No. 10. Without Fey 17 LAR MBINS (Block-NZ "FXT") Share of Shaped and La Questions from this section. Select ONE best answer. Each question carries 01 mark. ORTE: A young boy was presented in the eye clinic with blunt trauma to his left eye with a ball. There was a superficial corneal olice modeling the inferotemperal quadrant of the cornea. Which of the following is the best management for this young and olice modeling the inferotemperal quadrant of the cornea. Which of the following is the best management for this young and olice modeling the inferotemperal quadrant of the cornea. Which of the following is the best management for this young and olice modeling the inferotemperal quadrant of the cornea. Which of the following is the best management for this young and olice modeling the properties of the following is the best management for this young and the properties of the following is the best management for this young and the properties of the following is the best management for this young and the properties of the following is the best management for this young and the properties of the following is the best management for the young and the properties of the following is the best management for this young and the properties of the following is the best management for the following is the best management for the properties of the following is the best management for the following is the following is the best management following is the following is the best management following is the best management following is the following is the following is the following is the best management following is the fo	MCOs V	Written Leas of the second sec			Date: 30th A	moust 2023	
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Q#6: A 21 years old patient presents with gradual painless blurred vision in right eye which is associated with haloes around lights for the last two weeks. On examination there is central zone of stromal oedema with keratitis. What will be best treatment option for this patient? a) Topical antiviral + Topical steroids b) Topical antiviral + Topical steroids c) Topical antiviral + Topical steroids c) Topical antiviral + Topical steroids c) Topical antiviral + Topical cycloplegics c) Topical antivira			e)	Probing			
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	pain, red	Lid Tear		Corneal ul	lcer		
				d) Uveitis		e) Blow out injury	

	She used	Tobra r tarsa	mycin eye d I conjunctiv	ra of both eye	s and mild supe	rficial kerati	tis. She gives history o	are follicles/papillae on f same condition of her
			Conjunctiv	a or both eye	s and mild supe	2	MITTER STREET,	
	the uppe	and to	o vounger c	hildren. What	is your diagnosis			
	nusbanu	Trac		interes. What	is your anagment	(d)	Viral conjunctivitis	
	b	VKC				e)	hypersensitivity to top	ical medication
	6	Ract	erial conjun	nctivitis				
	O#12. A	vanre	old child ne	recents with u	milateral tender	and red per	iorbital oedema. Parent	's gives history of insect
	bite on th	ie eve	lid 2 days b	back. O/E the	lids are swollen	and it is dif	ficult to examine the ey	yeball. What is the most
	likely diag	nosis?						
	A STATE OF THE PARTY OF THE PAR		e Dacryoad	leniteis.		d)	Preseptal Cellulitis	
			e Dacryocys			e)	Rhino Orbital Mucormy	ycosis
	c)	Bact	erial Orbital	l Cellulitis				
	Q#13: A 6	0 year	old male pa	atient presents	s with facial palsy	for last 9 m	onths. On examination I	ne has exposure
				our 1st line of				
				Il lubricants			Taping at night	
	b	Pern	nanent Late	eral tarsorrhap	y	e)	Temporary Glue tarson	rrhapy
	c)	Amn	iotic memb	orane graft				
	Q#14: A 3	4 years	male patie	ent was subjec			acid, two months later h	e presents with
					. The explanation	of this may	be?	
			hanical ectr			c)	ocular cicatricial phamp	phigoid
	b	Cica	tricial ectro	pion			paralytic ectropion	e) corneal erosion
	Q#15: A 1	6 year	female usin	ng some drug p	prescribed my GP	in peripher	y for spring catarrh for la	st 5 years Now she
	presents	with po	sterior sub	capsular catar	act both eye. Wh	nich drug cau	ses such condition?	
				Chromo gylca		d)	Topical Anti histamine	
	17.007	and the same of th	cal Ciclospo			e)	Topical antibiotic	
	(c)	Topi	cal Steroids					
					gressive recurren	nt pterygium	of right eye. He has pas	t history of pterygium
					our treatment op			
		Leav				d)	Excision with auto conj	unctival graft
			scleral exci	ision		e)	Excision with cryo	
		EXCIS	ion with mi	itomycin C				
	Q#17: A				OPD with history		ral trauma 3 days back	on examination he has
		5-year	-old man p	presented in C		of agricultu		
	central co	85-year orneal	old man p defect with	presented in C		of agricultu		on examination he has luorescein. How you wil
	central co	35-year orneal nis pati	old man p defect with ent.	oresented in C Influffy margin	s along with hyp	of agricultu opyon. Corn	eal defect stains with fl	
	central commanage the commanag	S5-year orneal nis pati Syst	old man p defect with ent. emic anti bi	oresented in Conflutty margin	s along with hyp	of agricultu opyon. Corn systemic ste	eal defect stains with fl croids	luorescein. How you wil
	central commanage to	S5-year orneal nis pati Syste Topi	old man p defect with ent. emic anti bi cal antibioti	oresented in Confluffy margin iotics, systemicics, topical an	s along with hyp c anti-fungal and ti-fungal, topical	of agricultu opyon. Corn systemic ste cycloplegics	eal defect stains with fi eroids and systemic antibiotics	luorescein. How you wil
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	central comanage the manage the bigs of th	S5-year orneal nis pati Syste Topi Topi Topi	old man p defect with ent. emic anti bi cal antibioti cal anti-fun cal antibioti	oresented in C n fluffy margin lotics, systemi- ics, topical and ics, Topical and ics, Topical and	s along with hyp c anti-fungal and ti-fungal, topical ntibiotics, topica ti-fungal, topical	of agricultu opyon. Corn systemic ste cycloplegics cycloplegic cycloplegics	eroids and systemic antibiotics and systemic anti-fung And systemic steroids	luorescein. How you wil
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	central comanage the second of	Solution of the control of the corner of the	cold man prodefect with ent. emic anti bical antibiotical antibiotical antibiotical steroids, female presentacles contact lereal cross line old female pided elipidemous cell cross gland female presental epithelia fied cephalo fied aminog old patient cyclovir 80 cyclovir 40 d presents h. The mosdomyosarcal defect with the mosdomyosarcal and comyosarcal defect with the mosdomyosarcal and comyosarcal defect with the mosdomyosarcal and and cyclovir 40 d presents h. The mosdomyosarcal and and cyclovir 40 d presents h. The mosdomyosarcal and and cyclovir 40 d presents h. The mosdomyosarcal and cyclovir 40 d presents domyosarcal and cyclovir 40 d presents d pr	oresented in Confluffy margin folics, systemicis, topical and gal, topical and it, topical and it presents with particular and it presents with particular and it presents with a sporin and all defect with it is also seen or ointment 8 to 10mg 5 times a with a round, it likely diagno	c anti-fungal and ti-fungal, topical ntibiotics, topical ntibiotics, topical ti-fungal, topical fungal, topical fungal, topical fungal, topical fungal, topical cyliced keratoconus in slowly growing perchromatic number of the slowly growing	of agricultuopyon. Corn systemic ste cycloplegics cycloplegics cycloplegics cloplegics ar n one eye. W d) e) mass on up uclei. What i d) e) decreased vi h duotherap d) e) s of painful ra e. Which of t d) s ed mass at t	eal defect stains with file croids and systemic antibiotics s and systemic anti-fung . And systemic steroids and will be best treatment eximer laser penetrating keratoplas per lid. On histological es most likely diagnosis? Malignant melanoma KAPOSI sarcoma sion left eye from last 4 by is recommended for i Fortified aminoglycos Fortified macrolides ash on right side of fore the following is appropr oral acyclovir 800mg oral acyclovir 400mg the superotemporal rim. Capillary hemangiom	days on examination shows treatment? ide and penicillin and fluoroquinolones the treatment option? 2 times a day for 10 days 5 times a day for 10 days. The lesion has been a
-	central comanage the manage the m	Solution or all a specific partial speci	rold man prodefect with ent. emic anti bical antibiotical antibiotical antibiotical steroids, female presentacles contact lereal cross line old female pide cell carcino cell carcino ceous gland female presental epithelia fied cephalcied aminogold patient or skin lesional Acyclovir 40 d presents h. The mos	oresented in Confluffy margin folics, systemicis, topical and gal, topical and it, topical and it presents with particular and it presents with particular and it presents with a sporin and all defect with it is also seen or ointment 8 to 10mg 5 times a with a round, it likely diagno	c anti-fungal and ti-fungal, topical ntibiotics, topical ntibiotics, topical ti-fungal, topical fungal, topical fungal, topical fungal, topical fungal, topical cyliced keratoconus in slowly growing perchromatic number of the slowly growing	of agricultuopyon. Corn systemic ste cycloplegics cycloplegics cycloplegics cloplegics ar n one eye. W d) e) mass on up uclei. What i d) e) decreased vi h duotherap d) e) s of painful ra e. Which of t d) s ed mass at t	eal defect stains with flateroids and systemic antibiotics and systemic anti-fung . And systemic steroids and will be best treatment eximer laser penetrating keratoplas per lid. On histological es amost likely diagnosis? Malignant melanoma KAPOSI sarcoma sion left eye from last 4 by is recommended for i Fortified aminoglycos Fortified macrolides ash on right side of fore the following is appropr oral acyclovir 800mg oral acyclovir 400mg the superotemporal rim.	days on examination shows treatment? ide and penicillin and fluoroquinolones the treatment option? 2 times a day for 10 days 5 times a day for 10 days. The lesion has been a

with her	there are linear branching corneal epiti son's finger two weeks back. She used to	obramycin eye drops	s with no improvement	THE VALUE IS U/ SU BING
	t is most likely diagnosis? Corneal abrasion	d) t	lerpes zoster keratitis	
	Corneal ulcer		orneal erosion	
	U simpley keratitis			to to a their
0#24: A 47	years old lady presents with watery left of	eye. On examination	she has red swelling o	ver medial canthus,
vhich is ter	nder on palpation. What is your diagnosis	d)	Sebaceous gland carcin	oma
	Acute dacryocystitis Chronic dacryocystitis		punctal Stenosis	
-1	Dienecela			
3#35. A 72	years old male presents with vesicular ra	ish around her left e	ye. The left eye is red	with some degree of
photophob	ia, presumptive diagnosis of herpes zoste	er ophthalmicus mad	de. How you will treat t	his patient .
a)	Oral acyclovir and topical acyclovir		Oral acyclovir Topical acyclovir	
	Intravenous acyclovir and topical acyclovir Oral famcyclovir and topical acyclovir	vii ej	Topical acyclorii	
O#26: A 60	year old woman presented with the con	aplaint of decreased	far vision. According to	o her she was first
surprised v	with good near vision as she was now able	e to read Quran Pak	without near glasses b	ut her joy was for just
few weeks	as now she can't see few meters far . He	r vision is RE 6/60 a	nd LE Counting fingers	whats the most likely
diagnđsis?				
	Posterior Subcapsular Cataract		Polar Cataract	
	Glaucoma	e)	Cortical Cataract	
C)	Nuclear Cataract year old man presented with painless n	alld docrages of visio	on who, underwent left	eve phacoemulsification
GWOOD TO	o . It was complication free surgery. Pre	on vision was 6/60:	and on first post op day	it was 6/12 .which
improved	o 6/6 after one week post op .It was god	od vision for the nex	t four weeks but now h	ne has again 6/12 vision.
	e most likely diagnosis?	a vision for the nex		
	Endophthalmitis	d)	RD	
	Cystoid Macular Edema	e)	Astigmatism	
	PCO			
Q#28: A 60	years old male patient had history of ca	ataract surgery in th	e camp one week ago .	His vision is 6/36 in the
operated e	ye with Pinhole vision becomes 6/9 . Or	slitlamp examination	on you see four interru	pted very tight stitches
	dentation of peripheral cornea .cornea is	s clear lens in place a	and good fundus view.	what's the cause of
	f vision in this patient ?		With the rule action:	ntiem
1000	Wound dehiscence	d)	With the rule astigma Against the rule astig	
	Infection Biometry error	e)	regulate the rule astig	,
	years old man presented with decrease	ed vision in the outo	loor .He had phacoem	ulsification with foldable
iol implant	two years back .he was alright for the t	wo years but now h	is vision is gradually de	ecreased . On examination
	n affected eye is 6/24. His fundus detail			
	es in posterior chamber of anterior seg			
	Corneal edema	c)		
b)	Endophthalmitis	d)	PCR	e) RD
	years old female patient is diagnosed			
	s. Her cornea is also not very healthy. V	Which of the followi	ng is the best procedu	re for restoration of her
vision?	rect		Die State	
	ICCE		Phaco with high por	
	Phaco with low power	e	Small incision catar	act surgery
and the same of th	years old female patient underwent p	haco for her left wh	ite cataract Which of	the following is not a post
	ration of cataract surgery?		socuroct. Willen Of	in i
	Corneal Striations	d) RD	
	PCO		Refractive Surprise	
a)	PCR			
a)	and the state of the first section in	with complaint of v	white pupil and decrea	se of vision .You examine
a) b)	year old remaie child is brought to you			
a) b) c) Q#32: A 2	year old remale child is brought to you agnose her as a case of congenital catal	act. Which one is t		
a) b) c) Q#32: A 2) Nuclear	a) Cutural
a) b) c) Q#32: A 2 her and dia a)	ngnose her as a case of congenital catal Blue Dot -tamellar) Polar	e) Sutural
a) b) c) Q#32: A 2 her and dia a) b) Q#33: A 60	ngnose her as a case of congenital catal Blue Dot -tamellar Dyears old man presented with right ey	e cataract. You per) Polar	
a) b) c) Q#32: A 2 her and dia a) b) Q#33: A 60	ngnose her as a case of congenital catal Blue Dot -tamellar	e cataract. You per) Polar	
a) b) Q#32: A 2 der and dia a) D#33: A 60 number. V	ngnose her as a case of congenital catal Blue Dot kamellar Vears old man presented with right ey Phich is the most important factor in 10 A constant	c de cataract. You per L calculation?) Polar	
a) b) Q#32: A 2 der and dia a) D#33: A 60 number. V	ngnose her as a case of congenital catal Blue Dot 	c de cataract. You per L calculation?) Polar formed his biometry	

Q#34: A	60-year-old man presented in en	nergency with complaints o	f painful decrease or vision in	ert eye for two days
.He had	history of cataract surgery one w	eek ago. On examination he	had red swollen left eye, con	neal edema, pus in
the ante	rior chamber and poor fundus glo	ow. His vision is 6/6 OD and	CF OS. What's the most likely	diagnosis?
	Acute Endophthalmitis	d) Acute anterior Uveitis	
	b) Chronic Endophthalmitis	e	Acute congestive glaucoma	
	Acute Keratitis			
Q#35: A	5 year old male child is brought to	o you with complaint of sev	ere itching that is exacerbate	d at night .You
examine	him and find dirty grey eyes . He	is also not able to open eye	es in light . What is the most li	kely diagnosis?
	i) AKC) Keratitis	
	Anterior Uveitis	e	VKC	
	Conjunctivitis	WALL AND		ut-vision is
	45 years old labourer by profession			
	cted. You diagnose him and advis	e multiple treatment option	ns. Which of the following is the	he best
	ment plan?			
	Bare sclera technique	d	Inferior fornix rotation tech	nnique
ı	Beta radiation	e	MMC	
	Conjunctival autograft			
Q#37: A	45 years old farmer by profession	comes to you with a fleshy	growth encroaching upon co	rnea. His vision is
also affe	cted. You diagnose him as a case	of pterygium and advise hir	n surgery. Which of the follow	ing is not a feature
of pteryg	gium?			
	a) Astigmatism	d	Corneal Involvement	
	Conjunctival Involvement	e	UV exposure	
(Cosmetic Blemish			
Q#38: W	hich of the following does not red	quire emergency ophthalmi	c treatment?	
	a) Acute Angle Closure Glaucom		Keratitis	
	Acute Anterior Uveitis	e		
	Giant Cell Arteritis			
Q#39: 28	3-years- old female is brought to t	he eve emergency with hist	ory of painful decrease of vision	on in LE .Her pain
	s on extraocular movements. Her			
	d to RE. You diagnose her and in			
you orde		2,000,100		
) CT Scan Brain Orbit	d	Orbital B scan	
	MRI Brain Orbit		X ray Lumbosacral	
	OCT Macula	-,	A ray Edinbosaciai	
	years old girl is brought to the ey	ve emergency with history o	f blunt trauma to the RF with	kids nellet gun. On
	tion VA is 6/60 cornea is hazy but			
	Fundus appears normal .Which o			
	Antibiotics drops	one which was an electrical control of the first properties and the	Cyclopentolate drops	
	Anti-Glaucoma drops		Steroid drops	
) Bed Rest	٠,	Steroid drops	
	years old male child is brought t	o you with complaint of dro	oning of right evelid since hir	th Parents say that
	half open during sleep as well. The			
diagnosis		iere is absent na crease and	poor levator ranction. what	is the most likely
) Amblyopia	41)	Pseudoptosis	
	Aponeurotic Ptosis	e)		
	Congenital Ptosis	ej	Settlie Ptosis	
	years old male child is brought to	a you with complaint of dea	oning of right qualid since his	th Opents on that
	half open during sleep as well. Th			
			biyopia and poor levator func	tion. which
	you will perform in this patient?			
	Fasanella Servat		Permanent Brow Suspension	
	Muller resection	(e)	Temporary Brow Suspension	n
	Levator resection			
	years old female had a trauma t			
	id margin is rotated outward an	d there is scar mark 2mm	below the lower eyelid. Wha	it is the most likely
diagnosis?				
a)	Congenital ectropion	d)	Senile ectropion	
b)	Cicatricial ectropion	e)	Traumatic entropion	
c)	Paralytic ectroipion			
	ears old male labourer presented	d with watering and mucop	urulent discharge for the last	two years. He had
	thal swelling as well. What could			
	Probing		Incision and drainage	
b)	Syringing		Dacryocystorhinostomy	
cl	Dacryocystectomy			
LI	FAMILY INCLUDED			

				weeks. Lesion is red and	G.
Q#45: 20 y	ears old male presented with painful swelling on the	upper e i«2	yelid for the last two	wes and	4
	s and tender to touch .What's the most likely diagnos Chalazion	()	Stye		
	· · · · · · · · · · · · · · · · · · ·	di	Dermoid eyst	e) Cyst of zeiss	
OHAC: AD.	wars ald female had a history of balls nalsy riv month	s ago ar	d then she was unab	ole to open her left eye.	
Now she is	able to open her eye but eye is red and watery and l	ower ey	e lid is rotated outwa	ards. What is the most	
likely diagr	nosis?				
	Congenital ectropion		Senile ectropion		
	Cicatricial ectropion	e)	Traumatic entropion		
O#47: A 40	Paralytic ectropion O-year-old woman presented with gradual decrease of	f vision	for the last few years	in the right eye .She first	
started to	feel it when she bumped into the objects. Her vision	is 6/12 (OD and 6/6 OS.IOP is	28mmng Ob and 10mms	
OS.There is	s a red birth mark around the right eye and deep ante	erior cha	amber .Fundus exam	ination reveals CD 0.7 OD	
and 0.40S.	whats the most likely diagnosis?				
a)	POAG	d)	Sec ACG		
	PACG	e)	Congenital Glaucom	a	
	Sec OAG			bis	
	year-old man presented with gradual decrease of v				
	e right eye is more decreased as compared to the le				
	s .His vision is 6/12 OD and 6/6 OD .IOP is 19mmhg O dus examination CD 0.6 OD and 0.505.The most like				
	Visual Fields and OCT Optic disc		OCT Optic disc and I		
	Visual Fields and HRT		CCT and Gonio		
	Visual Fields and CCT	-/			
	0-year-old man presented with gradual decrease of v	ision for	the last few months	. According to him his	
	ne right eye is more decreased as compared to the le				
	nmhg LE. CCT central corneal thickness is 522umRE				
0.6RE and	0.4LE .Visual fields and OCT optic disc also shows ear	rly glauc	omatous changes. W	hich of the following drug	
will you st					
	Alpha 2 agonist Beta blocker	a)	Prostaglandin analog Pilocarpine	gues	
	Calcium channel blocker	6)	rilocarpine		
)-year-old man is a newly diagnosed patient of open	angle gl	aucoma .He is a poor	person labourer by	
	. His IOP is 25mmHg in RE and 23mmHg in LE. Which	1000			
particular					7
a)	Alpha 2 agonist	d)	Prostaglandin analo	gues	
	Beta blocker	e)	Pilocarpine		
	Calcium channel blocker				1
)-year-old woman presented with painful decrease o				1
	n the same eye four months ago. On examination his lated at 9 0 clock on the iris in RE. Gonioscopy revea				
	Alpha 2 agonist		Prostaglandin analo		
	Beta blocker		Pilocarpine	Bucs	
	Calcium channel blocker	-,			
	year-old woman presented with painful decrease of	f vision	in the left eye. She is	having uncontrolled DM	
	20 years. On examination his vision is CF and IOP 44				
clock on th	e iris in LE. Gonioscopy reveal closed angle .On fund	oscopy	fundal view is hazy b	ut you see vitreous	
haemorrha	ge and neovessels on optic disc. Which of the follow	ving trea	atment option is not	recommended in its	
manageme					
100	Atropine		Pars Plana Vitrecto		
	Aqueous suppressants		Photocoagulation	e) Pilocarpine	
Q#53: A 55	-year-old woman presented with painful decrease of	of vision	in the left eye. She is	s having uncontrolled DM	
	20 years. On examination his vision is CF and IOP 44				
	e iris in LE. Gonioscopy reveal closed angle .On fund ge and neovessels on optic disc. What is the most li				
	Carotic Cavernous Fistula		Proliferative Diabe		
	CRVO		Tumor in the Eye	the metinopotriy	
	Ocular Ischemic Syndrome	-1	romer in the eye		
-	year-old woman presented with decrease of vision	in the I	eft eye. On examina	tion his vision is CF and IOP	****
- 10	nd on slittamp white fibrillary material can be appre				
	appreciated at 9 0 clock on the iris in LE. Goniosco				,
fundoscopy	CD is 0.7. What is the most likely diagnosis?				
al	Angle Recession Glaucoma	d)	Pseudoexfoliation	Syndrome	
	Negyascular Glaucoma	e)	True Exfoliation Sy	ndrome	
c)	Pigmentary Glaucoma				
	_				

	The tone and the tone	gnosed by OCT Macula?	
	a) Age Related Macular Degeneration	d	Glaucoma
	b) Cystoid Macular Edema	e)	Macular Hole
	c) Epi Retinal Membrane		On any distribution big WA is Used
Q#56: 7	70 year old male patient with mature cat	aract present to you for	surgery. On examination his VA is Hand
Movem	nents. Pupil is sluggish reactive. You are i	unable to visualize his fu	ndus. Which investigation you will perform to
establis	sh health of the retina?		***
	a) A Scan		OCT
	b) B Scan	e)	Visual Fields
	c) Keratometry		i that to the state of the stat
Q#57: A	70 year old man presented with the co	implaint of difficulty to r	ecognize the faces. Fundus examination shows
some di		ne is the most appropri	ate test for the diagnosis of his disease?
	a) B-scan ultrasound		Color vision test
	b) Visual fields	e)	Visual acuity
	Optical coherence tomography	t -f -it lass in t	as sight. On avanigation there is RAPD in her
			ner right. On examination there is RAPD in her
	ye and optic disc is swollen. What is her		
	a) Optic neuritis		Acute glaucoma
	b) Papilledema	e)	Traumatic optic neuropathy
	c) Ischemic optic neuropathy		
Q#59: A	45 years old man presents with a histo	ory of headache and von	niting off and on for the last one month. He also
			indoscopy, there is blurring of optic disc margins
in both	of his eyes. What is the most probable	diagnosis?	
	a) Retinal detachment	d)	Ischemic optic neuropathy
	b) Papilledema	e)	Diabetic papillopathy
	c) Optic neuritis		
0#60: /		sented with sudden pain	less loss of vision in right eye. On examination
hilatera	al anterior segments were normal, and	right fundus showed flar	ne shaped hemorrhages all around, left fundus
	rmal. What is the most probable diagno		,
was no			Vitreous hemorrhage
	a) Central retinal artery occlusion		
	b) Central retinal vein occlusion	e)	Hypertensive retinpathy
	c) Retinal detachment		
	intra-vitreal anti VEGF injections are us	ad in all of the following	
Q#61: I			
Q#61: I	a) Optic neuritis		Branch retinal vein occlusion
Q#61: I		d)	
	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy	d) e)	Branch retinal vein occlusion Age related macular degeneration
Q#62:	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter	d) e) d with sudden painless lo	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his
Q#62: /	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenters vas perception of light in right eye. The	d) e) d with sudden painless lo re was RAPD in right eye	Branch retinal vein occlusion Age related macular degeneration
Q#62: /	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presente was perception of light in right eye. The red spot at fovea. What is your most present the red spot at fovea.	d) e) d with sudden painless lo re was RAPD in right eye	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his
Q#62: /	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presente was perception of light in right eye. The red spot at fovea. What is your most pre a) Central retinal artery occlusion	d) e) d with sudden painless lo re was RAPD in right eye obable diagnosis? d)	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his and fundus showed pale looking retina with Branch retinal vein occlusion
Q#62: /	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presente was perception of light in right eye. The red spot at fovea. What is your most pr a) Central retinal artery occlusion b) Central retinal vein occlusion	d) e) d with sudden painless lo re was RAPD in right eye obable diagnosis? d)	Branch retinal vein occlusion Age related macular degeneration ass of vision in his right eye. On examination, his and fundus showed pale looking retina with
Q#62: vision v	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presente was perception of light in right eye. The red spot at fovea. What is your most pr a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy	d) e) d with sudden painless lo re was RAPD in right eye obable diagnosis? d) e)	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration
Q#62: vision v	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presente was perception of light in right eye. The red spot at fovea. What is your most pr a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy	d) e) d with sudden painless lo re was RAPD in right eye obable diagnosis? d) e)	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his and fundus showed pale looking retina with Branch retinal vein occlusion
Q#62: /vision v cherry	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most pred a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy a middle aged lady is diagnosed with re	d) e) d with sudden painless lo re was RAPD in right eye obable diagnosis? d) e)	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration
Q#62: /vision v cherry Q#63: / associa	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presente was perception of light in right eye. The red spot at fovea. What is your most pr a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with re ted findings in that eye except?	d) e) d with sudden painless le re was RAPD in right eye obable diagnosis? d) e) tinal detachment in her	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration
Q#62: /vision v cherry Q#63: / associa	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most prediction a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with reted findings in that eye except? a) Raised IOP	d) e) d with sudden painless le re was RAPD in right eye obable diagnosis? d) e) tinal detachment in her	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect
Q#62: /vision v cherry Q#63: / associa	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most predicted in the process of the pro	d) e) d with sudden painless le re was RAPD in right eye obable diagnosis? d) e) tinal detachment in her	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect
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Q#62: /vision v cherry Q#63: // associa Q#64: /case of Q#65: A	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most prediction a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with red findings in that eye except? a) Raised IOP b) Tobacco dust in vitreous c) Retinal break A 5 years old hypertensive businessmal branch retinal vein occlusion in that ey a) Anti-VEGF injections b) Pars-plana vitrectomy c) Vascular sheathotomy all can be the causes of an exudative re a) Malignant melanoma b) Hypertension c) Diabetic retinopathy otravitreal anti VEGF injection is used in	d) e) d with sudden painless le re was RAPD in right eye robable diagnosis? d) e) stinal detachment in her d) e) an presented with defecte. All the following may d) tinal detachment excep d) e) an all of the following dis	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling t? Posterior scleritis Posterior uveitis
Q#62: /vision v cherry Q#63: // associa Q#64: /case of Q#65: A	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most prediction a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with red findings in that eye except? a) Raised IOP b) Tobacco dust in vitreous c) Retinal break A 45 years old hypertensive businessmal branch retinal vein occlusion in that ey a) Anti-VEGF injections b) Pars-plana vitrectomy c) Vascular sheathotomy all can be the causes of an exudative re a) Malignant melanoma b) Hypertension c) Diabetic retinopathy otravitreal anti VEGF injection is used in	d) e) d with sudden painless le re was RAPD in right eye robable diagnosis? d) e) stinal detachment in her d) e) an presented with defect e. All the following may d) tinal detachment excep d) e) an all of the following dis d)	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling t? Posterior scleritis Posterior uveitis eases except: Diabetic retinopathy
Q#62: /vision v cherry Q#63: / associa Q#64: /case of Q#65: A	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most pred a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with red ted findings in that eye except? a) Raised IOP b) Tobacco dust in vitreous c) Retinal break A 45 years old hypertensive businessmal branch retinal vein occlusion in that ey a) Anti-VEGF injections b) Pars-plana vitrectomy c) Vascular sheathotomy dll can be the causes of an exudative re a) Malignant melanoma b) Hypertension c) Diabetic retinopathy ottravitreal anti VEGF injection is used in a) Optic neuritis. b) Central retinal vein occlusion	d) e) d with sudden painless le re was RAPD in right eye robable diagnosis? d) e) stinal detachment in her d) e) an presented with defect e. All the following may d) tinal detachment excep d) e) an all of the following dis d) e)	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling t? Posterior scleritis Posterior uveitis
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Q#62: /vision v cherry Q#63: / associa Q#64: /case of Q#65: A	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most pred a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with red ted findings in that eye except? a) Raised IOP b) Tobacco dust in vitreous c) Retinal break A 45 years old hypertensive businessmal branch retinal vein occlusion in that ey a) Anti-VEGF injections b) Pars-plana vitrectomy c) Vascular sheathotomy dll can be the causes of an exudative re a) Malignant melanoma b) Hypertension c) Diabetic retinopathy ottravitreal anti VEGF injection is used in a) Optic neuritis. b) Central retinal vein occlusion c) Age-related Macular Degeneration	d) e) d with sudden painless le re was RAPD in right eye robable diagnosis? d) e) stinal detachment in her d) e) an presented with defect e. All the following may d) tinal detachment excep d) e) an all of the following dis d) e)	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling t? Posterior scleritis Posterior uveitis eases except: Diabetic retinopathy
Q#62: Avision vecherry Q#63: Aassocia Q#64: Acase of Q#65: A	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenter was perception of light in right eye. The red spot at fovea. What is your most pred a) Central retinal artery occlusion b) Central retinal vein occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with red ted findings in that eye except? a) Raised IOP b) Tobacco dust in vitreous c) Retinal break A 45 years old hypertensive businessmal branch retinal vein occlusion in that ey a) Anti-VEGF injections b) Pars-plana vitrectomy c) Vascular sheathotomy dll can be the causes of an exudative re a) Malignant melanoma b) Hypertension c) Diabetic retinopathy ottravitreal anti VEGF injection is used in a) Optic neuritis. b) Central retinal vein occlusion c) Age-related Macular Degeneration	d) e) d with sudden painless le re was RAPD in right eye robable diagnosis? d) e) stinal detachment in her d) e) an presented with defect e. All the following may d) tinal detachment excep d) e) an all of the following dis d) e) ted with sudden painless	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling t? Posterior scleritis Posterior uveitis eases except: Diabetic retinopathy Macular edema ss loss of vision in his L eye. O/E anterior segment
Q#62: A vision v cherry Q#63: A associa Q#64: A case of Q#65: A Q#66: Ir	a) Optic neuritis b) Central retinal vein occlusion c) Diabetic retinopathy A 75 years old cardiac patient presenters perception of light in right eye. The red spot at fovea. What is your most produced by the central retinal artery occlusion b) Central retinal artery occlusion c) Diabetic retinopathy A middle aged lady is diagnosed with red findings in that eye except? a) Raised IOP b) Tobacco dust in vitreous c) Retinal break A 45 years old hypertensive businessmal branch retinal vein occlusion in that eye a) Anti-VEGF injections b) Pars-plana vitrectomy c) Vascular sheathotomy all can be the causes of an exudative re a) Malignant melanoma b) Hypertension c) Diabetic retinopathy utravitreal anti VEGF injection is used in optic neuritis. b) Central retinal vein occlusion c) Age-related Macular Degeneration 18 year's old myopic student presen	d) e) d with sudden painless le re was RAPD in right eye robable diagnosis? d) e) tinal detachment in her d) e) en presented with defecte. All the following may d) tinal detachment excep d) e) tinal of the following dis d) e) ted with sudden painles with U-shaped tear. W	Branch retinal vein occlusion Age related macular degeneration oss of vision in his right eye. On examination, his e and fundus showed pale looking retina with Branch retinal vein occlusion Age related macular degeneration left eye. All the following can be other Visual field defect Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling t? Posterior scleritis Posterior uveitis eases except: Diabetic retinopathy Macular edema ss loss of vision in his L eye. O/E anterior segment

,	first to evaluate the retina and vitreous in such patient?	0.00
	a) MRI	d) OCT e) Tonometery
	b) CT scan	
1	Q#69: A 56 years old patient's presented with sudden loss	of vision in his left eye associated with honers. O/c.
1	anterior segment was normal, fundus showed vitreous hemorr	mage in that eye. All of the following are risk factors for
(vitreous hemorrhage except?	
6.	a) Diabetes	Glaucoma
	b) Retinal vein occlusion	d) Trauma e) Eales disease
	Q#70: A 56 years old uncontrolled diabetic patient presented w	with blurring of vision. Of Ethere was bliateral fillio
	cataracts and bilateral proliferative diabetic retinopathy. Which	ch is the first suitable option for this patient?
	 a) Panretinal photocoagulation 	c) Cataract surgery
	b) Pars-plana vitrectomy	d) Observation e) All of the above
	Q#71: A 60 years old man presented with complaint of painful	decrease of vision in right eye for last one week .
	According to him, he had episode of vein occlusion one year ba	back in the same eye and vision was 6/60 after that. Now
	it is counting fingers. SL examination shows blood vessels on the	the iris with corneal edema and red watery eye. What is
	your diagnosis?	d) Inflammatory glaucoma
	a) Angle closure glaucoma	e) Neovascular Glaucoma
	b) Pigmentary glaucoma	e) Meovasculai diaucoma
	 c) Lens induced glaucoma Q#72: A 60 years old male presents with sudden loss of vision 	a sight ava. He is Hypertensive and Diabetic type II for the
	last 10 years. His VA right eye is CF and left eye 6/9. Afferant P	Dunillary Defect is marked. Fundus shows extensive flame
	shaped hemorrhages, Cotton wool spots and disc oedema. Let	off eye fundus shows NPDR. What is the most likely
		en eye fundus shows in one what is the most men
	diagnosis? a) Hemiretinal Vein Occlusion.	d) Non-Ischaemic Central Retinal Vein Occlusion.
	b) Impending Central Retinal Vein Occlusion.	e) Papillophlebitis.
11	c) Ischaemic Central Retinal Vein Occlusion.	e) rapinophicoitis.
I.	Q#73: A 55 years old lady with a history of uncontrolled DM fo	for the last 15 years presents with a visual acuity of HM in
E,	her right eye. On fundus examination, there are fibrous band	ods in vitreous cavity and almost half retinal detachment
	involving the macula. What is the best treatment option for he	
-1 "	Good diabetic control and follow up after 6 months	d) Good diabetic control and pars-plana vitrectomy
	b) Good diabetic control and pan-retinal	e) Good diabetic control and scleral buckling
8	photocoagulation	-,
. 10	 Good diabetic control and intra-vitreal anti-VEGF inj 	
A-1	Q#74: A 28-year-old obese woman complains of transient visu	
4	a bent position. Examination reveals normal acuity with bilate	teral Optic disc edema. Most likely she is suffering from?
	 a) Sleep apnea syndrome 	d) Idiopathic intra-cranial hypertension
27	b) Chronic anemia	e) Intra-cranial venous sinus thrombosis
	c) Bilateral papillitis	
	Q#75: A 40 years healthy male presents with bilateral gradua	
	His VA: CF in eyes, IOP 10 mmHg and Optic atrophy in both e	eyes. There is no past history of systemic medication. What
	is the most likely diagnosis?	
	 a) Benign Intracranial Hypertension. 	d) Optic Radiation Lesion.
	 b) Nutritional Optic Neuropathy. 	e) Pituitary Adenoma.
	 c) Occipital Cortex Infarction. 	
	Q#76: A patient presents with right ptosis and the condition	
	there is right exotropia in primary position, pupil is dilated an	
	normal. There is no past history of trauma. What is the most	t likely diagnosis?
	 a) Aneurysm of anterior communicating artery. 	 Aneurysm of posterior communicating artery.
	 b) Aneurysm of middle cerebral artery. 	 e) Aneurysm of superior cerebellar artery.
	 c) Aneurysm of posterior cerebral artery. 	
	Q#77:A 60-year-old man uncontrolled daibetic presented in	n emergency with complaints of painful decrease of vision in
	left eye for one week. He had history of corona infection in rec	ecent past and received high dose steroids. On examination
	he had red swollen left eyelids, conjunctival chemosis and black eso	•
	a) Graves disease	d) Orbital tumor
	b) Mucormycosis	e) Cavernous sinus thrombosis
	c) Orbital cellulitis	e) cavernous sinus tinomibosis
	그 가지는 시간 경기가 있는 사람이 많은 가는 것이 되었다. 그가 있다면 그런 사람들은 사람들이 되었다면 하나를 하는 것이 되었다면 하다면 하다면 하다면 하다면 하다면 하나 하나 없었다.	omplaints of painful decrease of vision in left eye for one
	week He had history of tooth extraction one week ago. On	n examination he had red swollen left eyelids,conjunctival
		The time is a second of the se
	chemosis and congestion and pain on extra ocular moveme	ients. His vision is 6/6 OD and 6/60 OS.He had 101F as well
		ents. His vision is 6/6 OD and 6/60 OS.He had 101F as well
	chemosis and congestion and pain on extra ocular moveme	
	chemosis and congestion and pain on extra ocular moveme with ptosis and proptosis in the left eye?	d) Orbital apex syndrome
	chemosis and congestion and pain on extra ocular moveme with ptosis and proptosis in the left eye? a) Graves disease	

Q#68: A 50 years old patient is diagnosed with mature cataract and no view of retina. What investigation will you order

Scanned with CamScanner



Q#79: A	6-year-old male child is brought to the outdoor wit	h complain	to the television while watching cartoons. You	
white bo	6-year-old male child is brought to the outdoor with ard in school. Parents also noticed that child stand	very close	What the most likely diagnosis?	
perform	s retinoscopy and there is streak moving in oppositi	our cuon.	Hyperopia	
) Astigmatism	(1)	Myopia e) Strabismus	
0400. 1	 Emmetropia year old female comes to the outdoor with com 	nlaints of f		
Q#80: A	and sewing. She can see perfectly fine at distance. V	Mhat is the	most likely diagnosis?	
			Hyperopia	
	Astigmatism		Myopia e Presbyopia	
Ouns V	 Emmetropia perform a retinoscopy of a patient complaining of 			
		n decrease	of vision on retinoscopy the second or	
	ment. Which'of the following is most likely false?	- 11		
) Astigmatism	(1)	Myopia	
) Emmetropia	e)	Myopia greater than working distance	
	Hyperopia	ammi inte	of inward doviation of both over Right more	
Q#82: A	month oid child is brought to the outdoor with one are worried that there is limitations of the	omplaints	a sees the object on the right with the left eve	
and abia	ct on the left side with right eye so she cross fixates	Also ther	a is inferior oblique overaction. What is the	
		ואווו טפוא.	e is interior oblique overactions. What is the	
	ly diagnosis?) Alternate esotropia	(1)	Congenital exotropia	
	Congenital esotropia		Duane type 1 e) 6 th nerve palsy	
	s-year old temale child is arought to the outdoor w			
unabla te	fixate both eyes. When she fixates an object with	right eve le	off eye is in exodeviation and when she fixates	
	eft eye right eye becomes exotropic. Her vision in			
The state of the s	Alternate exotropia		Cyclic exotropia	
	Congenita exotropia		Intermittent exotropia	
	Consecutive exotropia	-1	micrimited exocopy	
	wo year boy is brough to you with complaint that	when he is	attentive and looking near his eyes are straight	
	he looks far one of the eyes moves outwards. Tha			
	What is the most likely diagnosis?	t out ward	ac viation is more marked when he is in onges	
		1	let/swittent quetennia	
	Alternate exotropia		Intermittent exotropia	
	Congenital exotropia	6)	Periodic exorropia	
c	Constant exotropia			(8)
Q#85.60-	years old male patient had sixth nerve palsy two	years back	and esotropia of 35PD. Now his esotropia has	*
improved	to 20PD in two years and now not much improvin	g .His Later	ral rectus has become wasted and weak. Which	27
of the following	owing is not muscle strengthening procedure?			
a	Conjunctival resection	c)	Muscle resection	
b		d)	Muscle Transposition e) Muscle Tucking	5
	6 year old patient have chronic irritation, itching a	nd mild pho	otophobia on examination he has small ulcer	
and redne	ss on lid margine.what is yours diagnosis?			
	Staphylo-coccal ble; hritis	d)	Posterior biephritis	
	Squamous blephritis		Mixed blephritis	
	Seborrheic blephritis		The state of the s	1
O#87: W/5	at is the gold standard treatment of orbital dermo	id cyst?		
	observation		antibiotic	
	aspiration	e	surgical removal in toto	
,	intra-lesional triamcipolone injection		S. S	
	year old lady having an ulcer on the lower lid fro	m last 2 va	ears. This losion has a central ulceration with	
	der. What is yours diagnosis?	The realist as ye	ors. This is son has a central diceration with	
		41	Want and the same	
177	Senaceous gland carrinoma		Keratoacanthoma	
	Squamous cell carcinoma	6)	Pyogenic granuloma	
-	Basal cell carcinoma			
	ich of the following is the best initial treatment of			
	Hot compression		Antibiotic	
	Dark glasses	e)	Surgery	•
	Triamcinolone			
	at is the most common site of laryngeal cancer?			
	Subglottis.			
	. Glottis			7
	Supraglottis			4
· d)	Inter arytenoid area			1.
e)	Anterior commissure			

Day:		- Key of B	lock-M2	(Eye) GMG	1013,	
1	A	31	C	61	A	
2	В		В	62	A	
3	В	33	В	63	A	
4	В	34	A	64	E	u.
5	ε	35	E	65	C	
6	A	36	<u>c</u>	66	A	
7	C	37	В	67	В	
8	A	38	E	68	e	
9	D	39	В	69	C	
16	C	40	A	70	A	
11	A	41	C	71	E	
12	D	42	E	72		
13	В	43	В	73	THE PROPERTY OF THE PARTY OF TH	
14	B	44	O E	70		
15	C	45	C	7		
16	D	46	C	7		
17	C	47	C		7 8	
18	E	48	A		4 C	
19	C	. 49	D.		79 D 80 E	
20	B	80	В			
21	В	51	В	,	Value of the state	
22	C	52	E	10	TO SEE SEE SEE SEE SEE SEE	
23	C		0		33 A	
24	A	54	0		84 D 85 B	
25	0	5.5	0			
26	C	56	В		86 A	
27	B	57	C .		87 E	
28	D	S8 59	A		38 C 39 A	
29	2		B			
30	A	60	B		90 A	
	ERK	Por, Gn	be th			100