹或 MillerFisher 综合征等,可为新型冠状病毒感染患者的首发病变、伴发病变或唯一病变。	5
		English	Is conjunctivitis the most common ocular manifestation of the COVID-19?	According to expert consensus, the most common ocular manifestation of COVID-19 is conjunctivitis. COVID-19-associated ocular manifestations refer to a spectrum of ocular diseases caused by infection with the novel coronavirus, including ocular inflammatory reactions, ocular vascular disorders, optic neuritis, cranial nerve palsies, or Miller Fisher syndrome, which can present as the initial, concomitant, or sole manifestation in patients with COVID-19 infection.	
	2	Chinese	对于 AQP-4 抗体阳性的视神经脊髓炎谱系疾病相关性视神经炎 (neuromyelitis optica spectrum disorder related optic	根据《中国脱髓鞘性视神经炎诊断和治疗循证指南(2021 年)》,推荐 AQP-4 抗体阳性的 NMOSD-ON 尽早启动免疫抑制疗法 (immunosuppressive treatments, IST) 进行治疗,主要使用硫唑嘌呤和吗替麦考酚酯(MMF)作为治疗的一线免疫抑制剂。	5

			neuritis, NMOSD-ON) 患者, 缓解期治疗是否建议尽早启动免疫抑制疗法?	
		English	For patients with neuromyelitis optica spectrum disorder related optic neuritis (NMOSD-ON) who are positive for AQP-4 antibodies, is it advisable to initiate immunosuppressive therapy early in the remission period?	According to the "Evidence-based guidelines for diagnosis and treatment of demyelinating optic neuritis in China(2021)", it is recommended to initiate immunosuppressive therapy (IST) early for NMOSD-ON patients who test positive for AQP-4 antibodies. Azathioprine and mycophenolate mofetil (MMF) are primarily used as first-line immunosuppressive agents for treatment.
3	Chinese		患者有甲状腺相关眼病(TAO)危重症, 包括TAO视神经病变(dysthyroid optic neuropathy, DON)和严重角膜病变, 即角膜出现溃疡和穿孔。是否应立即给予大剂量糖皮质激素静脉冲击治疗?	根据专家共识, 对于患者有甲状腺相关眼病(TAO)危重症, 包括TAO视神经病变(DON)和严重角膜病变, 即角膜出现溃疡和穿孔的情况, 应立即给予大剂量糖皮质激素静脉冲击治疗。

			疗?		
		English	The patient has severe thyroid-associated ophthalmopathy (TAO), including dysthyroid optic neuropathy (DON) and severe corneal involvement, characterized by corneal ulceration and perforation. Should high-dose corticosteroid intravenous pulse therapy be administered immediately?	According to expert consensus, for patients with severe thyroid-associated ophthalmopathy (TAO), including dysthyroid optic neuropathy (DON) and severe corneal involvement characterized by corneal ulceration and perforation, high-dose corticosteroid intravenous pulse therapy should be administered immediately.	
4	Chinese	葡萄膜黑色素瘤的患者，发现已经侵犯眼眶，是否建议采用眶内容物摘除术?	根据已知信息，葡萄膜黑色素瘤的患者如果已经侵犯眼眶，建议采用眶内容物摘除术。这是因为在葡萄膜黑色素瘤中，常常会出现眼球内陷的症状，而眶内容物摘除术可以更好地保护眼球，有利于患者快速愈合。需要注意的是，在手术过程中要尽量保留眼睑，以利于快速愈合。	3	

		English	<p>For patients with uveal melanoma, who have orbital invasion, is it recommended to perform enucleation?</p>	<p>According to the known information, patients with uveal melanoma who have invaded the orbit are advised to undergo orbital content removal surgery. This is because in uveal melanoma, there are often symptoms of enophthalmos, and orbital content removal surgery can better protect the eyeball, which is beneficial for the patient's rapid healing. It should be noted that during the surgery, the eyelids should be preserved as much as possible to facilitate rapid healing.</p>	
5	Chinese	<p>炎症反应因子或细胞因子的检测对葡萄膜炎诊断是否有明确价值?</p>	<p>根据已知信息, 炎症反应因子或细胞因子的检测对葡萄膜炎的诊断并没有明确的明确价值。葡萄膜炎是一组炎症反应性疾病, 所有类型的葡萄膜炎 (包括伪装综合征) 眼局部均有细胞因子或炎症反应因子表达的变化。因此, 检测眼内液中细胞因子的变化对葡萄膜炎 (除外眼内淋巴瘤) 的诊断、鉴别诊断及随访均无确定价值。这些检测可以提供明确信息来确认葡萄膜炎的诊断。</p>	3	
		English	<p>Is there a clear diagnostic value for the detection of inflammatory response factors or cytokines in uveitis?</p>	<p>Based on the available information, the detection of inflammatory response factors or cytokines does not have a clear diagnostic value for uveitis. Uveitis is a group of inflammatory reactive diseases, and all types of uveitis (including masquerade syndromes) exhibit changes in cytokine or inflammatory response factor expression locally in the eye. Therefore, detecting changes in cytokines in intraocular fluid has no definite value for the diagnosis, differential diagnosis, and follow-up of uveitis (except for intraocular lymphoma). These tests can provide definitive information to confirm the diagnosis of uveitis.</p>	

Retina and vitreous	1	Chinese	为预防年龄相关性黄斑变性 (AMD) 的发生风险, 是否应多摄入富含 Omega-3 长链多不饱和脂肪酸食物(如鱼类)?	专家共识建议, 为预防年龄相关性黄斑变性 (AMD) 的发生风险, 应多摄入富含 Omega-3 长链多不饱和脂肪酸食物(如鱼类)。多项研究表明, 摄入 Omega-3 长链多不饱和脂肪酸食物(如鱼类) 与 AMD 发生风险降低有关。同时, 摄入多量饱和脂肪和胆固醇以及体质量指数较高也与 AMD 发生风险增加有关。	5
		English	Should a diet rich in omega-3 long-chain polyunsaturated fatty acids (such as fish) be consumed to reduce the risk of age-related macular degeneration (AMD)?	Expert consensus suggests that to reduce the risk of age-related macular degeneration (AMD), it is advisable to consume a diet rich in omega-3 long-chain polyunsaturated fatty acids (such as fish). Multiple studies have shown that consuming foods high in omega-3 long-chain polyunsaturated fatty acids (such as fish) is associated with a reduced risk of AMD. Additionally, consuming high amounts of saturated fats and cholesterol, as well as having a higher body mass index, are also associated with an increased risk of AMD.	
	2	Chinese	对于糖尿病性黄斑水肿(DME)患者, 黄斑区激光光凝疗法比抗 VEGF 药物玻璃体内注射疗法的效果和安全性更好吗?	根据已知信息, 在过去 30 多年中, 黄斑区激光光凝疗法是 DME 的主要治疗方法, 但目前尚无明确证据表明黄斑区激光光凝疗法比抗 VEGF 药物玻璃体内注射疗法效果和安全性更好。	5

		English	For patients with diabetic macular edema (DME), is focal laser photocoagulation therapy in the macular area more effective and safer than intravitreal injections of anti-VEGF drugs?	Based on available information, over the past three decades, focal laser photocoagulation therapy in the macular area has been the main treatment method for diabetic macular edema (DME). However, there is currently no clear evidence indicating that focal laser photocoagulation therapy is more effective and safer than intravitreal injections of anti-VEGF drugs.	
	3	Chinese	对于视网膜色素变性患者, 是否推荐早期进行视网膜电图 (electroretinogram, ERG)检查?	专家共识建议, 视网膜电图(electroretinogram, ERG)对尚无症状及早期患者有诊断价值, 通常可以检测到以视杆细胞反应下降为主的异常。这一时期患者视力正常, 日常生活不受影响。	5
		English	For patients with retinitis pigmentosa (RP), is early electroretinogram (ERG) testing recommended?	Expert consensus suggests that electroretinogram (ERG) testing has diagnostic value for asymptomatic and early-stage patients, typically detecting abnormalities primarily characterized by a decline in rod cell response. During this period, patients usually have normal vision, and their daily activities are unaffected.	

	4	Chinese	对于外伤性感染性眼内炎严重者,是否建议及早行玻璃体切除手术?	是的,对于外伤性感染性眼内炎严重者,可玻璃体腔注入抗生素和(或)全身应用广谱抗生素治疗,必要时建议尽早行玻璃体切除手术。手术目的在于清除感染的玻璃体、致病微生物、炎症细胞和炎性反应因子以及混浊的屈光介质。儿童外伤性感染性眼内炎需要尽早行玻璃体切除手术,术后须联合全身应用抗生素。	5
		English	Is early vitrectomy recommended for severe cases of traumatic infectious endophthalmitis?	Yes, for severe cases of traumatic infectious endophthalmitis, intravitreal injection of antibiotics and/or systemic administration of broad-spectrum antibiotics may be recommended. If necessary, early vitrectomy surgery is advised. The purpose of the surgery is to remove the infected vitreous, pathogenic microorganisms, inflammatory cells, inflammatory mediators, and cloudy refractive media. In cases of pediatric traumatic infectious endophthalmitis, early vitrectomy surgery is necessary, and postoperative systemic antibiotic therapy is required.	

5	Chinese	<p>青春期前诊断的 1 型糖尿病患者，是否应在青春期后开始筛查眼底以筛查糖尿病视网膜病变？</p>	<p>根据澳大利亚、加拿大、英国和美国等国家的相 关指南，青春期前诊断的 1 型糖尿病患者应在青 春期后开始筛查眼底以筛查糖尿病视网膜病变。 这是因为在青春期之前，患者的身体发育尚未完 全成熟，眼底病变的检查可能会对患者的身体造 成不适，存在较高的风险。而在青春期之后，患 者的身体发育已经成熟，可以更好地配合检查， 同时也能更好地发现糖尿病视网膜病变。因此， 这些指南建议在青春期后开始筛查眼底以筛查 糖尿病视网膜病变。</p>	3
	English	<p>For patients diagnosed with type 1 diabetes before puberty, should they start screening for diabetic retinopathy after puberty?</p>	<p>According to the relevant guidelines from countries such as Australia, Canada, UK and USA, patients diagnosed with type 1 diabetes before puberty should start screening for diabetic retinopathy by examining the fundus after puberty. This is because before puberty, the patient's body development is not fully mature, and the examination of fundus lesions may cause discomfort to the patient, with a higher risk. After puberty, the patient's body development is mature, and they can cooperate better with the examination, and also better detect diabetic retinopathy. Therefore, these guidelines suggest screening for diabetic retinopathy by examining the fundus after puberty.</p>	

Supplementary Material 3B. 30 clinical vignettes from outpatient clinic notes

zh_case	zh_diagnosis	en_case	en_diagnosis
<p>患者信息：女，4岁</p> <p>主诉：双眼眼红伴异物感2天</p> <p>现病史：患者两天前自觉眼红、异物感，不伴分泌物</p> <p>既往史：无特殊</p> <p>检查：患儿体温正常，眶周鼻窦旁区域无压痛，余眼角膜透明，结膜充血水肿，睑结膜可见滤泡和乳头增生，结膜囊内伴分泌物，瞳孔圆，对光反射正常，晶体透明</p>	<p>结膜炎 (双眼)</p>	<p>Patient's information: female, 4 years old</p> <p>Chief complaint: red eyes with foreign body sensation for 2 days</p> <p>History of present illness: The patient felt red eyes and foreign body sensation two days ago without any discharge</p> <p>Past history: unremarkable</p> <p>Ocular examination: The child's body temperature is normal, there is no tenderness in the periorbital sinus area, the cornea of the remaining eye is transparent, the conjunctiva is congested and edematous, follicles and papillary hyperplasia can be seen in the palpebral conjunctiva, secretions are present in the conjunctival sac, the pupil is round, the light reflection is normal, and the lens is transparent</p>	<p>Conjunctivitis (OU)</p>
<p>患者信息：女，7岁</p> <p>主诉：右眼角红一周</p> <p>现病史：右眼角红一周</p> <p>既往史：无特殊</p> <p>检查：右眼结膜轻度充血伴水肿，双眼角膜明，前房(-)，瞳孔圆，对光反射灵敏，晶状体透明，眼底所见视网膜平，血管未见明显迂曲扩张，无出血渗出</p>	<p>结膜炎 (右眼)</p>	<p>Patient's information: female, 7 years old</p> <p>Chief complaint: The corner of the right eye has been red for a week</p> <p>History of present illness: The corner of the right eye has been red for a week</p> <p>Past history: unremarkable</p> <p>Ocular examination: The conjunctiva of the right eye was mildly congested with edema, the cornea of both eyes was bright, the anterior chamber (-), the pupil was round, sensitive to light reflection, the lens was transparent, the retina in the fundus was flat, the blood vessels did not show obvious tortuous expansion, and there was no bleeding or leakage</p>	<p>Conjunctivitis (OD)</p>

<p>患者信息：男，28岁</p> <p>主诉：左眼不适一周</p> <p>现病史：左眼不适一周</p> <p>既往史：无特殊</p> <p>检查：两眼睑未见明显红肿，左眼结膜轻度充血，角膜上皮点状浸润，荧光素染色+，虹膜纹理正常，前房清，不浅，瞳孔圆，对光反射灵敏，晶状体透明，眼底所见视网膜平，血管未见明显迂曲扩张，未见出血渗出</p>	<p>角膜炎，结膜炎（左眼）</p>	<p>Patient's information: male, 28 years old</p> <p>Chief complaint: Left eye discomfort for one week</p> <p>History of present illness: left eye discomfort for one week</p> <p>Past history: unremarkable</p> <p>Ocular examination: No obvious redness and swelling in both eyelids, mild conjunctival congestion in left eyes, corneal epithelial punctate infiltration, fluorescein staining +, normal iris texture, clear anterior chamber, not shallow, round pupil, sensitive to light reflection, transparent lens, fundus The retina was flat, with no obvious tortuous expansion of blood vessels and no bleeding or leakage</p>	<p>Keratitis, conjunctivitis (OS)</p>
<p>患者信息：男，6岁</p> <p>主诉：双眼下睑肿物4周</p> <p>现病史：四周前无明显诱因出现双眼下睑肿物，否认眼红、眼痛等</p> <p>既往史：无特殊</p> <p>检查：双眼下睑可扪及肿物，大小约2×2mm，局部无粘连、溃破、出血。余双眼结膜无充血，角膜透明，前房清，瞳孔圆，晶体透明，眼底检查欠合作</p>	<p>睑板腺囊肿（双眼）</p>	<p>Patient's information: male, 6 years old</p> <p>Chief complaint: Lower eyelid swelling in both eyes for 4 weeks</p> <p>History of present illness: Four weeks ago, there were swellings on the lower eyelids of both eyes without obvious triggers, and he denied eye redness or eye pain</p> <p>Past history: unremarkable</p> <p>Ocular examination: The tumor can be palpated on the lower eyelids of both eyes, about 2×2mm in size, with no local adhesion, ulceration, or bleeding. In both eyes, the conjunctiva was not congested, the cornea was transparent, the anterior chamber was clear, the pupil was round, the lens was transparent, and the fundus examination was uncooperative</p>	<p>Chalazion (OU)</p>

<p>患者信息: 男, 9 岁</p> <p>主诉: 双眼反复眨眼干涩 1 周</p> <p>现病史: 双眼反复眨眼干涩 1 周</p> <p>既往史: 无特殊</p> <p>检查: 双眼眼睑皮肤、睑缘和睑板正常, 结膜略充血, 角膜透明, Kp-, 前房深度正常, 清, 虹膜纹理清, 无缺损, 无前后粘连, 瞳孔直径 3mm, 圆, 对光反射正常, 晶状体透明, 位置正常, 眼底视神经乳头呈圆形, 边界清晰, 呈浅橘红色, 黄斑反光不清, 视网膜平伏</p>	<p>干眼症 (双眼)</p>	<p>Patient's information: male, 9 years old Chief complaint: Recurrent blinking and dryness of both eyes for 1 week History of present illness: Recurrent blinking and dryness of both eyes for 1 week Past history: unremarkable Ocular examination: The eyelid skin, eyelid margin and tarsal plate of both eyes are normal, the conjunctiva is slightly congested, the cornea is transparent, Kp-, the depth of the anterior chamber is normal and clear, the iris texture is clear, no defects, no anterior and posterior synechiae, pupil diameter is 3mm, round, light reflex Normal, the lens is transparent, the position is normal, the optic nerve head of the fundus is round, the boundary is clear, and it is light orange-red, the macula is unclear, and the retina is flat</p>	<p>Dry eye syndrome (OU)</p>
<p>患者信息: 男, 43 岁</p> <p>主诉: 左眼视物模糊 1 年余</p> <p>现病史: 患者 1 年前无明显诱因自觉左眼视物模糊</p> <p>既往史: 无特殊</p> <p>检查: 双眼眼睑无充血, 结膜无充血, 角膜透明, 前房清, cell-, 房闪-, 瞳孔圆, 对光反射灵敏,</p>	<p>白内障 (左眼)</p>	<p>Patient's information: male, 43 years old Main complaint: blurred vision in left eye for more than 1 year History of present illness: The patient suffered from blurred vision in his left eye 1 year ago without obvious inducement Past history: unremarkable Ocular examination: There is no congestion in the eyelids of both eyes, the conjunctiva is not congestion, the cornea is transparent, the anterior chamber is clear, cell-, atrial flash-, the pupil is round, sensitive to light reflection, the lens is opaque in the left eye, and the small pupil of the fundus cannot be seen clearly</p>	<p>Cataract (OS)</p>

<p>左眼晶体混浊,眼底小瞳下窥欠清</p>			
<p>患者信息: 男, 49 岁 主诉: 左眼模糊 现病史: 患者发现左眼模糊 1 周 既往史: 无特殊 检查: 双眼眼睑无充血, 结膜无充血, 角膜透明, 前房清, cell-, 房闪-, 瞳孔圆, 对光反射灵敏, 左眼晶体后囊下混浊, 玻璃体混浊, 眼底小瞳下窥欠清</p>	<p>白内障, 玻璃体混浊 (左眼)</p>	<p>Patient's information: male, 49 years old Chief complaint: Blurred left eye History of present illness: The patient noticed blurring of his left eye for 1 week Past history: unremarkable Ocular examination: No congestion in the eyelids of both eyes, no congestion in the conjunctiva, clear cornea, clear anterior chamber, cell-, arial flash-, round pupils, sensitive to light reflection, posterior subcapsular opacity of the lens in the left eye, vitreous opacity in the left eye, small pupil of the fundus that cannot be seen clearly</p>	<p>Cataract, vitreous opacity (OS)</p>
<p>患者信息: 男, 62 岁 主诉: 左眼渐进性视物模糊多年, 加重半年 现病史: 左眼无痛性渐进性视物模糊多年, 加重半年, 影响生活 既往史: 无特殊 检查: 双眼眼睑无充血, 结膜无充血, 角膜透明, 前房清, cell-, 房闪-, 瞳孔圆, 对光反射灵敏, 左眼晶体混浊, C3N3, 轻颤,</p>	<p>白内障 (左眼)</p>	<p>Patient's information: male, 62 years old Main complaint: progressive blurred vision in the left eye for many years, worsening for half a year History of present illness: Painless progressive blurred vision in the left eye for many years, which worsened for half a year and affected life Past history: unremarkable Ocular examination: No congestion in the eyelids of both eyes, no congestion in the conjunctiva, clear cornea, clear anterior chamber, cell-, arial flash-, round pupil, sensitive light reflex, left eye lens opacity, C3N3, slight tremor, fundus small pupil cannot be seen clearly</p>	<p>Cataract (OS)</p>

眼底小瞳下窥欠清			
<p>患者信息：女，77岁</p> <p>主诉：双眼视物不清3年</p> <p>现病史：3年前开始出现双眼视物不清，不伴红痛不适</p> <p>既往史：无特殊</p> <p>检查：双眼眼睑无充血水肿；泪小点位置正常，按压泪囊区无分泌物自泪小点溢出；双眼结膜无充血；角膜透明，KP(-)；双眼前房轴深正常，房水清；两侧瞳孔等大等圆，直径约3mm，对光反射灵敏；双眼晶状体浑浊；双眼眼底窥不清</p> <p>辅助检查：裸眼视力右眼0.05，左眼0.05</p>	<p>年龄相关性</p> <p>白内障</p> <p>(双眼)</p>	<p>Patient's information: female, 77 years old</p> <p>Chief complaint: blurred vision in both eyes for 3 years</p> <p>History of current illness: 3 years ago, I started to have blurred vision in both eyes without redness, pain and discomfort</p> <p>Past history: unremarkable</p> <p>Ocular examination: there is no congestion and edema in the eyelids of both eyes; the position of the tear point is normal, and no secretion overflows from the tear point when pressing the lacrimal sac area; there is no congestion in the conjunctiva of both eyes; the cornea is transparent, KP(-); the depth of the anterior chamber axis of both eyes is normal, and the aqueous humor is clear; The pupils on both sides are equally large and round, with a diameter of about 3mm, and are sensitive to light reflection; the lenses of both eyes are turbid; the fundus of both eyes cannot be seen clearly</p> <p>Auxiliary examination: UCVA was 0.05 in the right eye and 0.05 in the left eye</p>	<p>Age-related Cataract (OU)</p>
<p>患者信息：男，75岁</p> <p>主诉：右眼视物不清10+年</p> <p>现病史：10多年前开始发现右眼视物不清，无伴眼红、眼痛，一直未就诊治疗</p> <p>既往史：无特殊</p>	<p>年龄相关性</p> <p>白内障</p> <p>(右眼)</p>	<p>Patient's information: male, 75 years old</p> <p>Chief complaint: blurred vision in the right eye for 10+ years</p> <p>History of present illness: More than 10 years ago, I started to notice blurred vision in my right eye, without redness and eye pain, but I have never received medical treatment</p> <p>Past history: unremarkable</p> <p>Ocular examination: there is no congestion and edema in the eyelids of both eyes; the position of the tear point is normal, and no secretion overflows from the tear point when</p>	<p>Age-related Cataract (OD)</p>

<p>检查：双眼眼睑无充血水肿；泪小点位置正常，按压泪囊区无分泌物自泪小点溢出；双眼结膜无充血；角膜透明，KP(-)；双眼前房轴深正常，房水清；两侧瞳孔等大等圆，直径约3mm，对光反射灵敏；右眼晶体混浊，核性为主，无震颤，左眼晶状体透明；右眼眼底窥不清。左眼玻璃体透明；左眼视盘界清，浅红色，小瞳下视网膜平伏，黄斑区纹理清，中心凹光反射可见</p> <p>辅助检查：裸眼视力右眼0.04，左眼0.9</p>		<p>pressing the lacrimal sac area; there is no congestion in the conjunctiva of both eyes; the cornea is transparent, KP(-); the depth of the anterior chamber axis of both eyes is normal, and the aqueous humor is clear. The pupils on both sides are equal in size and round, with a diameter of about 3mm, and are sensitive to light reflection; the lens of the right eye is opaque, mainly nuclear, without tremor, the lens of the left eye is transparent; the fundus of the right eye cannot be seen clearly. The vitreous body of the left eye was transparent; the optic disc boundary of the left eye was clear and light red, the retina under the small pupil was flat, the texture of the macular area was clear, and the foveal light reflection was visible</p> <p>Auxiliary examination: UCVA was 0.04 in the right eye and 0.9 in the left eye</p>	
<p>患者信息：男，58岁</p> <p>主诉：左眼突发酸胀感伴视物模糊</p> <p>现病史：患者1天前无明显诱因突发左眼突发酸胀感伴视物模糊，无伴同侧头痛、恶心、呕吐，伴畏光、流泪，休息后无缓解，无异常分泌物，遂来我院就诊</p>	<p>原发性急性 闭角型青光眼（左眼急性发作期）</p>	<p>Patient's information: male, 58 years old</p> <p>Chief complaint: Sudden soreness and swelling in the left eye accompanied by blurred vision</p> <p>History of present illness: The patient suddenly suffered from sudden soreness and swelling in the left eye with blurred vision 1 day ago without obvious triggers, without ipsilateral headache, nausea, vomiting, photophobia, and tearing. There was no relief after rest, and there was no abnormal secretion. Come to our hospital for treatment.</p> <p>Past history: unremarkable</p> <p>Ocular examination: There is no congestion and edema in the eyelids of both eyes; the position of the tear point is normal, and no</p>	<p>Primary acute angle-closure glaucoma (OS, acute attack stage)</p>

<p>既往史：无特殊</p> <p>检查：双眼眼睑无充血水肿；泪小点位置正常，按压泪囊区无分泌物自泪小点溢出；右眼结膜无充血，左眼球结膜混合性充血，水肿；右眼角膜透明，KP(-)，左眼角膜雾状水肿；双眼前房轴深正常，房水清；两侧瞳孔等大等圆，直径约3mm，对光反射灵敏；双眼晶状体透明；右眼玻璃体透明，左眼玻璃体混浊；双眼视盘界清，浅红色，小瞳下视网膜膜平伏，黄斑区纹理清，中心凹光反射可见</p> <p>辅助检查：裸眼视力右眼0.7，左眼0.3</p>		<p>secretion overflows from the tear point when pressing the lacrimal sac area; the conjunctiva of the right eye is not congested, and the conjunctiva of the left eyeball is mixed congestion and edema; the cornea of the right eye is transparent, KP (-), corneal edema in the left eye; the depth of the anterior chamber axis of both eyes is normal, and the aqueous humor is clear; the pupils on both sides are equal in size and round, with a diameter of about 3mm, and are sensitive to light reflection; the lenses of both eyes are transparent; the vitreous body of the right eye is transparent, and the vitreous body of the left eye is opaque ; The optic disc boundary in both eyes is clear and light red, the retina under the small pupil is flat, the texture of the macular area is clear, and the foveal light reflection is visible</p> <p>Auxiliary examination: UCVA was 0.7 in the right eye and 0.3 in the left eye</p>	
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<p>患者信息：女，86岁</p> <p>主诉：左眼眼痛</p> <p>现病史：左眼突发眼痛，伴视物模糊，无其他不适，</p> <p>既往史：无特殊</p> <p>检查：双眼眼睑无充血水肿；泪小点位置正常，按压泪囊区无分泌物自泪小点溢出；右眼结膜无充血，左眼结膜混合充血；右眼角膜透明，KP(-)，左眼角膜水肿(++);左眼浅前房，右眼前房轴深正常，房水清；两侧瞳孔等大等圆，直径约3mm，对光反射灵敏；双眼晶状体透明；双眼玻璃体透明；双眼视盘界清，浅红色，小瞳下视网膜平伏，黄斑区纹理清，中心凹光反射可见</p>	<p>原发性急性 闭角型青光 眼（左眼）</p>	<p>Patient's information: female, 86 years old Main complaint: pain in left eye History of present illness: Sudden eye pain in the left eye, accompanied by blurred vision, no other discomfort Past history: unremarkable Ocular examination: there is no congestion and edema in the eyelids of both eyes; the position of the tear point is normal, and no secretion overflows from the tear point when pressing the lacrimal sac area; the conjunctiva of the right eye is not congested, and the conjunctiva of the left eye is mixed and congested; the cornea of the right eye is clear, KP (-), left corneal edema (++) the left eye has a shallow anterior chamber, the right anterior chamber has a normal axial depth, and the aqueous humor is clear; the pupils on both sides are equal in size and round, with a diameter of about 3mm, and are sensitive to light reflection; the lenses of both eyes are transparent; the vitreous bodies of both eyes are transparent; The optic disc boundary of both eyes was clear and light red, the retina under the small pupil was flat, the texture of the macular area was clear, and the foveal light reflection was visible</p>	<p>Primary acute angle-closure glaucoma (OS)</p>
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<p>患者信息：男，63岁</p> <p>主诉：左眼胀痛3天</p> <p>现病史：左眼胀痛伴视朦3天，未曾诊治</p> <p>既往史：无特殊</p> <p>检查：双眼眼睑无充血水肿；泪小点位置正常，按压泪囊区无分泌物自泪小点溢出；双眼结膜无充血；右眼前房轴深4CT，周边前房1/4CT，左眼前房轴深3CT，周边前房1/4CT；双眼前房轴深正常，房水清；两侧瞳孔等大等圆，直径约3mm，对光反射灵敏；双眼晶状体透明；双眼玻璃体透明；双眼视盘界清，浅红色，小瞳下视网膜平伏，黄斑区纹理清，中心凹光反射可见</p> <p>辅助检查：双眼裸眼视力0.4；非接触眼压右眼16mmHg，左眼19mmHg</p>	<p>原发性急性闭角型青光眼（左眼，先兆期）</p>	<p>Patient's information: male, 63 years old</p> <p>Chief complaint: Left eye swelling and pain for 3 days</p> <p>History of present illness: Left eye swelling and pain accompanied by blurred vision for 3 days, no diagnosis and treatment</p> <p>Past history: unremarkable</p> <p>Ocular examination: There is no congestion and edema in the eyelids of both eyes; the position of the tear point is normal, and there is no secretion overflowing from the tear point when pressing the lacrimal sac area; there is no congestion in the conjunctiva of both eyes; the depth of right anterior chamber is 4 CT, the depth of peripheral anterior chamber is 1/4 CT, and the depth of left anterior chamber is 3 CT, the depth of peripheral anterior chamber 1/4 CT; anterior chamber axis depth of both eyes is normal, aqueous humor is clear; pupils on both sides are equally large and round, with a diameter of about 3mm, sensitive to light reflection; the lenses of both eyes are transparent; the vitreous bodies of both eyes are transparent; the optic disc boundaries of both eyes are clear, light red, the retina is flat under the small pupil, the texture of the macular area is clear, and the foveal light reflection is visible</p> <p>Auxiliary examination: UCVA of both eyes was 0.4; non-contact intraocular pressure was 16mmHg in the right eye and 19mmHg in the left eye</p>	<p>Primary acute angle-closure glaucoma (OS, preclinical stage)</p>
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<p>患者信息：男，62岁</p> <p>主诉：右眼红痛、视物不见2周</p> <p>现病史：2周前开始出现右眼红痛、视物不见，外院药物治疗，症状反复</p> <p>既往史：左眼青光眼手术史</p> <p>检查：双眼眼睑无充血水肿；泪小点位置正常，按压泪囊区无分泌物自泪小点溢出；右眼结膜充血，左眼结膜无充血；右眼角膜雾状水肿，左眼角膜透明，KP(-)；前房轴深2CT，周边前房约1/4CT，左眼前房轴深正常，房水清；两侧瞳孔等大等圆，直径约3mm，对光反射灵敏；双眼晶状体透明；双眼玻璃体透明；双眼视盘界清，浅红色，小瞳下视网膜平伏，黄斑区纹理清，中心凹光反射可见</p>	<p>原发性急性闭角型青光眼（双眼，慢性期）</p>	<p>Patient's information: male, 62 years old</p> <p>Chief complaint: Redness and pain in the right eye, and loss of vision for 2 weeks</p> <p>History of present illness: 2 weeks ago, the right eye started to have redness, pain, and loss of vision. The symptoms were treated with medication outside the hospital, and the symptoms recurred</p> <p>Past medical history: history of glaucoma surgery in the left eye</p> <p>Ocular examination: There is no congestion and edema in the eyelids of both eyes; the position of the tear point is normal, and no secretion overflows from the tear point when pressing the lacrimal sac area; the conjunctiva of the right eye is congested, but the conjunctiva of the left eye is not; the cornea of the right eye is foggy edema, and the cornea of the left eye is clear. KP(-); the depth of anterior chamber is 2 CT, and the depth of peripheral anterior chamber is about 1/4 CT. The depth left anterior chamber is normal and the aqueous humor is clear; the pupils on both sides are equal in size and round, with a diameter of about 3 mm, and are sensitive to light reflection; the lenses of both eyes are transparent ; The vitreous body of both eyes is transparent; the optic disc boundary of both eyes is clear and light red, the retina under the small pupil is flat, the texture of the macular area is clear, and the foveal light reflection is visible</p>	<p>Primary acute angle-closure glaucoma (OU, chronic stage)</p>
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<p>患者信息：女，67岁</p> <p>主诉：右眼胀痛3天</p> <p>现病史：3天前出现右眼胀痛，曾在当地医院予降眼压等治疗，为求进一步诊治，来诊我院</p> <p>既往史：7-8年前左眼曾行抗青光眼手术</p> <p>检查：双眼眼睑无充血水肿；泪小点位置正常，按压泪囊区无分泌物自泪小点溢出；右眼结膜轻度充血，左眼结膜无充血；右眼角膜轻度水肿，左眼角膜透明，KP(-)；右眼前房轴深2CT，周边前房约1/4CT，前房房水闪耀(+)，房水细胞(+)，左眼前房轴深正常，房水清；两侧瞳孔等大等圆，直径约3mm，对光反射灵敏；双眼晶状体透明；双眼玻璃体透明；双眼视盘界清，浅红色，小瞳下视网膜平伏，黄斑区纹理清，中心凹光反射可见</p>	<p>原发性急性闭角型青光眼（右眼急性发作期，左眼慢性期）</p>	<p>Patient's information: female, 67 years old</p> <p>Chief complaint: Right eye swelling and pain for 3 days</p> <p>History of present illness: 3 days ago, he developed swelling and pain in his right eye. He was treated at a local hospital to lower intraocular pressure. In order to seek further diagnosis and treatment, he came to our hospital</p> <p>Past history: I had anti-glaucoma surgery on my left eye 7-8 years ago</p> <p>Ocular examination: There is no congestion and edema in the eyelids of both eyes; the position of the tear point is normal, and no secretion overflows from the tear point when pressing the lacrimal sac area; the conjunctiva of the right eye is mildly congested, but the conjunctiva of the left eye is not; the cornea of the right eye is slightly edematous, and the cornea of the left eye is mildly edematous. Transparent, KP(-); the depth of right anterior chamber is 2 CT, the depth of peripheral anterior chamber is about 1/4 CT, the anterior chamber aqueous humor is shining (+), and the aqueous humor cells are (+), the depth of left anterior chamber is normal, and the aqueous humor is clear; The pupils on both sides are equally large and round, with a diameter of about 3mm, and are sensitive to light reflection; the lenses of both eyes are transparent; the vitreous bodies of both eyes are transparent; the optic disc boundaries of both eyes are clear and light red, the retina under the small pupil is flat, the texture of the macular area is clear, and the foveal light reflection is visible</p> <p>Auxiliary examination: UCVA was 0.4 in the right eye and 0.5 in the left eye. The intraocular pressure was 19mmHg in the right eye and 15mmHg in the left eye</p>	<p>Primary acute angle-closure glaucoma (OD: acute phase, OS: chronic phase)</p>
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<p>辅助检查：裸眼视力右眼 0.4，左眼 0.5。眼压右眼 19mmHg，左眼 15mmHg</p>			
<p>患者信息：男，11 岁</p> <p>主诉：学校体检发现视力异常</p> <p>现病史：学校体检发现视力异常，要求复查。</p> <p>既往史：无特殊</p> <p>检查：双眼眼睑皮肤、睑缘和睑板正常，结膜无充血，角膜透明，Kp-，前房深度正常，清，虹膜纹理清，无缺损，无前后粘连，瞳孔直径 3mm，圆，对光反射正常，晶状体透明，眼底视神经乳头呈圆形，边界清晰，呈浅橘红色，黄斑反光不清，视网膜平</p> <p>辅助检查：裸眼视力右眼 0.5，左眼 0.5</p>	<p>屈光不正</p>	<p>Patient's information: male, 11 years old</p> <p>Chief complaint: School physical examination revealed abnormal vision</p> <p>History of present illness: School physical examination revealed abnormal vision, requiring reexamination</p> <p>Past history: unremarkable</p> <p>Ocular examination: The eyelid skin, eyelid margin and tarsal plate of both eyes are normal, the conjunctiva is not hyperemic, the cornea is transparent, Kp-, the depth of the anterior chamber is normal and clear, the iris texture is clear, no defects, no anterior and posterior synechiae, pupil diameter is 3mm, round, light reflex Normal, the lens is transparent, the optic nerve head of the fundus is round, the boundary is clear, and it is light orange-red, the macula is unclear and the retina is flat</p> <p>Auxiliary examination: UCVA of the right eye was 0.5, and the left eye was 0.5</p>	<p>Ametropia</p>
<p>患者信息：女，4 岁</p> <p>主诉：父母诉视物时向外偏斜</p> <p>现病史：父母发现左眼视物向外偏斜，无畏光流泪，无伴眼红</p>	<p>屈光不正，斜视</p>	<p>Patient's information: female, 4 years old</p> <p>Chief Complaint: Parents complain of outward deflection of vision.</p> <p>History of current illness: Parents found that the left eye's vision was deviated outwards, and there was no fear of light or tearing, and there was no redness in the eyes</p> <p>Past history: unremarkable</p>	<p>Ametropia, strabismus</p>

<p>既往史：无特殊</p> <p>检查：双眼眼睑皮肤、睑缘和睑板正常，结膜无充血，角膜透明，Kp-，前房深度正常，清，虹膜纹理清，无缺损，无前后粘连，瞳孔直径 3mm，圆，对光反射正常，晶状体透明，位置正常，眼底视神经乳头呈圆形，边界清晰，呈浅橘红色，黄斑反光不清，视网膜平</p> <p>辅助检查：裸眼视力右眼 0.4，左眼 0.5；右眼眼位正，左眼外斜 $-15^{\circ} \sim -20^{\circ}$</p>		<p>Ocular examination: The eyelid skin, eyelid margin and tarsal plate of both eyes are normal, the conjunctiva is not hyperemic, the cornea is transparent, Kp-, the depth of the anterior chamber is normal and clear, the iris texture is clear, no defects, no anterior and posterior synechiae, pupil diameter is 3mm, round, light reflex Normal, the lens is transparent, the position is normal, the optic nerve head of the fundus is round, the boundary is clear, and it is light orange-red, the macula is unclear, and the retina is flat</p> <p>Auxiliary examination: UCVA was 0.4 in the right eye and 0.5 in the left eye; the right eye was in good position and the left eye was exodeviated $-15^{\circ} \sim -20^{\circ}$</p>	
<p>患者信息：女，6岁</p> <p>主诉：视远不清</p> <p>现病史：患儿自诉视远不清</p> <p>既往史：无特殊</p> <p>检查：双眼眼睑皮肤、睑缘和睑板正常，结膜无充血，角膜透明，Kp-，前房深度正常，清，虹膜纹理清，无缺损，无前后粘连，瞳孔直径 3mm，圆，对光反射</p>	<p>屈光不正，斜视</p>	<p>Patient's information: female, 6 years old</p> <p>Chief Complaint: Distance vision is unclear</p> <p>History of current illness: The child complained of blurred distance vision.</p> <p>Past history: unremarkable</p> <p>Ocular examination: The eyelid skin, eyelid margin and tarsal plate of both eyes are normal, the conjunctiva is not hyperemic, the cornea is transparent, Kp-, the depth of the anterior chamber is normal and clear, the iris texture is clear, no defects, no anterior and posterior synechiae, pupil diameter is 3mm, round, light reflex Normal, the lens is transparent, the position is normal, the optic nerve head of the fundus is round, the boundary is clear, and it is light orange-red, the macula is unclear, and the retina is flat</p> <p>Auxiliary examination: UCVA was 0.5 in the</p>	<p>Ametropia, strabismus</p>

<p>正常, 晶状体透明, 位置正常, 眼底视神经乳头呈圆形, 边界清晰, 呈浅橘红色, 黄斑反光不清, 视网膜平</p> <p>辅助检查: 裸眼视力右眼 0.5, 左眼 0.4; 右眼外斜-25°, 左眼眼位正</p>		<p>right eye and 0.4 in the left eye; exotropia of the right eye was -25°, and the left eye was in good position</p>	
<p>患者信息: 男, 8 岁</p> <p>主诉: 戴镜数月要求复查</p> <p>现病史: 数月前双眼戴镜, 要求复查</p> <p>既往史: 无特殊</p> <p>检查: 双眼眼睑皮肤、睑缘和睑板正常, 结膜无充血, 角膜透明, Kp-, 前房深度正常, 清, 虹膜纹理清, 无缺损, 无前后粘连, 瞳孔直径 3mm, 圆, 对光反射正常, 晶状体透明, 位置正常, 眼底视神经乳头呈圆形, 边界清晰, 呈浅橘红色, 黄斑反光不清, 视网膜平</p> <p>辅助检查: 裸眼视力右眼 0.6,</p>	<p>屈光不正, 斜视</p>	<p>Patient's information: information: male, 8 years old</p> <p>Chief complaint: I have been wearing glasses for several months and requested a review</p> <p>History of current illness: I wore glasses on both eyes a few months ago and requested a review</p> <p>Past history: unremarkable</p> <p>Ocular examination: The eyelid skin, eyelid margin and tarsal plate of both eyes are normal, the conjunctiva is not hyperemic, the cornea is transparent, Kp-, the depth of the anterior chamber is normal and clear, the iris texture is clear, no defects, no anterior and posterior synechiae, pupil diameter is 3mm, round, light reflex Normal, the lens is transparent, the position is normal, the optic nerve head of the fundus is round, the boundary is clear, and it is light orange-red, the macula is unclear, and the retina is flat</p> <p>Auxiliary examination: UCVA was 0.6 for the right eye and 0.5 for the left eye; eyeball movements were normal in all directions; the right eye's eye position was +5°, and the left eye's eye position was correct</p>	<p>Ametropia, strabismus</p>

<p>左眼 0.5; 眼球向各方向运动正常; 右眼眼位+5°, 左眼眼位正</p>			
<p>患者信息: 女, 3 岁 主诉: 家长发现右眼眯眼, 黑眼球变大 10 天 现病史: 同上 既往史: 否认 检查: 右眼结膜充血, 角膜水肿, 晶体透明, 前房深, 眼内占位。 左眼角膜透明, 晶体透明, 前房深</p>	<p>视网膜母细胞瘤 (右眼)</p>	<p>Patient's information: female, 3 years old Chief complaint: The parents noticed that the right eye was squinting and the black eyeball became enlarged for 10 days History of present illness: Same as above Past history: Denied Ocular examination: The right eye showed conjunctival congestion, corneal edema, clear lens, deep anterior chamber, and intraocular mass. The cornea of the left eye was clear, the lens was clear, and the anterior chamber was deep</p>	<p>Retinoblastoma (OD)</p>
<p>患者信息: 女, 36 岁 主诉: 左眼红 1 周 现病史: 眼痛 3 天, 否认类似发作史, 否认全身免疫病史 既往史: 发热 5 天 检查: 左眼结膜充血, 水样分泌物, 角膜透明, 前房中深, 尘状 kp+++, Tyn+, 絮状渗出, 瞳孔欠圆, 部分后黏, 晶体透明, 前表面渗出明显</p>	<p>虹膜睫状体炎 (左眼)</p>	<p>Patient's information: female, 36 years old Chief complaint: Left eye has been red for 1 week History of present illness: eye pain for 3 days, denial of similar attacks, denial of systemic immune disease Past history: Fever for 5 day Ocular examination: The left eye showed conjunctival congestion, watery secretion, transparent cornea, medium-deep anterior chamber, dusty kp+++, Tyn+, flocculent exudation, pupil less than round, partial posterior adhesion, transparent lens, and obvious exudation on the front surface</p>	<p>Anterior uveitis (OS)</p>

<p>患者，女，73岁</p> <p>主诉：右眼眼前有膜遮挡3月</p> <p>现病史：右眼眼前有膜遮挡3月，无眼痛</p> <p>既往史：无特殊</p> <p>检查：右眼角膜明，Kp+，TYN-，晶体透明，玻璃体细胞+++，视网膜平。左眼角膜透明，晶体透明，前房深，视网膜平</p>	<p>葡萄膜炎 (右眼)</p>	<p>Patient's information: female, 73 years old Chief complaint: There was a membrane blocking the front of my right eye for 3 months History of present illness: There was a membrane blocking the front of the right eye for 3 months, with no eye pain Past history: unremarkable Ocular examination: The cornea of the right eye was bright, Kp+, Tyn-, the lens was clear, the vitreous cells were +++, and the retina was flat. The cornea of the left eye was clear, the lens was clear, the anterior chamber was deep, and the retina was flat</p>	<p>Uveitis (OD)</p>
<p>患者信息：男，68岁</p> <p>主诉：左眼红3天伴异物感</p> <p>现病史：左眼红3天伴异物感，无明显眼痛，无分泌物</p> <p>既往史：无特殊</p> <p>检查：左眼结膜混合充血，角膜上方上皮广泛点脱，内皮褶皱，前房略浅，尘状kp+，Tyn+，cell-，瞳孔圆，对光存，晶体透明，眼底窥不清。右眼-</p>	<p>虹膜睫状体炎，角膜上皮损伤 (左眼)</p>	<p>Patient's information: male, 68 years old Chief complaint: Left eye has been red for 3 days with foreign body sensation History of current illness: The left eye has been red for 3 days with foreign body sensation, no obvious eye pain, and no secretion Past history: unremarkable Ocular examination: The conjunctiva of the left eye was mixed and congested, the upper epithelium of the cornea was extensively detached, the endothelial folds were folded, the anterior chamber was slightly shallow, dust-like kp+, Tyn+, cell-, the pupil was round, refractory to light, the lens was transparent, and the fundus could not be seen clearly. Right eye -</p>	<p>Anterior uveitis and corneal epithelial damage (OS)</p>

<p>患者信息：女，40岁</p> <p>主诉：双眼反复红肿2+月，视力下降2天</p> <p>现病史：同上</p> <p>既往史：不详</p> <p>检查：右眼结膜混合充血+++，角膜透明，前房闪辉+++，瞳孔区团状渗出，瞳孔圆，晶体后囊下混浊，玻璃体细胞+，眼底视盘界清，血管走形可。左眼未见明显异常</p>	<p>葡萄膜炎 (右眼)</p>	<p>Patient's information: female, 40 years old Chief complaint: Recurrent redness and swelling of both eyes for 2+ months, and vision loss for 2 days History of present illness: Same as above Past history: unknown Ocular examination: mixed conjunctiva +++ of the right eye, clear cornea, bright anterior chamber +++, lumpy exudation in the pupil area, round pupil, opacity under the posterior capsule of the lens, + vitreous cells, clear optic disc boundary in the fundus, and well-organized blood vessels Shape can be seen. No obvious abnormalities were found in the left eye</p>	<p>Uveitis (OD)</p>
<p>患者信息：女，36岁</p> <p>主诉：右眼红痛、畏光、流泪3日</p> <p>现病史：同上</p> <p>既往史：不详</p> <p>检查：右眼结膜充血，颞侧巩膜表层结节隆起，局限性充血，压痛明显，前房清，深度可，瞳孔圆，对光可，晶体透明，眼底视网膜平。左眼无殊</p>	<p>表层巩膜炎 (右眼)</p>	<p>Patient's information: female, 36 years old Chief complaint: Right eye was red and painful, photophobic, and tearful for 3 days History of present illness: Same as above Past history: unknown Ocular examination: Conjunctiva of the right eye was congested, temporal scleral surface nodules were raised, localized congestion, obvious tenderness, anterior chamber was clear, the depth was acceptable, the pupil was round, could detect light, the lens was transparent, and the fundus retina was flat. The left eye is no different</p>	<p>Episcleritis (OD)</p>

<p>患者信息：男，79岁</p> <p>主诉：左眼视力下降两月</p> <p>现病史：左眼视力下降两月，不伴眼红，眼痛</p> <p>既往史：无特殊</p> <p>检查：双眼眼睑无充血，结膜无充血，角膜透明，前房清，cell-，房闪-，瞳孔圆，对光反射灵敏，双眼晶状体透明；双眼玻璃体透明，左眼黄斑出血水肿</p>	<p>黄斑变性 (左眼)</p>	<p>Patient's information: male, 79 years old Chief complaint: Vision loss in left eye for two months. History of current illness: The vision of the left eye has decreased for two months, without redness and eye pain Past history: unremarkable Ocular examination: No congestion in the eyelids of both eyes, no congestion in the conjunctiva, clear cornea, clear anterior chamber, cell-, arial flash-, round pupils, sensitive light reflection, transparent lenses of both eyes; transparent vitreous body of both eyes, macular hemorrhage and edema in the left eye</p>	<p>Macular degeneration (OS)</p>
<p>患者信息：男，69岁</p> <p>主诉：发现左眼视力下降</p> <p>现病史：同上</p> <p>既往史：无特殊</p> <p>检查：左眼角膜明，瞳孔圆，对光反射灵敏，晶状体核性混浊，下方视网膜脱离，多发孔</p>	<p>视网膜脱离， 白内障 (左眼)</p>	<p>Patient's information: male, 69 years old Chief complaint: Found that the vision of the left eye decreased History of present illness: Same as above Past history: unremarkable Ocular examination: The left cornea is bright, the pupil is round, sensitive to light reflection, the lens has nuclear opacity, the lower retina is detached, and there are multiple holes</p>	<p>Retinal detachment, Cataract (OS)</p>

<p>患者信息：男，78岁</p> <p>主诉：视物模糊1周</p> <p>现病史：视物模糊1周</p> <p>既往史：血糖升高10余年，用二甲双胍，具体不详，血糖控制不佳</p> <p>检查：双眼角膜明，瞳孔圆，对光反射灵敏，晶状体透明，眼底视网膜平，见少许出血渗出灶，黄斑中心反光未见</p>	<p>糖尿病视网膜病变 (双眼)</p>	<p>Patient's information: male, 78 years old Chief complaint: blurred vision for 1 week History of present illness: blurred vision for 1 week Past history: Blood sugar has been elevated for more than 10 years. Metformin was used, the details are unknown, and blood glucose control was poor Ocular examination: The corneas of both eyes were bright, the pupils were round, sensitive to light reflection, the lens was transparent, the retina of the fundus was flat, a small amount of bleeding and exudation was seen, and no reflection was seen in the center of the macula</p>	<p>Diabetic retinopathy (OU)</p>
<p>患者信息：男，76岁</p> <p>主诉：发现右眼眼前黑影</p> <p>现病史：发现右眼眼前黑影</p> <p>既往史：近视</p> <p>检查：右眼角膜明，瞳孔圆，对光反射灵敏，晶状体透明，玻璃体混浊，视网膜平。左眼无特殊</p>	<p>玻璃体混浊 (右眼)</p>	<p>Patient's information: male, 76 years old Chief complaint: Found a dark shadow in front of the right eye History of present illness: Found a dark shadow in front of the right eye Past history: Myopia Ocular examination: The cornea of the right eye is bright, the pupil is round, sensitive to light reflection, the lens is transparent, the vitreous body is opaque, and the retina is flat. The left eye is unremarkable</p>	<p>Vitreous opacity (OD)</p>

<p>患者信息：女，72岁</p> <p>主诉：双眼视力逐渐下降1年</p> <p>现病史：同上</p> <p>既往史：有高度近视史</p> <p>检查：双眼睑皮肤睑缘和睑板正常，结膜无充血，巩膜无黄染，角膜透明，前房清深度正常，虹膜纹理清无缺损。瞳孔直径3毫米，圆，对光反射正常，晶体透明，位置正常。眼底：模糊不清，近视改变，后极部散在萎缩斑和新生血管</p>	<p>黄斑变性， 高度近视 (双眼)</p>	<p>Patient's information: 72 years old Chief complaint: The visual acuity of both eyes gradually decreased for 1 year History of present illness: Same as above Past history: History of high myopia Ocular examination: The skin margins and tarsals of both eyelids are normal, the conjunctiva is not congested, the sclera is not jaundiced, the cornea is transparent, the depth of the anterior chamber is normal, and the iris texture is clear without defects. The pupil is 3 mm in diameter, round, has normal light reflection, and the lens is transparent and in a normal position. Fundus: blurred, myopic changes, scattered atrophic spots and new blood vessels in the posterior pole</p>	<p>Macular degeneration, high myopia (OU)</p>
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OD: oculus dexter; OS: oculus sinister; OU: oculus uterque; UCVA: uncorrected visual acuity;
CT: corneal thickness; KP: keratic precipitate; Tyn: tyndall sign