

INTERACTIVE STATION # _____

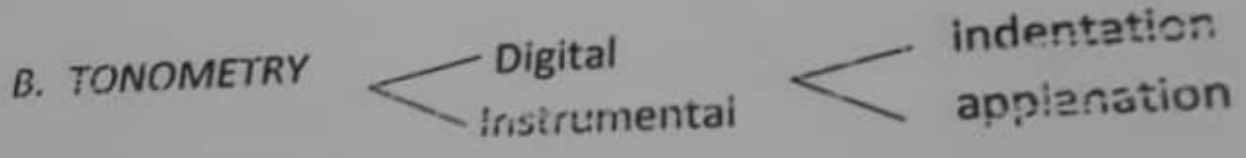
Marks 5

CHECK THE INTRA OCULAR PRESSURE OF THE Patient?

- Q.1 A. Checked Correctly?? (1)
- B. What is the process of checking IOP called? (1)
- c. How you interpret Digital Tonometry? (1)
- D. Define glaucoma? (1)
- E. Name Different types of IIG? (1)

Key

A. Self Explanatory



C. Normal, Hard , Soft

D. Self Explanatory

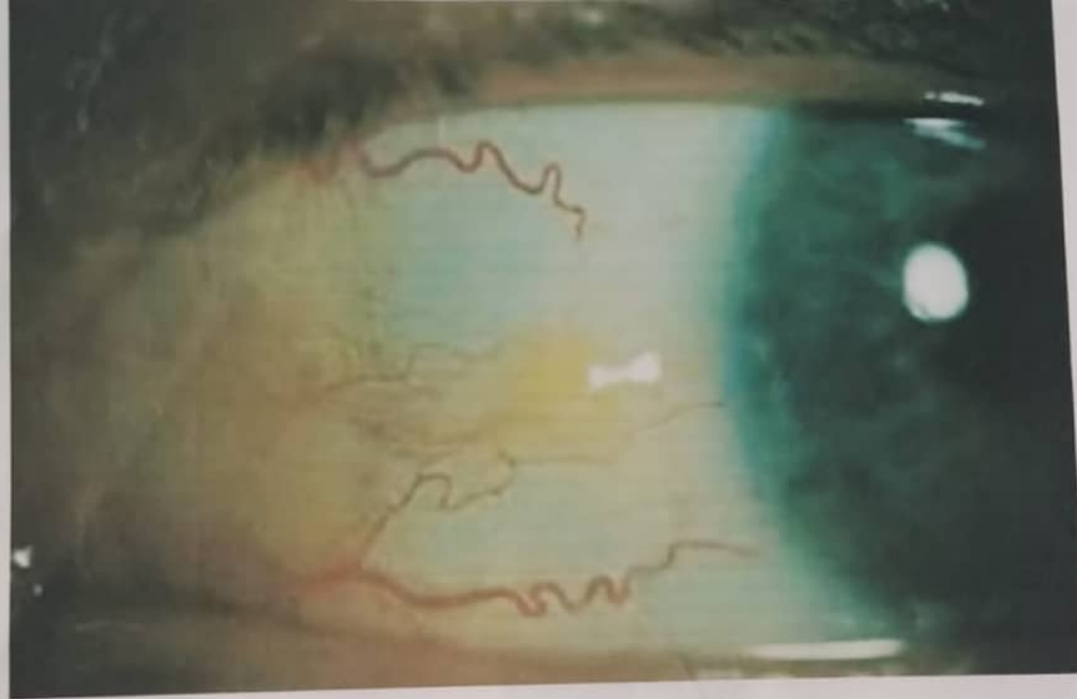
E. Phacomorphic, phacolytic.



QUESTIONS

- 1) What is this? ① Mydract (Topica = amide).
- 2) What is its mechanism of action? ① → Block muscarinic by cycloplegic effect
- 3) What is its onset of action (Time)? 120-30min
- 4) What is duration of action? 14-10 hrs
- 5) What are the side effects? palpitation, flushing, dry mouth, skin rashes, Acute conjunctive glaucoma

- 22)
- 1) Mydriatic (Tropicamide)
 - 2) Muscarinic Blocker.
 - 3) 20 - 30 mins.
 - 4) 4 - 10 hrs.
 - 5) S.E: palpitation, dry mouth, flushing, acute congestive glaucoma.



A middle aged laborer presented to Eye Opd with itching, watering and foreign body sensation in his eyes.

- 1) What is the most significant risk factor for the condition shown above?
2. What is its histopathology ?
3. How will you differentiate it from its closely related differential diagnosis ?
4. What is the treatment ?
5. How it can be prevented ?

subepithelial collagen tissue of conjunctiva shows elastic degenerative changes later the the degenerative products is transformed into eosinophilic granular or grossy mass in which calcium granule may deposit

- 1) dryness hot climates
 - 2) subepithelial collagen deposition
 - 3) pterygium having 3 parts head body and tail arise from conjunctiva and enroach cornea
 - 4) surgical treatment
 - 5) lubrication
- hot climates prevention

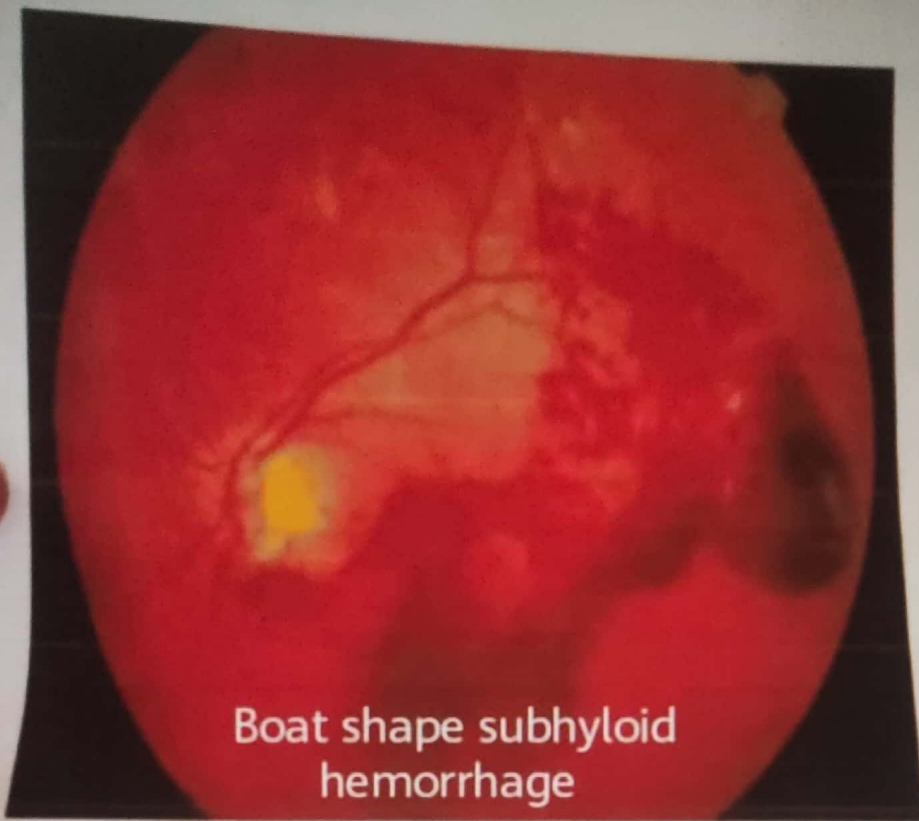
UV light
dry of interpalpebr
tear film



- 1) What is this instrument called?
- 2) For what purpose it is used?
- 3) How is it used?
- 4) Name the other instrument(s) used along with it?
- 5) Are other sizes available in this instrument?

KEY

- 1) Chalazion clamp
- 2) To clamp the chalazion for incision and curettage
- 3) The open end is placed on the conjunctival side of chalazion and the lid is retracted then.
- 4) Chalazion scoop
- 5) Yes



Boat shape subhyaloid hemorrhage

A diabetic patient, Mr. Abdul, came for eye examination with recent decline in visual acuity.

1-What is your most probable diagnosis? (1)

2-What will happen if you left him untreated? (1)

3-He was advised an eye injection. Name that injection used in this patient (1)

4-Can we apply LASER? Name if yes. (1)

5) Name Three Causes For This Condition? (1)

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④ Vitreous Hemorrhage

→ of left Untreated

- i- Absorption
- ii- Organize
- iii- Ghost cell glaucoma
- iv- Hemosiderosis bulbi
- v- Retinal detachment

→ Injection Used: Avastin (Bevacizumab)

→ Laser: Yes; YAG laser hyalodotomy as safe alternative to pars plana vitrectomy

→ Causes:

- i- Diabetic Retinopathy
- 2- Retinal tear
- 3- ocular trauma

- ②5
- 1) Sub-Hyaloid Hemorrhage.
 - 2) Neovascularization, Tractional RD.
 - 3) Anti-VEGF.
 - 4) Yes, if neovascularization \Rightarrow Argon Laser.
 - 5) Trauma, hematological disorder, CRVO



A young boy came with itchy eyes and the eye picture is shown

- 1-HOW MANY PAPILLAE SEEN IN THIS PICTURE.
- 2-WHAT ARE TWO TREATMNT OPTIONS,
- 3-WHAT are the COMPLICATIONS OF THIS LESION

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KEY

1-37

2-SUPRATARSUS STEROID INJECTION, TOPICAL STEROIDS

3-SHIELD ULCER, MECHANICAL PTOSIS

STATION NO _____

VISUAL ACUITY TEST

Check Visual acuity of this patient

STEPS

- 1) Introduction
- 2) Consent
- 3) Asks patient whether he or she is literate
- 4) Asks patient whether he or she uses glasses
- 5) Makes sure whether distance between patient and snellen chart is 6 m.
- 6) Asks patient to wear Trial frame and occludes one eye
- 7) Checks visual acuity of one eye and records it properly
- 8) Checks visual acuity of another eye and records it properly
- 9) Checks visual acuity of both eyes separately with pinhole and records it properly
- 10) Checks visual acuity with glasses if the patient wears glasses.


- A. Perform Hirschberg Test on the Patient. (1)
- B. Why do we perform this Test.? (1)
(Check eyes straight or not)
- C. What type of surgery you will perform/advise in Alternating Esotropia (2)
- D. Can amblyopia develop in patient with non Refractive Alternating Esotropia (1)

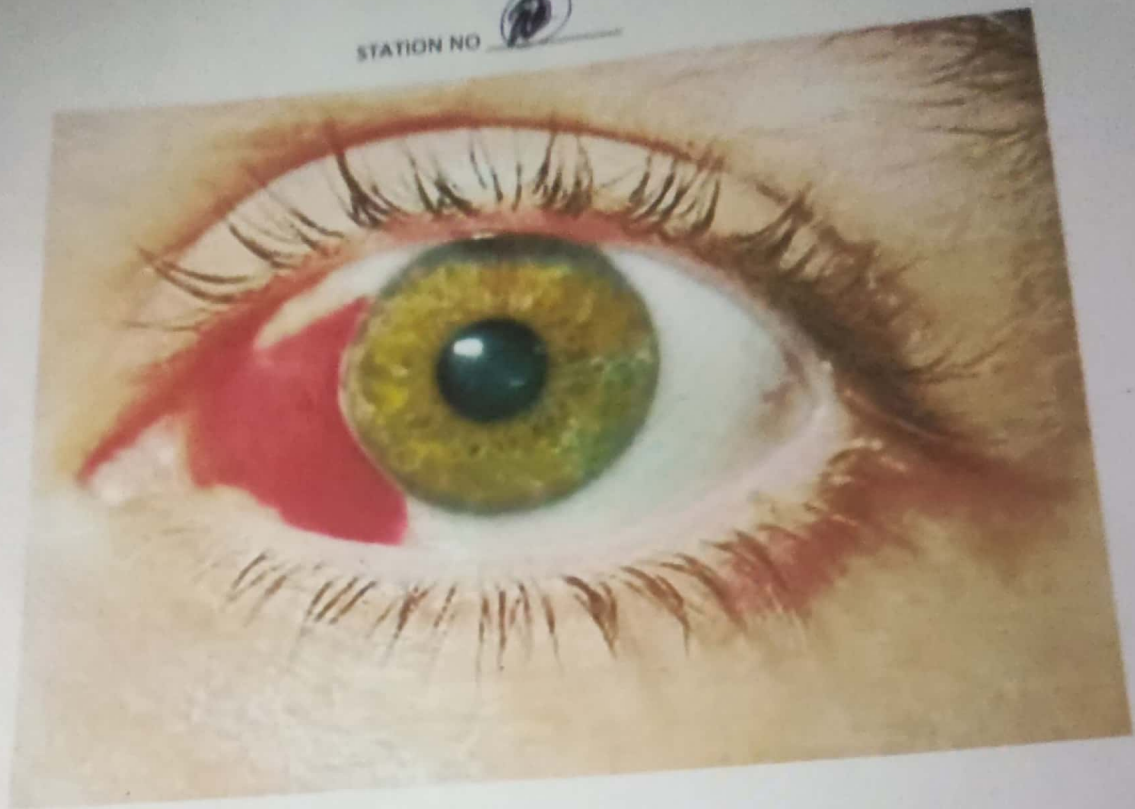
B) to measure the diameter angle of deviation

C) patching muscle recession and muscle traction

D) no

5

STATION NO 



sub conjunctival hemorrhage

QUESTIONS

- 1) What is your spot diagnosis? *sub*
- 2) What are its common causes? -
- 3) ~~How will you manage?~~ ✓
- 4) What is its course? --- 1-2 weeks ✓
- 5) Is it a painful condition? *no*

2) trauma
HP
blood thinner

3)4 conservative wait for 1 to 2 weeks

5) no



1. Blood in Anterior chamber
Mild Corneal opacity
2. Hyphema
3. Trauma
Hemorrhage

1. What are the findings in this picture? (1)

2. What is this condition called?(2) *hyphema*

3. What are its causes?(2)

drugs
tumor
diabetes

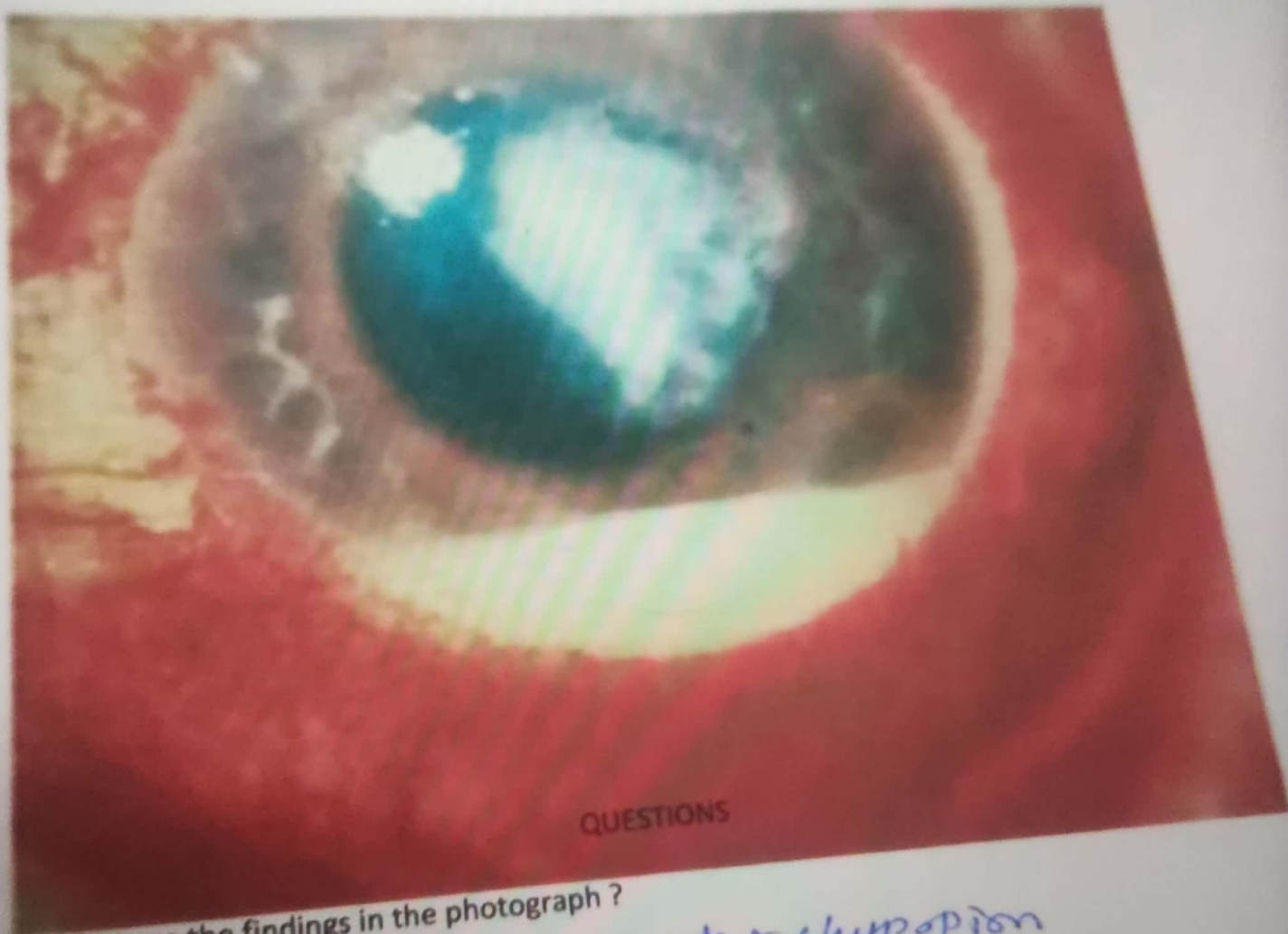
in hpyema iop is very important
pressure more than 30 and for
more than 6 days wash

5

5

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STATION NO _____



QUESTIONS

1) What are the findings in the photograph?

2) What is the most likely diagnosis?

ulcer + hypopyon
stain + culture

3) What investigations will you do?

4) How will you treat?

5) What complication(s) may arise if left untreated?

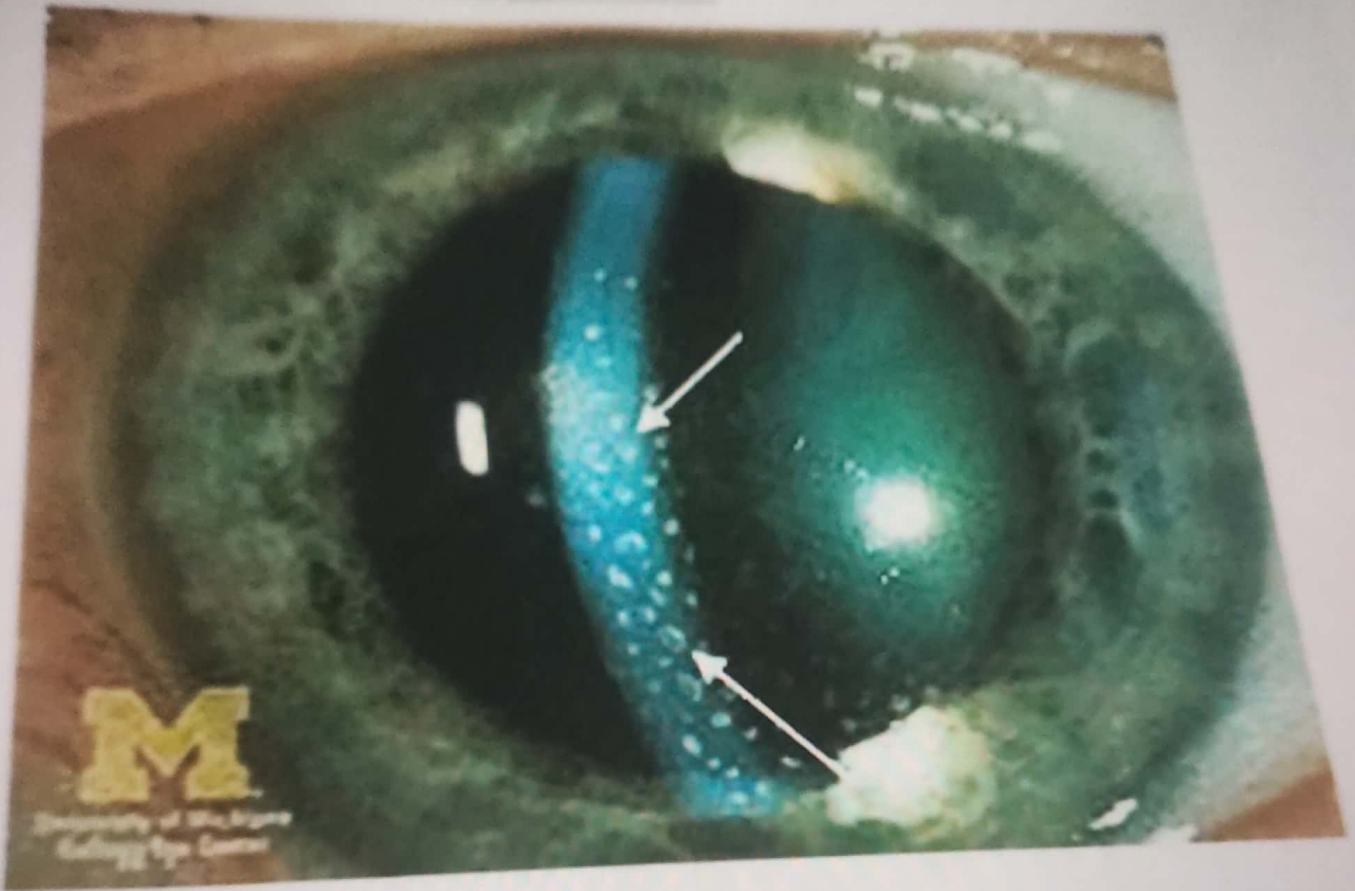
1) pus in anterior chamber
corneal opacity
scleral congestion
red conjunctiva chemosis

2) corneal ulcer

3) pus stain and culture

analgesic atropine antimicrobial according to cause
corneal
descemetocoele
corneal perforation blindness

STATION NO: _____



QUESTIONS

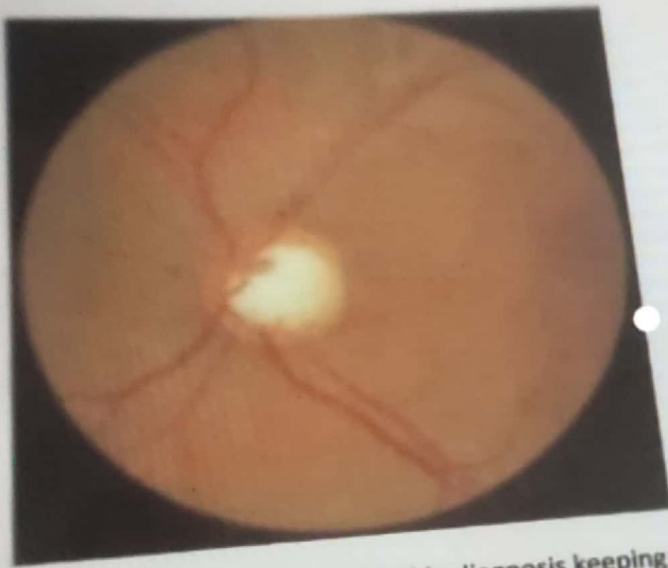
- 1) What are the findings in the photograph ?
- 2) What is the composition of deposits shown by the arrows ?
- 3) The deposits shown by the arrows point towards which ocular disease ?
- 4) What are the types of these deposits ?
- 5) Can these deposits disappear with time ?

1 Circumciliary congestion, KPs and iris nodule ig but not clearly visible

.2.. These are KPs which are actually lymphocytes and neutrophil stuck on cornea

3..uvetis.. Most probably anterior uvvitis

4...diffuse kp and mutton fat kp



glacumatus
disc

1. What is the most probable diagnosis keeping in mind optic disc picture? (2)
2. What are the common types of this disease? (1)
3. What are the treatment options? (2)

See Glaucoma
Primary Glaucoma
Secondary Glaucoma
Neovascular Glaucoma

3) medical pg alpha beta
blockers cai adrenergic
laser argon , selective lasers
trabeculopasty
surgical trabeculectomy with
mytomycin C

→ Osmotic agent



Subluxation of nucleus

This is photograph of a 20 year old boy following trauma to his eyes.

1. What is your diagnosis?(2)
2. What are the other causes of this condition? (2)
3. What are the treatment options? (1)

Ocular surgiess and cataract surgiess

Remual of entire lens

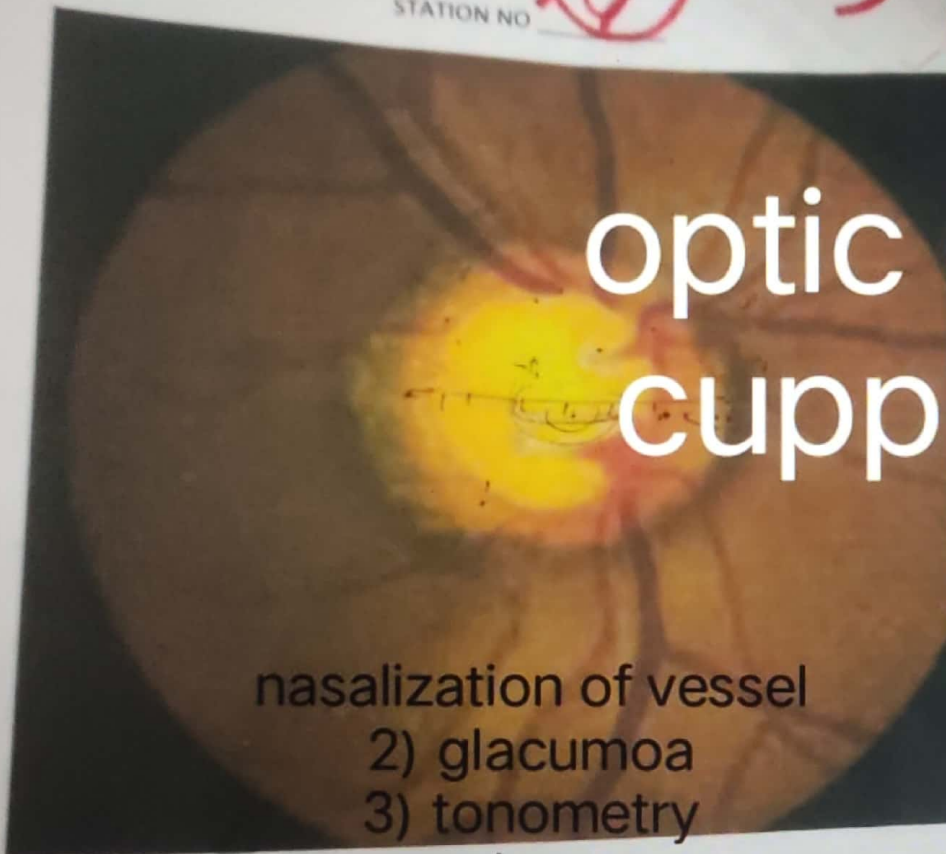
hereditary
acquired myopia trauma
hypermatre cataract cillary
body tumor buphthalmos
3) correction of refractive error
surgical removal of lense

Station no (2)2



3

STATION NO



optic disc
cupping

Glaucoma

nasalization of vessel

2) glaucoma

3) tonometry

perimeter

gonioscopy

4) optical coherence tomography

5) iridotomy in other eye

QUESTIONS

- 1) Describe the finding(s) in photograph?
- 2) The finding(s) is/are typical of which disease?
- 3) What other clinical tests should be done in such patients?
- 4) What investigations should be ordered in this patient?
- 5) How will you counsel the patient?

3

STATION # 3



A farmer develops this condition. He has foreign body sensation and frequent watering.

- 1-What is your most probable diagnosis? ① Entropion
- 2-How will you treat him? (Temporary + Permanent) ②
- 3-If you left him untreated what will happen to his eye ① Keratic ulcer + obstruction

④ Define Phthiasis bulbi? ①
clinical condition
representing end stage
ocular response to severe
eye injury or disease
damaged

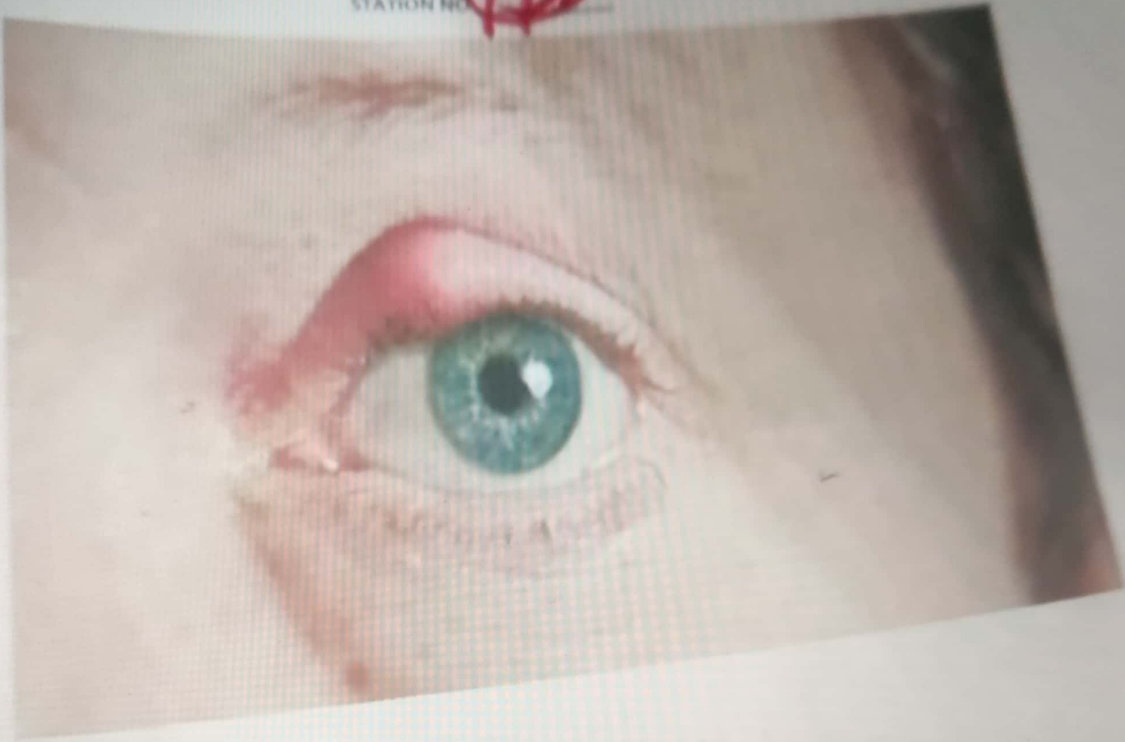


This is Mr. Babar a university teacher who came with the complain of diplopia. he was recently operated

- 1-Name the abnormality in this picture - *dislocated lens*
- 2-How you will correct his diplopia - *lense reposition*
- 3-What is the reason for developing this complication after surgery? *rupture of zonular fibers* - *miss placing of lens* ← *surgical complication*

STATION NO

(B) 2



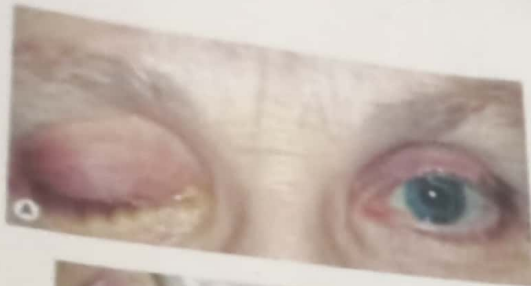
QUESTIONS

- 1) What does the photo show?
- 2) What are your differential diagnoses?
- 3) What is your most likely diagnosis?
- 4) What is the usual associated condition?
- 5) How will you manage?

- 1) local rounded swelling on the upper eyelid
- 2) stye
- chalazion
- sebaceous stye
- 3) stye
- 4) blepharitis
- 5) analgesic systemic antibiotics

U

(10)



These are pictures of 60 yr old diabetic patient with sudden drooping of right eye lid.

1. What are your findings?(1)
2. What is the most probable diagnosis?(1)
3. What are the treatment options?(1)
4. what is the significance of checking pupils in this case? (1)
5. what will ~~the~~ be the symptom of this pt if the lid is drawn up, (1)

ptosis of right eyelid . right eye ball is deviated downward and laterally
2) 3rd nerve palsy
3) treat the underlying cause DM HPN tumors aneurysm sarcoidosis meningitis
to find out whether pupil involving or pupil sparing
4) diplopia

STATION # 5



This child was brought to you for management. Her parents are concerned about this abnormality

- 1-What is the abnormal finding in this picture? (1)
- 2-What will be your steps of management? (2)
- 3-What is the most common reason for developing this Condition? (1)

(4) what you will enquire in the family Hx? (1)

Spherical Lens


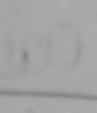
Memo

Date: _____

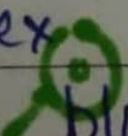
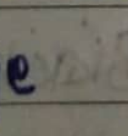
Place: _____

Member: _____

Red lens

- called negative lens
 - concave 
 - Show clear & small image 
 - When moved, the Snellen's chart ^{words} also move in that direction.
- (MYOPIA)

Green lens

- called Positive lens
 - Convex 
 - Show blurred & large image 
 - When moved, the Snellen's chart words also move in opposite direction.
- (HYPERMETROPIA)

Memo


Date:

Place:

Member:

Subject:

Cylindrical lens

⇒  (Red but

no handle)

⇒ Cause image distortion in normal patient.

⇒ Used in **ASTIGMATISM**

ki limitations ki
range +5 to -5D batie
the...yaha 4D hy to
isko correct krly

9:29 PM