KMC 2024, EYE - SOLVED

Question 61

A 30-year-old man presents to the Eye OPD with diplopia and bilateral droopy eyelids which worsen in the evening. There is also a history of fatigability. On examination, his visual acuity is 6/6 in both eyes. Anterior and posterior segment examination is unremarkable. There is a bilateral ptosis partially obstructing the visual axis and 20 prism diopter esotropia. Which of the following tests would you perform next?

A) Chest X-ray
B) CT head
C) Serum antibodies
D) MRI brain
E) Ice pack test

- **Correct Option**: **E) Ice pack test**
    - **Explanation**: The symptoms of ptosis and fatigability that worsen throughout the day suggest myasthenia gravis, an autoimmune disorder affecting neuromuscular transmission. The ice pack test can help confirm the diagnosis by temporarily improving ptosis due to reduced acetylcholine breakdown in cooler temperatures.
- **Why Other Options Are Incorrect**:
    - **A) Chest X-ray**: This may be useful to identify a thymoma in confirmed cases of myasthenia gravis but is not the initial test.
    - **B) CT head**: This is not indicated as the symptoms are suggestive of a neuromuscular rather than structural brain disorder.
    - **C) Serum antibodies**: This test is definitive but can be performed after an ice pack test as an initial screening.
    - **D) MRI brain**: Unnecessary unless structural brain abnormalities are suspected.

Question 62

An 80-year-old Caucasian smoker woman complains of recent problems with reading vision, specifically words appearing distorted and blank patches being present. Her vision is often good in brighter light. On examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination is unremarkable.

Pupils are reactive to light. Fundus shows numerous intermediate-size soft drusen in both eyes with choroidal neovascularization (CNV). How will you manage?

A) Intravitreal antibiotics
B) Intravitreal anti-VEGF
C) Multivitamins
D) Subconjunctival decadron
E) Sub-tenon triamcinolone

- **Correct Option**: **B) Intravitreal anti-VEGF**
    - **Explanation**: The presence of choroidal neovascularization (CNV) and soft drusen are indicative of age-related macular degeneration (AMD). Intravitreal anti-VEGF injections are the standard treatment to reduce CNV and preserve vision in wet AMD.
- **Why Other Options Are Incorrect**:
    - **A) Intravitreal antibiotics**: There is no indication of infection.
    - **C) Multivitamins**: While vitamins may help in dry AMD, anti-VEGF is preferred for wet AMD with CNV.
    - **D) Subconjunctival decadron**: Steroids are not the primary treatment for AMD with CNV.
    - **E) Sub-tenon triamcinolone**: Not indicated for AMD with CNV as anti-VEGF is more effective.

Question 63

A 60-year-old man presents to the Eye clinic with a 3-day history of left eye pain. On examination, her VA is CF in the left eye and 6/18 in the right eye. Left anterior chamber is deep and shows cells and flare. There are bilateral cataracts. The left cataract is hypermature and IOP in the same eye is 50mmHg. Which of the following is the likely diagnosis?

A) Lens particle glaucoma
B) Phacoanaphylactic glaucoma
C) Phacoantigenic glaucoma
D) Phacomorphic glaucoma
E) Phacolytic glaucoma

- **Correct Option**: **D) Phacomorphic glaucoma**
    - **Explanation**: Phacomorphic glaucoma occurs due to lens-induced angle closure in cases of hypermature cataracts. The high intraocular pressure and hypermature cataract in this patient align with this diagnosis.
- **Why Other Options Are Incorrect**:
    - **A) Lens particle glaucoma**: Typically occurs post-cataract surgery with lens fragments in the anterior chamber.
    - **B) Phacoanaphylactic glaucoma**: An immune response following lens injury, usually after trauma or surgery.
    - **C) Phacoantigenic glaucoma**: Similar to phacoanaphylactic glaucoma; follows trauma or surgery.
    - **E) Phacolytic glaucoma**: Caused by leakage of lens proteins, but there is usually a milky lens appearance, not angle closure.

Question 64

A 10-year-old boy presents with dimness of vision in the right eye for a long time. On examination, his visual acuity is 6/36 in the right eye, there is right RAPD. Anterior segment examination is unremarkable. Right fundus shows optic atrophy. Laboratory workup is not significant. You are suspecting a space-occupying lesion. What is the most appropriate next step of investigation in this patient?

A) CT
B) CTA
C) MRI
D) MRA

- **Correct Option**: **C) MRI**
    - **Explanation**: An MRI is the preferred imaging modality for investigating optic atrophy with a relative afferent pupillary defect (RAPD), as it provides detailed images of soft tissues and is superior in identifying space-occupying lesions along the visual pathway.
- **Why Other Options Are Incorrect**:
    - **A) CT**: While useful for bone structures, it is less sensitive for soft tissue lesions in the brain or optic pathway.
    - **B) CTA**: CTA is primarily used for vascular imaging, not for space-occupying lesions.
    - **D) MRA**: MRA visualizes blood vessels and is less useful for identifying solid masses.

Question 65

A 40-year-old male came to OPD with sudden blurring of vision in his right eye. Visual acuity (VA) in right eye is 6/9 and VA in left eye is 6/6. On fundus examination, there are superior temporal venous engorgement, flame-shaped hemorrhages, and cotton wool spots. Your diagnosis is branch retinal vein occlusion. What is the most appropriate treatment in this case?

A) Anti VEGF
B) Argon laser
C) Intravitreal dexamethasone
D) Observation

- **Correct Option**: **A) Anti VEGF**
    - **Explanation**: Anti-VEGF injections are effective for treating macular edema associated with branch retinal vein occlusion (BRVO) and help prevent further vision loss.
- **Why Other Options Are Incorrect**:
    - **B) Argon laser**: Laser photocoagulation may be used later if there is neovascularization, but anti-VEGF is the primary treatment.
    - **C) Intravitreal dexamethasone**: Steroids may be considered but are not first-line therapy.
    - **D) Observation**: Observation alone may result in worsening vision due to macular edema.

Question 66

A 42-year-old man presented with watering and redness of the right eye from the last 6 months. On examination, there was restricted extraocular movement with lid lag and scleral show. The patient was found to have proptosis. What is the best way to measure the amount of his proptosis?

A) B-Scan ultrasonography
B) Computed Tomography (CT)
C) Corneal topography
D) Exophthalmometry
E) Magnetic Resonance Imaging (MRI)

- **Correct Option**: **D) Exophthalmometry**
    - **Explanation**: Exophthalmometry is a specific measurement tool for assessing the degree of proptosis (forward displacement of the eye). It provides a direct and accurate measurement of the extent of proptosis in millimeters.
- **Why Other Options Are Incorrect**:
    - **A) B-Scan ultrasonography**: Useful for evaluating intraocular structures but not ideal for precise proptosis measurement.
    - **B) Computed Tomography (CT)**: Can be used for imaging orbital pathology but is not primarily for measuring proptosis.
    - **C) Corneal topography**: Used to map the corneal surface and is irrelevant for measuring proptosis.
    - **E) Magnetic Resonance Imaging (MRI)**: Useful for detailed orbital imaging but not specifically for measuring the degree of proptosis.

Question 67

A 3-year-old child is brought to Pediatric Ophthalmic OPD with leukocoria. Two of her siblings also have the same problem. On examination, there are bilateral cataracts. There is no fundus view due to this media opacity. B-scan is normal. How will you manage?

A) Glasses prescription
B) Laser refractive surgery
C) Lensectomy with intraocular lens implantation
D) Observation
E) Pars plana vitrectomy

- **Correct Option**: **C) Lensectomy with intraocular lens implantation**
    - **Explanation**: Bilateral cataracts in a young child with a family history of leukocoria and media opacity suggest congenital cataracts. Lensectomy with intraocular lens implantation is the appropriate surgical intervention to restore vision and prevent amblyopia.
- **Why Other Options Are Incorrect**:

- **A) Glasses prescription**: Glasses alone would not resolve the media opacity caused by cataracts.
- **B) Laser refractive surgery**: Not applicable for cataracts.
- **D) Observation**: Delaying treatment in congenital cataracts risks amblyopia and permanent vision loss.
- **E) Pars plana vitrectomy**: Typically used for vitreous pathology, not for congenital cataracts.

Question 68

Question: A 65-year-old man presents with a mass on the left lower eyelid for 10 years. On examination, there is a firm, well-circumscribed mass on the lower eyelid with rolled edges and central ulceration. You are suspecting basal cell carcinoma (BCC). What is the most common complication that can be expected in this patient?

Answer Choices:

- A) Hematogenous metastasis to the brain
- B) Hematogenous metastasis to the liver
- C) Hematogenous metastasis to the lungs
- D) Local invasion of the skull and CNS (Correct Answer)
- E) Lymphatic metastasis

Correct Answer: D) Local invasion of the skull and CNS

Explanation:

Basal cell carcinoma (BCC) is the most common type of skin cancer and has a very low tendency to metastasize to distant organs. However, it is locally invasive and can cause significant destruction to nearby structures, particularly when located near critical areas such as the eyes, nose, or scalp. The most common complication of BCC, especially with long-standing lesions as described in this case, is local tissue invasion. In cases where BCC occurs near the orbit or skull, it can invade into deeper structures, including the skull bones and potentially the CNS.

- **Why Other Options Are Incorrect:**
  - **A) Hematogenous metastasis to the brain:** BCC rarely metastasizes hematogenously (through the bloodstream). When it does, it is more likely to involve nearby lymph nodes rather than distant organs.
  - **B) Hematogenous metastasis to the liver:** Hematogenous spread to distant organs like the liver is exceedingly rare for BCC.
  - **C) Hematogenous metastasis to the lungs:** Similarly, lung metastasis is rare in BCC, as it typically does not spread hematogenously.
  - **E) Lymphatic metastasis:** Lymphatic spread is also uncommon for BCC, and even when it occurs, it does not usually lead to complications as severe as local invasion of critical structures near the site of origin.

Question 69

Question: A 40-year-old male comes to the OPD with sudden blurring of vision in his right eye. VA (Visual Acuity) in the right eye is 6/12, and VA in the left eye is 6/6. On fundus examination, there is superior temporal venous engorgement, flame-shaped hemorrhages, and cotton wool spots. What is your diagnosis?

Answer Choices:

- A) Branch retinal artery occlusion
- B) Branch retinal vein occlusion (Correct Answer)
- C) Central retinal vein occlusion
- D) Optic neuropathy

Correct Answer: B) Branch retinal vein occlusion

Explanation:

Branch retinal vein occlusion (BRVO) is characterized by a blockage of one of the small branches of the central retinal vein, leading to localized venous congestion and hemorrhages in a particular sector of the retina. Typical fundoscopic findings in BRVO include flame-shaped hemorrhages, cotton wool spots, and localized venous engorgement, as seen in this patient's superior temporal quadrant. BRVO is often associated with hypertension, diabetes, and other vascular risk factors.

- **Why Other Options Are Incorrect:**
    - **A) Branch retinal artery occlusion:** In retinal artery occlusion, the typical presentation includes sudden, painless vision loss with whitening of the retina (due to ischemia) and a characteristic "cherry red spot" in the macula. Flame-shaped hemorrhages and venous engorgement are not seen.
    - **C) Central retinal vein occlusion (CRVO):** CRVO would show more extensive involvement across the retina, with "blood and thunder" appearance, where the entire retina shows hemorrhages and venous engorgement. Since the patient has localized findings (superior temporal region), CRVO is less likely.
    - **D) Optic neuropathy:** Optic neuropathy typically presents with vision loss and an abnormal optic disc appearance, such as pallor or swelling, rather than retinal findings like hemorrhages and cotton wool spots.

Question 70

Question: A 60-year-old male presents with sudden painless loss of vision in his right eye. Visual acuity in the right eye is CF (Counting Fingers) at 4 meters, while in the left eye it is 6/6. On fundus examination, there were flame-shaped hemorrhages in all quadrants, dilated tortuous vessels, and a swollen disc. What is your diagnosis?

Answer Choices:

- A) Anterior ischemic optic neuropathy
- B) Central retinal artery occlusion
- C) Central retinal vein occlusion (Correct Answer)
- D) Macular hole
- E) Retinal detachment

Correct Answer: C) Central retinal vein occlusion

Explanation:

Central retinal vein occlusion (CRVO) typically presents with sudden, painless vision loss, and characteristic fundoscopic findings such as flame-shaped hemorrhages, dilated and tortuous retinal veins, and disc swelling (often called the "blood and thunder" appearance). The presence of hemorrhages in all quadrants and venous engorgement points towards CRVO as the likely diagnosis.

- **Why Other Options Are Incorrect:**
    - **A) Anterior ischemic optic neuropathy:** This condition often presents with sudden, painless vision loss as well, but the fundus findings would typically show a pale and swollen optic disc without hemorrhages spread across all quadrants.
    - **B) Central retinal artery occlusion:** This would present with sudden, painless vision loss, but the fundus findings would include a pale retina with a characteristic "cherry-red spot" at the macula, rather than hemorrhages.
    - **D) Macular hole:** Macular hole would cause central vision loss but would not cause diffuse hemorrhages or disc swelling.
    - **E) Retinal detachment:** Retinal detachment would present with visual field loss (like a curtain coming down) and often shows retinal tears or folds, not widespread hemorrhages and dilated veins.

Question 71

Question: A 19-year-old boy presents with droopy eyelids on the right side. Visual acuities are 6/5 in the right eye and 6/6 in the left eye. On examination, there is mild right ptosis. On slit lamp examination, you notice that the iris is slightly lighter in color on the right side. What is your diagnosis?

Answer Choices:

- A) Aponeurotic ptosis
- B) Blepharophimosis syndrome
- C) Congenital Horner syndrome (Correct Answer)
- D) Congenital myogenic ptosis
- E) Neurogenic ptosis

Correct Answer: C) Congenital Horner syndrome

Explanation:

Congenital Horner syndrome is characterized by a classic triad: mild ptosis, miosis (pupil constriction), and anhidrosis (lack of sweating on the affected side). A lighter iris color on the affected side (heterochromia) is also a distinctive feature in congenital cases. This patient’s mild ptosis and lighter iris on the right side strongly suggest congenital Horner syndrome.

- **Why Other Options Are Incorrect:**

- **A) Aponeurotic ptosis:** This is common in older adults due to levator aponeurosis weakening but does not explain iris heterochromia.
- **B) Blepharophimosis syndrome:** This genetic condition involves ptosis but also includes narrowing of the palpebral fissure and epicanthus inversus, which are not described here.
- **D) Congenital myogenic ptosis:** This involves weak eyelid muscles but does not cause iris heterochromia.
- **E) Neurogenic ptosis:** While Horner syndrome is a form of neurogenic ptosis, "neurogenic ptosis" as a general term does not specify the unique features of Horner syndrome, such as miosis and iris heterochromia.

Question 72

Question: A 30-year-old male presents with red eyes and watering. Initially, it involved the right eye, and after two days, it spreads to the left eye. His young daughter develops a similar problem on another day. On examination, VA is 6/6. There is conjunctival redness with ropy discharge. The rest of the ocular examination is unremarkable. What is the most probable diagnosis?

Answer Choices:

- A) Allergic conjunctivitis (Correct Answer)
- B) Bacterial conjunctivitis
- C) Cicatricial conjunctivitis
- D) Fungal conjunctivitis
- E) Viral conjunctivitis

Correct Answer: A) Allergic conjunctivitis

Explanation:

Allergic conjunctivitis typically presents with itching, redness, tearing, and a "ropy" or stringy discharge. The bilateral involvement (after starting in one eye), clear vision, and involvement of a family member suggest an allergic origin. Viral conjunctivitis is also contagious, but it typically presents with a watery discharge rather than a ropy one.

- **Why Other Options Are Incorrect:**
  - **B) Bacterial conjunctivitis:** This would typically present with purulent discharge and is often unilateral initially.
  - **C) Cicatricial conjunctivitis:** This refers to chronic conjunctivitis with scarring (e.g., due to trachoma) and is not relevant here.
  - **D) Fungal conjunctivitis:** This is very rare and generally associated with contact lens wear or ocular trauma; it would also present differently, with potentially more severe inflammation.
  - **E) Viral conjunctivitis:** While viral conjunctivitis can present bilaterally and is contagious, it usually presents with a watery discharge rather than a thick, ropy discharge.

Question 73

Question: A 30-year-old male presents with loss of vision in his left eye after trauma, while the right eye is normal. Visual acuity in the right eye is hand movements (HM) while 6/6 in the left eye, with a right RAPD (relative afferent pupillary defect). On examination, red reflex is absent in the right eye, and the anterior segment is normal. There are pigmented cells in the vitreous. The retina is elevated with a tear in the superotemporal retina. What is your diagnosis?

Answer Choices:

- A) Exudative retinal detachment
- B) Macular hole
- C) Optic atrophy
- D) Rhegmatogenous retinal detachment (Correct Answer)
- E) Tractional retinal detachment

Correct Answer: D) Rhegmatogenous retinal detachment

Explanation:

Rhegmatogenous retinal detachment is the most common type of retinal detachment and occurs when there is a break or tear in the retina, allowing vitreous fluid to seep underneath and separate it from the underlying layers. In this case, the trauma and presence of a tear in the superotemporal retina, along with the absence of a red reflex and pigmented cells in the vitreous, support a diagnosis of rhegmatogenous retinal detachment.

- **Why Other Options Are Incorrect:**
    - **A) Exudative retinal detachment:** This occurs due to fluid accumulation without a tear in the retina and is often related to inflammatory, vascular, or neoplastic causes rather than trauma.
    - **B) Macular hole:** This would cause central vision loss but would not involve the retina's elevation or a tear, and it is not typically associated with pigmented cells in the vitreous.
    - **C) Optic atrophy:** This would present with a pale optic disc and would not involve retinal elevation or a tear.
    - **E) Tractional retinal detachment:** This is caused by fibrovascular bands pulling on the retina, commonly seen in diabetic retinopathy, rather than a trauma-induced tear.

Question 74

Question: A 65-year-old hypertensive patient is complaining of decreased vision in both eyes. Visual field examination reveals a right homonymous hemianopia, which is confirmed on perimetry as well. Which of the following is the most probable site of lesion?

Answer Choices:

- A) Left optic nerve
- B) Left optic tract
- C) Optic chiasma

- D) Right optic tract (Correct Answer)

Correct Answer: D) Right optic tract

Explanation:

A right homonymous hemianopia (loss of vision in the right visual field of both eyes) is indicative of a lesion in the left visual pathway, specifically in the right optic tract. Lesions in the optic tract after the optic chiasm affect the visual fields on the opposite side of the lesion.

- **Why Other Options Are Incorrect:**
    - **A) Left optic nerve:** A lesion here would cause monocular vision loss in the left eye, not a homonymous hemianopia.
    - **B) Left optic tract:** A lesion here would result in left-sided homonymous hemianopia, not right-sided.
    - **C) Optic chiasma:** A lesion at the optic chiasm typically causes bitemporal hemianopia (loss of peripheral vision in both eyes) due to disruption of the nasal fibers from each retina.

Question 75

Question: A 48-year-old diabetic patient presents with diplopia for the last 5 days. On examination, there is left hypertropia (upward deviation of the left eye) that increases in right gaze and with a head tilt to the right side. On extraocular motility testing, the most probable diagnosis is?

Answer Choices:

- A) Right inferior oblique palsy
- B) Right superior oblique palsy
- C) Left inferior rectus palsy
- D) Left inferior oblique palsy
- E) Left superior oblique palsy (Correct Answer)

Correct Answer: E) Left superior oblique palsy

Explanation:

The pattern of left hypertropia that worsens in right gaze and with a head tilt to the right side suggests a palsy of the left superior oblique muscle. Superior oblique palsy causes vertical diplopia that worsens in the opposite gaze and on head tilt to the side of the affected muscle due to the involvement of the trochlear nerve (cranial nerve IV).

- **Why Other Options Are Incorrect:**
    - **A) Right inferior oblique palsy:** This would cause right hypertropia (upward deviation of the right eye) rather than left.
    - **B) Right superior oblique palsy:** This would also cause right hypertropia and would worsen in left gaze and left head tilt.
    - **C) Left inferior rectus palsy:** This would result in issues with downward movement in the left eye, but it would not cause the specific pattern of worsening hypertropia in right gaze.

- **D) Left inferior oblique palsy:** Inferior oblique palsy would cause difficulty with upward gaze, but it would not match the hypertropia pattern observed in this case.

Question 76

Question: A 50-year-old woman presents to the eye OPD with severe pain and dimness of vision in her right eye. She has a history of right phacoemulsification with intraocular lens implantation 5 days ago. On examination, her visual acuity is 6/60 in the right eye with eyelid swelling, conjunctival congestion, and chemosis. There is a fibrinous exudate and hypopyon in the right eye. The fundus view is hazy. Which is the most likely involved pathogen?

Answer Choices:

- A) *Proteus* spp.
- B) *Pseudomonas* spp.
- C) *Staphylococcus aureus*
- D) *Staphylococcus epidermidis* (Correct Answer)
- E) *Streptococcus* spp.

Correct Answer: D) *Staphylococcus epidermidis*

Explanation:

The presentation is suggestive of postoperative endophthalmitis, a serious intraocular infection that can occur after cataract surgery with intraocular lens implantation. *Staphylococcus epidermidis* is a common culprit in postoperative endophthalmitis, especially because it is part of the normal flora of the skin and can enter the eye during surgery. This bacterium is known to cause a relatively delayed-onset endophthalmitis (typically within the first few days post-surgery), characterized by a hazy fundus, hypopyon, and pain.

- **Why Other Options Are Incorrect:**
    - **A) *Proteus* spp.:** This is a rare cause of endophthalmitis and is more commonly associated with urinary tract infections rather than eye infections.
    - **B) *Pseudomonas* spp.:** *Pseudomonas* is associated with more severe, rapidly progressing infections, often in contact lens wearers, but it is less commonly implicated in postoperative endophthalmitis.
    - **C) *Staphylococcus aureus*:** While *S. aureus* can cause postoperative endophthalmitis, it typically causes a more aggressive, fulminant form that might present with severe, rapid-onset symptoms shortly after surgery.
    - **E) *Streptococcus* spp.:** Although *Streptococcus* can cause endophthalmitis, it tends to be less common than *S. epidermidis* in postoperative cases, especially in delayed-onset endophthalmitis.

Question 77

Question: A 15-year-old girl presents to the eye clinic with a 2-day history of blurring in the right eye with pain on ocular movements. Examination reveals a visual acuity of 6/36 in the right eye and 6/6 in the left eye. There is a relative

afferent pupillary defect (RAPD). Fundus examination shows a right swollen optic disc, while the left fundus is normal. Systemic history and examination are not significant. What is the most appropriate diagnosis?

Answer Choices:

- A) Acute angle-closure glaucoma
- B) Anterior ischemic optic neuropathy
- C) Cavernous sinus thrombosis
- D) Giant cell arteritis
- E) Optic neuritis (Correct Answer)

Correct Answer: E) Optic neuritis

Explanation:

Optic neuritis is characterized by sudden, painful vision loss, especially with eye movement, often in young adults and teenagers. The presence of a swollen optic disc, RAPD, and pain on ocular movement is classic for optic neuritis. It is frequently associated with multiple sclerosis but can also occur in isolation.

- **Why Other Options Are Incorrect:**
    - **A) Acute angle-closure glaucoma:** This condition causes severe pain, blurred vision, a fixed mid-dilated pupil, and often elevated intraocular pressure (IOP), which is not described here.
    - **B) Anterior ischemic optic neuropathy (AION):** AION usually occurs in older patients and is often associated with vascular risk factors. It also presents with a painless loss of vision rather than pain with eye movements.
    - **C) Cavernous sinus thrombosis:** This condition would present with more pronounced systemic symptoms, such as fever, proptosis, and cranial nerve involvement (e.g., double vision or restricted eye movement), which are not seen in this case.
    - **D) Giant cell arteritis:** This is more common in elderly individuals, often presenting with jaw claudication, scalp tenderness, and systemic symptoms. It would be unusual in a 15-year-old and does not typically cause pain with eye movements.

Question 78

Question: An 80-year-old female presented to the Eye OPD with sudden onset painful right eye with decreased vision and associated nausea. On examination, she has right corneal edema with a mid-dilated pupil and intraocular pressure (IOP) of 60 mmHg. The left eye is normal except for having a shallow anterior chamber. What is the immediate next step of management?

Answer Choices:

- A) Intravenous Mannitol (Correct Answer)
- B) Laser iridotomy in the right eye
- C) Oral steroids

- D) Topical antibiotics in the right eye
- E) Trabeculectomy in the right eye

Correct Answer: A) Intravenous Mannitol

Explanation:

This presentation is characteristic of acute angle-closure glaucoma (AACG), which is an ophthalmologic emergency. Immediate management focuses on reducing intraocular pressure to relieve pain and prevent optic nerve damage. Intravenous mannitol acts as an osmotic agent to quickly reduce IOP by drawing fluid out of the eye. This is the most effective initial intervention before further treatments like laser iridotomy.

- **Why Other Options Are Incorrect:**
    - **B) Laser iridotomy in the right eye:** While laser iridotomy is a definitive treatment for angle-closure glaucoma, it is performed after IOP is reduced. With such high pressure (60 mmHg), immediate pressure-lowering medications are prioritized.
    - **C) Oral steroids:** Steroids do not play a role in the acute management of angle-closure glaucoma.
    - **D) Topical antibiotics in the right eye:** Antibiotics are not indicated in angle-closure glaucoma since it's not an infectious condition.
    - **E) Trabeculectomy in the right eye:** Trabeculectomy is a surgical option for glaucoma but is not the immediate treatment for acute angle closure.

Question 79

Question: A 53-year-old man presents with pain and redness in his left eye for the last 5 days. On examination, he has corneal ulceration involving the inferior one-third of the cornea. He also has left-sided facial palsy. What is your diagnosis?

Answer Choices:

- A) Exposure keratopathy (Correct Answer)
- B) Filamentary keratopathy
- C) Infectious crystalline keratopathy
- D) Neurotrophic keratopathy
- E) Thygeson superficial punctate keratitis

Correct Answer: A) Exposure keratopathy

Explanation:

Exposure keratopathy occurs when the cornea is not adequately protected or covered, often due to incomplete eyelid closure, which can happen with facial palsy (as seen in Bell's palsy). The corneal ulceration in the inferior part of the cornea is typical, as this area remains most exposed in cases of incomplete eyelid closure.

- **Why Other Options Are Incorrect:**
    - **B) Filamentary keratopathy:** This condition involves mucous filaments on the cornea, often associated with dry eye or chronic ocular surface irritation, and does not typically involve facial palsy.

- **C) Infectious crystalline keratopathy:** This is usually seen in patients with a compromised immune system or those who use long-term topical steroids. It presents with crystalline infiltrates rather than corneal ulceration and is unrelated to facial palsy.
- **D) Neurotrophic keratopathy:** Neurotrophic keratopathy results from a lack of corneal sensation due to nerve damage, leading to corneal ulceration. However, it typically affects central rather than inferior cornea and is not directly linked to facial palsy.
- **E) Thygeson superficial punctate keratitis:** This condition presents with small, coarse, punctate epithelial lesions scattered across the cornea and is unrelated to facial palsy or ulceration in a specific area.

Question 80

Question: A 5-year-old child went on a spring vacation to his village and was playing cricket. He sustained a cricket ball injury and developed decreased vision in his left eye. On slit lamp examination, there is blood in the anterior chamber. What is this condition called?

Answer Choices:

- A) Endophthalmitis
- B) Hyphaema (Correct Answer)
- C) Uveitis
- D) Keratitis
- E) Hypopyon

Correct Answer: B) Hyphaema

Explanation:

Hyphaema refers to the presence of blood in the anterior chamber of the eye, usually following trauma. The blunt trauma from the cricket ball is a common cause of hyphaema, which can lead to visual impairment and requires careful management to prevent complications.

- **Why Other Options Are Incorrect:**
  - **A) Endophthalmitis:** This is an infection of the intraocular contents, often presenting with pain, redness, and decreased vision but not typically isolated blood in the anterior chamber.
  - **C) Uveitis:** Uveitis is inflammation of the uveal tract and may present with redness, pain, and photophobia. Blood in the anterior chamber is not characteristic.
  - **D) Keratitis:** Keratitis is inflammation of the cornea, commonly presenting with pain, photophobia, and possible corneal ulcers, rather than blood in the anterior chamber.
  - **E) Hypopyon:** Hypopyon is the presence of pus or white blood cells in the anterior chamber, often associated with severe corneal infections, and does not occur solely due to blunt trauma like hyphaema.

Question 81

Question: A 58-year-old male presents with pain, dimness of vision, and watering in the left eye. On examination, he has visual acuity of 6/6 in the right eye and 6/60 in the left eye. He has a 2.3 x 2.8 mm corneal ulcer. Which of the following measures should be avoided in this patient?

Answer Choices:

- A) Antibiotics
- B) Antifungals
- C) Bandage contact lens (Correct Answer)
- D) Cycloplegics
- E) Irrigation with saline

Correct Answer: C) Bandage contact lens

Explanation:

In the management of corneal ulcers, bandage contact lenses are generally avoided because they can trap bacteria or fungi, potentially worsening the infection. The primary goal is to keep the ulcer clean and free from anything that could harbor additional pathogens or hinder treatment.

- **Why Other Options Are Incorrect:**
    - **A) Antibiotics:** These are often essential in treating bacterial corneal ulcers to prevent further infection and promote healing.
    - **B) Antifungals:** If there is a suspicion of a fungal cause, antifungals are important to treat the underlying infection.
    - **D) Cycloplegics:** Cycloplegics can provide pain relief in corneal ulcers by paralyzing the ciliary body, which helps reduce pain from ciliary spasm.
    - **E) Irrigation with saline:** This can help clean the eye and reduce debris without adding risk, making it a safe practice.

Question 82

Question: A 56-year-old diabetic patient presents with decreased vision in both eyes over the last year. On examination, the anterior segment is normal. Fundoscopy shows retinal hemorrhages in all four quadrants with diabetic macular edema. How would you measure the amount of macular edema in this patient?

Answer Choices:

- A) B-Scan ultrasonography
- B) Fundus autofluorescence (FAF)
- C) Fundus fluorescein angiography (FFA)
- D) Optical coherence tomography (OCT) (Correct Answer)
- E) Pachymetry

Correct Answer: D) Optical coherence tomography (OCT)

Explanation:

OCT is the gold standard for measuring macular edema, especially in diabetic patients. It provides high-resolution cross-sectional imaging of the retina, allowing for precise measurement of retinal thickness and the extent of edema.

- **Why Other Options Are Incorrect:**
    - **A) B-Scan ultrasonography:** This is used to visualize the retina when the view is obstructed (e.g., by vitreous hemorrhage) but does not offer detailed information on macular edema.
    - **B) Fundus autofluorescence (FAF):** FAF is used to assess the health of the retinal pigment epithelium and is not useful for measuring macular edema.
    - **C) Fundus fluorescein angiography (FFA):** While FFA can help detect leakage and areas of ischemia, it does not quantify macular thickness as effectively as OCT.
    - **E) Pachymetry:** Pachymetry measures corneal thickness and has no role in evaluating retinal edema.

Question 83

Question: A 52-year-old hypertensive patient presents with sudden-onset diplopia and face turn to the left. On examination, there is a left abduction deficit. The rest of the extraocular movements are normal. Which of the following nerves is involved in this condition?

Answer Choices:

- A) 2nd nerve
- B) 3rd nerve
- C) 4th nerve
- D) 5th nerve
- E) 6th nerve (Correct Answer)

Correct Answer: E) 6th nerve

Explanation:

The sixth cranial nerve (abducens nerve) is responsible for lateral movement (abduction) of the eye via the lateral rectus muscle. A left abduction deficit with diplopia suggests left sixth nerve palsy, which is commonly associated with conditions like hypertension, diabetes, or other vascular issues.

- **Why Other Options Are Incorrect:**
    - **A) 2nd nerve:** The second nerve (optic nerve) is responsible for vision and would not cause an abduction deficit.
    - **B) 3rd nerve:** The third nerve (oculomotor nerve) controls most other extraocular muscles, and its involvement typically causes ptosis, a "down and out" eye position, and potentially pupil dilation.
    - **C) 4th nerve:** The fourth nerve (trochlear nerve) controls the superior oblique muscle, and its palsy would cause vertical diplopia, especially when looking down.

- **D) 5th nerve:** The fifth nerve (trigeminal nerve) is primarily responsible for facial sensation and does not control eye movement.

Question 84

Question: A 5-year-old infant is brought to the eye OPD with a white pupillary reflex in both eyes since birth. He is systemically well, but on examination, he has bilateral cataracts and microcorneas. There is no family history of this condition. Imaging and scans are normal. What will be your next step in management?

Answer Choices:

- A) Corneal topography
- B) OCT macula
- C) CT brain
- D) Mantoux test
- E) TORCH serology (Correct Answer)

Correct Answer: E) TORCH serology

Explanation:

The presence of bilateral congenital cataracts and microcorneas with no family history suggests a possible congenital infection. The TORCH panel (Toxoplasmosis, Other [such as syphilis], Rubella, Cytomegalovirus, and Herpes simplex) helps identify infections that could cause congenital cataracts and other ocular anomalies.

- **Why Other Options Are Incorrect:**
  - **A) Corneal topography:** This assesses corneal shape abnormalities but is not useful for diagnosing congenital infections.
  - **B) OCT macula:** OCT evaluates macular structure and is unlikely to provide relevant information for congenital cataracts and suspected infectious causes.
  - **C) CT brain:** While CT brain might identify structural brain abnormalities, it would not assist in diagnosing the cause of congenital cataracts.
  - **D) Mantoux test:** The Mantoux test is a tuberculin skin test for tuberculosis, which is not indicated in the evaluation of congenital cataracts and microcorneas.

Question 85

Question: A 9-year-old boy has 30 prism diopters of left esotropia. On full-time wear of +5 diopter glasses, the deviation decreased to 15 prism diopters. What is the next treatment option at this stage?

Answer Choices:

- A) Contact lenses

- B) Surgery for remaining squint (Correct Answer)
- C) Low vision devices
- D) Telescopes
- E) Multivitamin syrup

Correct Answer: B) Surgery for remaining squint

Explanation:

In cases of esotropia that partially improve with glasses but still have significant residual deviation (15 prism diopters in this case), surgery is often recommended to correct the remaining alignment problem. Glasses alone are insufficient to fully correct the squint, so surgery is the next logical step.

- **Why Other Options Are Incorrect:**
    - **A) Contact lenses:** Contact lenses would not significantly impact the esotropia, as they don't address the alignment issue in the same way that surgery can.
    - **C) Low vision devices:** These are used to aid vision in cases of visual impairment but do not correct squint or alignment issues.
    - **D) Telescopes:** Telescopes are assistive devices for low vision but do not address strabismus.
    - **E) Multivitamin syrup:** This has no role in managing strabismus or esotropia.

Question 86

Question: An 18-year-old girl has had a severe headache for six months, along with defective vision on the temporal sides of her visual fields. What is the most probable diagnosis?

Answer Choices:

- A) Occipital infarct
- B) Optic nerve glioma
- C) Optic neuritis
- D) Optic tract glioma
- E) Pituitary adenoma (Correct Answer)

Correct Answer: E) Pituitary adenoma

Explanation:

Bitemporal hemianopia (defective vision on the temporal sides of the visual fields) is a classic sign of a pituitary adenoma, which compresses the optic chiasm where the nasal fibers cross. This pattern of visual loss, along with a history of a chronic headache, strongly suggests a pituitary adenoma.

- **Why Other Options Are Incorrect:**
    - **A) Occipital infarct:** This would cause homonymous hemianopia (loss of the same side of the visual field in both eyes) rather than bitemporal hemianopia.

- **B) Optic nerve glioma:** Optic nerve gliomas usually cause unilateral vision loss and do not typically produce bitemporal visual field defects.
- **C) Optic neuritis:** Optic neuritis generally presents with acute, painful vision loss and does not cause a specific bitemporal field defect.
- **D) Optic tract glioma:** An optic tract lesion would cause homonymous hemianopia rather than a bitemporal field defect.

Question 87

Question: A 40-year-old lady complains of left eye redness of 2 days' duration associated with photophobia and watery discharge. On exam, visual acuity is 6/12 in both eyes. The cornea reveals dendritic lesions that stain well with fluorescein. Corneal sensations are reduced in the left eye. Which of the following is the most appropriate management?

Answer Choices:

- A) Artificial tears
- B) Topical NSAIDs
- C) Topical cyclosporine
- D) Topical antivirals (Correct Answer)
- E) Topical steroids

Correct Answer: D) Topical antivirals

Explanation:

Dendritic lesions on the cornea with decreased corneal sensation are highly indicative of herpes simplex keratitis, which is treated with topical antivirals. Herpes simplex keratitis often presents with photophobia, watery discharge, and a characteristic dendritic staining pattern on the cornea.

- **Why Other Options Are Incorrect:**
  - **A) Artificial tears:** These may provide symptomatic relief but do not treat the underlying viral infection.
  - **B) Topical NSAIDs:** NSAIDs can help with pain, but they do not treat viral infections and are not recommended as primary treatment.
  - **C) Topical cyclosporine:** Cyclosporine is an immunomodulatory agent used for chronic inflammatory conditions like dry eye syndrome and would not be appropriate for acute viral keratitis.
  - **E) Topical steroids:** Steroids are contraindicated in herpes simplex keratitis because they can worsen the infection and potentially lead to corneal perforation.

Question 88

Question: A 55-year-old patient presents with decreased vision in the right eye for the last 3 days, associated with watering and foreign body sensation. There are also pustules and blisters involving the right side of the forehead,

extending up to the tip of the nose, with severe pain and tingling sensation. Ocular examination shows corneal dendritic ulceration. What is the most probable diagnosis in this case?

Answer Choices:

- A) Atopic keratoconjunctivitis
- B) Fungal infection
- C) Herpes simplex infection
- D) Herpes zoster ophthalmicus (Correct Answer)
- E) Steven Johnson syndrome

Correct Answer: D) Herpes zoster ophthalmicus

Explanation:

The presentation of unilateral vesicular rash involving the forehead and nose (following the distribution of the ophthalmic branch of the trigeminal nerve), along with eye involvement and severe pain and tingling, is characteristic of **Herpes zoster ophthalmicus**. The dendritic ulceration seen on ocular examination can also occur in herpes zoster infections, although it is more common in herpes simplex infections. The involvement of the tip of the nose (Hutchinson's sign) is a strong indicator of potential ocular involvement in herpes zoster, as the nasociliary branch of the trigeminal nerve is affected.

- **Why Other Options Are Incorrect:**
    - **A) Atopic keratoconjunctivitis:** This is a chronic allergic condition that affects the eyes but does not cause a vesicular rash or dermatomal distribution of pustules and blisters on the skin.
    - **B) Fungal infection:** Fungal keratitis typically presents with corneal ulcers but does not produce a dermatomal rash or systemic vesicular symptoms as described.
    - **C) Herpes simplex infection:** While herpes simplex can cause dendritic lesions on the cornea, it would not present with the dermatomal rash extending to the forehead and tip of the nose. Herpes simplex infections typically affect the lips or perioral area when involving the skin.
    - **E) Steven Johnson syndrome:** This condition involves a severe, systemic reaction often triggered by medications or infections and results in widespread skin and mucous membrane lesions but does not follow a dermatomal pattern or involve the type of blisters described.

Question 89

A young man recently shifted to a new home and was doing white wash of the room. Suddenly he slipped and the white wash fell in both eyes. What immediate treatment is needed?

A) Copious wash of eyes with water/saline
B) Pad both eyes
C) Put local anesthesia eye drops in eyes
D) Start antiglaucoma medicines
E) Start antibiotic eye drops

- **Correct Option**: **A) Copious wash of eyes with water/saline**

- **Explanation**: Chemical injuries to the eye, such as from lime or whitewash, require immediate and thorough irrigation with water or saline to remove the chemical and minimize damage to ocular tissues.

- **Why Other Options Are Incorrect**:
  - **B) Pad both eyes**: Padding does not remove the chemical and can delay treatment.
  - **C) Put local anesthesia eye drops in eyes**: While this may reduce pain, it does not address the chemical exposure.
  - **D) Start antiglaucoma medicines**: Glaucoma medications are irrelevant in this acute chemical injury.
  - **E) Start antibiotic eye drops**: Antibiotics are not the immediate priority in a chemical burn.

Question 90

A 30-year-old female presented to Eye OPD with sudden onset redness in the right eye (RE) with photophobia and decreased vision. Systemic history is positive for low back pain. On examination, her visual acuity is 6/18 in RE. There is conjunctival congestion, keratic precipitates (KPs), and +4 cells in the anterior chamber. Fundus examination is unremarkable. What is the primary treatment of this patient?

A) Oral antibiotics
B) Oral steroids
C) Subtenon steroids
D) Topical antibiotics
E) Topical steroids

- **Correct Option**: **E) Topical steroids**
  - **Explanation**: The presentation is consistent with anterior uveitis, which is commonly associated with systemic autoimmune diseases like ankylosing spondylitis (suggested by her low back pain). Topical steroids are the mainstay of treatment to reduce inflammation in anterior uveitis.

- **Why Other Options Are Incorrect**:
  - **A) Oral antibiotics**: Antibiotics are not indicated for uveitis.
  - **B) Oral steroids**: Oral steroids are considered if the uveitis is unresponsive to topical treatment.
  - **C) Subtenon steroids**: Reserved for severe cases or when topical therapy is ineffective.
  - **D) Topical antibiotics**: There is no indication of an infectious cause that would require antibiotics.

Question 91

A 60-year-old man presented to Eye OPD with transient visual loss in the left eye that lasts for a few minutes. These episodes occur several times a day. Ocular examination is unremarkable. Which of the following is the most appropriate initial investigation?

A) Chest X-ray
B) CT brain
C) Electrocardiogram
D) Thyroid function tests
E) Renal function tests

- **Correct Option**: **C) Electrocardiogram**
    - **Explanation**: Transient visual loss, especially when lasting a few minutes, could be due to embolic events or cardiac arrhythmias. An ECG is a non-invasive, initial test to evaluate for potential cardiac causes of embolic phenomena.
- **Why Other Options Are Incorrect**:
    - **A) Chest X-ray**: This is unlikely to provide useful information for transient visual loss.
    - **B) CT brain**: A CT scan may be indicated later if neurological symptoms persist, but ECG is simpler and appropriate initially.
    - **D) Thyroid function tests**: Thyroid issues are not directly related to transient visual loss.
    - **E) Renal function tests**: Renal issues are not typically related to transient episodes of visual loss.

Question 92

A 2-week-old infant is brought to Eye OPD with the history of absent pupillary reflex in both eyes since birth. He is systemically normal. On examination, child cannot fix and follow. There are bilateral cataracts and microcorneas. There is no view of posterior segment. B scans are normal. What are the preferred timings of surgery for this child?

A) At 12 weeks age
B) At 5 weeks age
C) At 18 weeks age
D) At 25 weeks age
E) At 30 weeks age

- **Correct Option**: **B) At 5 weeks age**
    - **Explanation**: Early intervention in congenital cataracts is crucial to prevent amblyopia. Surgery is generally recommended around 4–6 weeks of age in bilateral cases to optimize visual development.
- **Why Other Options Are Incorrect**:
    - **A) At 12 weeks age**: Delaying surgery to this age may result in irreversible amblyopia.
    - **C) At 18 weeks age**: Surgery at this age may be too late to prevent visual impairment.
    - **D) At 25 weeks age**: Further delays increase the risk of poor visual outcomes.
    - **E) At 30 weeks age**: This is significantly delayed and would likely result in severe amblyopia.

Question 93

A 30-year-old farmer presented to you with pain and redness in the right eye for the last 2 days. On inquiry, he had trauma to his right eye with a bush of tree. On examination, visual acuity in his right eye is 6/36. He has a 5 × 3 mm corneal ulcer with satellite lesions. What is your diagnosis?

A) Acanthamoeba keratitis
B) Bacterial conjunctivitis
C) Fungal keratitis
D) Marginal keratitis
E) Viral keratitis

- **Correct Option**: **C) Fungal keratitis**
    - **Explanation**: Fungal keratitis is often associated with trauma involving vegetative matter and presents with a corneal ulcer with satellite lesions, making this the most likely diagnosis.
- **Why Other Options Are Incorrect**:
    - **A) Acanthamoeba keratitis**: This is usually associated with contact lens use and presents with ring-shaped infiltrates.
    - **B) Bacterial conjunctivitis**: Conjunctivitis does not typically cause corneal ulcers or satellite lesions.
    - **D) Marginal keratitis**: This affects the corneal periphery and is usually not associated with trauma.
    - **E) Viral keratitis**: Viral keratitis usually presents with dendritic ulcers and is not associated with satellite lesions.

Question 94

A 35-year-old obese woman presented to eye OPD with severe headache, especially in the morning. It worsens on bending forward. She also complains of visual obscurations lasting a few seconds. She is taking oral contraceptive pills for the last 1 year. She is non-diabetic and non-hypertensive. On examination, her visual acuity is 6/6. There is no RAPD. Anterior segment examination is unremarkable. Fundus examination shows bilateral swollen discs with hemorrhages and exudates. What will be your next step of management?

A) CT brain
B) Lumbar puncture
C) MRI brain
D) Oral acetazolamide
E) Oral topiramate

- **Correct Option**: **C) MRI brain**
    - **Explanation**: This presentation is suggestive of idiopathic intracranial hypertension (IIH), often seen in obese women. MRI of the brain is required to rule out secondary causes of increased intracranial pressure before considering lumbar puncture or treatment with acetazolamide.
- **Why Other Options Are Incorrect**:
    - **A) CT brain**: MRI is preferred for detailed evaluation in IIH.
    - **B) Lumbar puncture**: This can be done after imaging to confirm raised intracranial pressure, but only once other causes have been ruled out.

- **D) Oral acetazolamide**: This is a treatment for IIH but should be started after confirming the diagnosis.
- **E) Oral topiramate**: While it can reduce intracranial pressure, it is not first-line management without imaging confirmation.

Question 95

A 6-month-old infant is brought by parents with complaints of watering, redness, photophobia, and blepharospasm. On examination, he has nystagmus with enlarged hazy cornea. Fundus examination is not possible due to poor view. IOP is 30 in both eyes under sedation. What is your diagnosis?

A) Conjunctivitis
B) Congenital glaucoma
C) Congenital myopia
D) Congenital nasolacrimal duct obstruction
E) Congenital rubella keratitis

- **Correct Option**: **B) Congenital glaucoma**
  - **Explanation**: The presence of photophobia, blepharospasm, hazy cornea, and elevated intraocular pressure (IOP) are classic signs of congenital glaucoma.
- **Why Other Options Are Incorrect**:
  - **A) Conjunctivitis**: Conjunctivitis would not present with increased IOP or hazy cornea.
  - **C) Congenital myopia**: This does not present with elevated IOP or corneal haze.
  - **D) Congenital nasolacrimal duct obstruction**: This would cause watering but not photophobia or elevated IOP.
  - **E) Congenital rubella keratitis**: This condition may affect the cornea but typically does not cause elevated IOP.

Question 96

A 4-year-old girl has convergent squint of the left eye. On examination, she has left amblyopia. What is the best treatment option for her?

A) Glasses
B) Multivitamins
C) Observation
D) Patch therapy
E) Surgery

- **Correct Option**: **D) Patch therapy**
  - **Explanation**: Patch therapy, or occlusion therapy, is the primary treatment for amblyopia. Covering the dominant eye forces the brain to use the amblyopic eye, thereby improving vision.
- **Why Other Options Are Incorrect**:

- **A) Glasses**: Glasses may correct refractive errors but do not directly treat amblyopia.
- **B) Multivitamins**: These are not effective in treating amblyopia.
- **C) Observation**: This would delay treatment, potentially worsening amblyopia.
- **E) Surgery**: Surgery may correct the squint but does not address amblyopia directly.

Question 97

A 7-year-old boy developed pain and swelling of the right orbital region for 3 days. He has a history of sinusitis for 1 week. On examination, he has right proptosis with reduced ocular motility and conjunctival chemosis. His vision is 6/36 in the right eye. What is the most appropriate treatment in this patient?

A) Systemic antibiotics
B) Systemic steroids
C) Topical antibiotics
D) Topical cycloplegics
E) Topical steroids

- **Correct Option**: **A) Systemic antibiotics**
  - **Explanation**: Pain, proptosis, reduced ocular motility, and chemosis in the setting of a recent sinus infection suggest orbital cellulitis, which requires immediate treatment with systemic antibiotics to prevent complications.
- **Why Other Options Are Incorrect**:
  - **B) Systemic steroids**: Steroids alone are not indicated in bacterial orbital cellulitis.
  - **C) Topical antibiotics**: These would not penetrate deeply enough to treat orbital cellulitis.
  - **D) Topical cycloplegics**: These are used for anterior uveitis, not orbital cellulitis.
  - **E) Topical steroids**: Steroids are not indicated as initial treatment in bacterial infections like orbital cellulitis.

Question 98

A 30-year-old female presented to eye OPD with sudden onset redness in the right eye (RE) with photophobia and decreased vision. Systemic history is positive for low back pain. On examination, her visual acuity is 6/18 in RE. There is conjunctival congestion, keratic precipitates (KPs), and +4 cells in the anterior chamber. Fundus examination is unremarkable. What is your diagnosis?

A) Anterior uveitis
B) Endophthalmitis
C) Intermediate uveitis
D) Pan-uveitis
E) Posterior uveitis

- **Correct Option**: **A) Anterior uveitis**

- **Explanation**: Photophobia, decreased vision, conjunctival congestion, keratic precipitates, and cells in the anterior chamber are signs of anterior uveitis. The patient's history of low back pain could suggest an underlying autoimmune condition like ankylosing spondylitis, which is associated with anterior uveitis.

- **Why Other Options Are Incorrect**:
  - **B) Endophthalmitis**: This usually follows surgery or trauma and presents with more severe symptoms.
  - **C) Intermediate uveitis**: Intermediate uveitis affects the vitreous and does not typically present with anterior chamber inflammation.
  - **D) Pan-uveitis**: This involves inflammation of all parts of the uveal tract, including posterior segments.
  - **E) Posterior uveitis**: This affects the retina and choroid, not the anterior chamber.

Question 99

A 5-year-old child is brought by her mother to you with deviation of the right eye since birth. On Hirschberg test, the light reflex was falling on the inner (nasal) border of the right pupil. What is your diagnosis?

A) Esotropia 15 degrees
B) Esotropia 15 prism diopters
C) Exotropia 15 degrees
D) Exotropia 15 prism diopters
E) Hypertropia 15 prism diopters

- **Correct Option**: **B) Esotropia 15 prism diopters**
  - **Explanation**: In the Hirschberg test, if the light reflex is on the inner (nasal) border of the pupil, this indicates that the eye is turned inward, a condition known as esotropia. The amount of deviation is typically measured in prism diopters rather than degrees.

- **Why Other Options Are Incorrect**:
  - **A) Esotropia 15 degrees**: Esotropia is measured in prism diopters, not degrees.
  - **C) Exotropia 15 degrees**: Exotropia indicates an outward deviation, which does not match the described inward deviation (esotropia).
  - **D) Exotropia 15 prism diopters**: This also refers to an outward deviation.
  - **E) Hypertropia 15 prism diopters**: Hypertropia refers to a vertical misalignment, not horizontal.

Question 100

A 4-month-old infant is brought by parents to Eye OPD with a white pupillary reflex in the right eye since birth. The infant is not fixing and following light with the right eye. Examination under anesthesia (EUA) reveals rubeosis iridis and a retrolental mass with vitreous seeds in the right eye. Intraocular pressure is 35 in the right eye and 8 in the left eye. Left eye examination is unremarkable. MRI shows no invasion of the optic nerve. How will you treat this infant?

A) Chemotherapy
B) Cryotherapy

C) Enucleation
D) Laser photocoagulation
E) Radiotherapy

- **Correct Option**: **C) Enucleation**
    - **Explanation**: The presence of a white pupillary reflex (leukocoria), rubeosis iridis, elevated intraocular pressure, and a retrolental mass with vitreous seeds strongly suggests advanced retinoblastoma. Enucleation is the primary treatment to prevent metastasis in cases where there is no optic nerve invasion.
- **Why Other Options Are Incorrect**:
    - **A) Chemotherapy**: Chemotherapy is used in cases where eye preservation is possible or to shrink tumors before other treatments, but it is not the primary treatment in advanced cases like this.
    - **B) Cryotherapy**: This is effective for smaller, peripheral tumors, not for advanced intraocular disease.
    - **D) Laser photocoagulation**: Useful for smaller tumors but not for advanced retinoblastoma.
    - **E) Radiotherapy**: Not the first-line treatment for advanced intraocular retinoblastoma with no optic nerve invasion.

Question 101

A 70-year-old woman came to OPD with complaints of sudden decrease in vision in her left eye with associated headache. The patient was also complaining of jaw claudication and pain on combing hair. On examination, her visual acuity is counting fingers in the left eye with RAPD and swollen optic disc. Her ESR was 60. What is your diagnosis?

A) Arteritic anterior ischemic optic neuropathy
B) Neuroretinitis
C) Non-Arteritic anterior ischemic optic neuropathy
D) Optic neuritis
E) Posterior ischemic optic neuropathy

- **Correct Option**: **A) Arteritic anterior ischemic optic neuropathy**
    - **Explanation**: The symptoms of sudden vision loss, jaw claudication, and high ESR suggest giant cell arteritis, which leads to arteritic anterior ischemic optic neuropathy (AAION). This condition is an ophthalmic emergency as it can cause irreversible vision loss.
- **Why Other Options Are Incorrect**:
    - **B) Neuroretinitis**: This condition typically presents with a "macular star" and is not associated with jaw claudication or high ESR.
    - **C) Non-Arteritic anterior ischemic optic neuropathy**: This does not involve jaw claudication and is usually seen in patients with systemic vascular risk factors without high ESR.
    - **D) Optic neuritis**: Commonly associated with multiple sclerosis and does not typically cause jaw pain or elevated ESR.

- **E) Posterior ischemic optic neuropathy**: This condition does not present with a swollen optic disc and jaw claudication.

Question 102

A 50-year-old man presented to you with watering and redness in both eyes for the last 1 year. He had a previous history of cicatricial conjunctivitis. On examination, you found inward rotation of lower eyelids. What is your diagnosis?

A) Lower lid ectropion
B) Lower lid entropion
C) Lower lid epiblepharon
D) Lower lid ptosis
E) Lower lid trichiasis

- **Correct Option**: **B) Lower lid entropion**
  - **Explanation**: Entropion refers to the inward turning of the eyelid margin, often causing eyelashes to rub against the cornea and conjunctiva, leading to irritation and redness. It can be associated with scarring from cicatricial conjunctivitis.
- **Why Other Options Are Incorrect**:
  - **A) Lower lid ectropion**: This is an outward turning of the eyelid, not inward.
  - **C) Lower lid epiblepharon**: This is a condition where an extra skin fold causes lashes to push against the eye, but it is more common in children.
  - **D) Lower lid ptosis**: Ptosis refers to drooping of the eyelid, not an inward turning.
  - **E) Lower lid trichiasis**: Trichiasis involves misdirected eyelashes but does not involve an inward turning of the lid margin.

Question 103

A 60-year-old uncontrolled diabetic woman presented with sudden decrease in vision in her right eye. On examination, there are bilateral cataracts. There is no RAPD. Fundus view is not clear. What investigation will you advise to assess any associated posterior segment pathology?

A) B-Scan ultrasonography
B) Fundus autofluorescence
C) Fundus fluorescein angiography
D) Optical coherence tomography
E) Retinal photography

- **Correct Option**: **A) B-Scan ultrasonography**
  - **Explanation**: B-scan ultrasonography is useful in assessing the posterior segment when the fundus view is obscured by media opacities, such as dense cataracts, which are common in diabetic patients.
- **Why Other Options Are Incorrect**:

- **B) Fundus autofluorescence**: This requires a clear view of the fundus, which is not possible with dense cataracts.
- **C) Fundus fluorescein angiography**: Not useful if the fundus view is obstructed.
- **D) Optical coherence tomography**: Also requires a clear view of the retina, which is obstructed by the cataract.
- **E) Retinal photography**: This too would be hindered by the cataract opacity.

Question 104

A 56-year-old man presented with gradual progressive decrease in vision in the right eye over the last 8 months. On examination, the vision is 6/60 in the right eye and 6/9 in the left eye with no improvement with pinhole. Fundus examination is hazy but seems to be normal. What is the most probable diagnosis?

A) Age-related macular degeneration
B) Cataract
C) Diabetic retinopathy
D) Glaucoma
E) Vitreous hemorrhage

- **Correct Option**: **B) Cataract**
  - **Explanation**: A gradual decrease in vision with no pinhole improvement and a hazy view of the fundus is indicative of cataract. Cataracts cause progressive vision loss and may obscure the fundus view if advanced.
- **Why Other Options Are Incorrect**:
  - **A) Age-related macular degeneration**: This typically affects central vision and does not cause a hazy fundus view.
  - **C) Diabetic retinopathy**: Diabetic retinopathy would show retinal changes such as hemorrhages or exudates on fundus examination.
  - **D) Glaucoma**: Glaucoma affects peripheral vision initially and does not cause a hazy fundus view.
  - **E) Vitreous hemorrhage**: This would cause a sudden decrease in vision and obscured fundus view, not gradual progressive vision loss.

Question 105

A 65-year-old man presented with decreased vision in both eyes from the last 2 years. On examination, he has a visual acuity of CF 3 meters in both eyes. On examination, anterior segment is normal in both eyes, and there is retinal pigment epithelial atrophy with scars in the macular region. He is non-diabetic and non-hypertensive. What is the most probable diagnosis?

A) Age-related macular degeneration
B) Central serous chorioretinopathy
C) Exudative retinal detachment

D) Lattice degeneration
E) Retinitis pigmentosa

- **Correct Option**: **A) Age-related macular degeneration**
    - **Explanation**: The presence of retinal pigment epithelial atrophy and macular scars, along with a long history of decreased vision in an elderly patient, suggests age-related macular degeneration (AMD), particularly the dry form.
- **Why Other Options Are Incorrect**:
    - **B) Central serous chorioretinopathy**: This condition is characterized by serous retinal detachment and does not cause macular scars or atrophy.
    - **C) Exudative retinal detachment**: This would cause retinal detachment but does not typically present with macular atrophy.
    - **D) Lattice degeneration**: This is a peripheral retinal degeneration, not involving the macula.
    - **E) Retinitis pigmentosa**: RP usually presents with peripheral vision loss and characteristic bone spicule pigmentation, not macular atrophy.

Question 106

A 35-year-old male presented to Eye OPD with sudden loss of vision in his right eye. He has a history of trauma to the right eye with a cricket ball 1 month ago. On examination, his visual acuity is 6/36 in the right eye and 6/6 in the left eye. He is having right eye RAPD. What is the likely cause of his right eye RAPD?

A) Cataract
B) Episcleritis
C) Keratitis
D) Retinal detachment
E) Scleritis

- **Correct Option**: **D) Retinal detachment**
    - **Explanation**: A history of trauma with a sudden loss of vision and presence of RAPD (relative afferent pupillary defect) suggests a significant posterior segment pathology such as retinal detachment, which can affect the afferent visual pathway.
- **Why Other Options Are Incorrect**:
    - **A) Cataract**: Cataract does not typically cause RAPD.
    - **B) Episcleritis**: This is an inflammation of the episcleral tissue and does not affect the afferent pathway.
    - **C) Keratitis**: Corneal involvement does not usually cause RAPD.
    - **E) Scleritis**: Scleritis is painful and does not cause RAPD.

Question 107

A 45-year-old laborer presented to your clinic with complaints of watering and irritation, more frequently during sun exposure. On slit lamp examination, you observe a wedge-shaped growth of the conjunctiva that extends onto the nasal cornea. What is your diagnosis?

A) Limbal Dermoid
B) Nodular Phlyctenule
C) Pinguecula
D) Pterygium
E) Scleritis

- **Correct Option**: **D) Pterygium**
    - **Explanation**: Pterygium is a wedge-shaped, fibrovascular growth on the conjunctiva that commonly extends onto the cornea, often associated with sun exposure, irritation, and dryness.
- **Why Other Options Are Incorrect**:
    - **A) Limbal Dermoid**: This is a congenital, benign mass usually located at the limbus.
    - **B) Nodular Phlyctenule**: This appears as a raised, inflammatory nodule, typically due to hypersensitivity reactions.
    - **C) Pinguecula**: A benign growth on the conjunctiva that does not extend onto the cornea.
    - **E) Scleritis**: This is a painful inflammation of the sclera, without conjunctival growth onto the cornea.

Question 108

A 6-month-old infant is brought by parents with complaints of watering, redness, photophobia, and blepharospasm. On examination, he has nystagmus with enlarged hazy cornea. Fundus examination is not possible due to poor view. IOP is 30 in both eyes under sedation. How will you treat?

A) Artificial drainage device
B) Cyclocryopexy
C) Cyclodiode laser
D) Trabeculotomy
E) Trabeculectomy

- **Correct Option**: **D) Trabeculotomy**
    - **Explanation**: The clinical features suggest congenital glaucoma, characterized by elevated IOP, corneal haze, and photophobia. Trabeculotomy is often the first-line surgical procedure in managing congenital glaucoma.
- **Why Other Options Are Incorrect**:
    - **A) Artificial drainage device**: Typically used in refractory glaucoma cases or after failed initial surgeries.
    - **B) Cyclocryopexy**: Not a primary treatment for congenital glaucoma.
    - **C) Cyclodiode laser**: This is used for refractory glaucoma in older children or adults, not typically in infants.

- **E) Trabeculectomy**: Generally not the first choice in congenital glaucoma, trabeculotomy is preferred for better outcomes in infants.

Question 109

A 65-year-old woman presented with pain in the left eye since yesterday. She has a history of left phacoemulsification 3 days back. On examination, the vision is counting fingers in the left eye with conjunctival congestion and corneal edema along with hypopyon in the anterior chamber. What is the most appropriate treatment?

A) Intravitreal antibiotics
B) Peribulbar antibiotics
C) Subtenon antibiotics
D) Systemic antibiotics
E) Topical antibiotics

- **Correct Option**: **A) Intravitreal antibiotics**
  - **Explanation**: The presentation of pain, vision loss, conjunctival congestion, corneal edema, and hypopyon following recent intraocular surgery suggests post-operative endophthalmitis. Intravitreal antibiotics are the mainstay treatment to control infection directly within the eye.
- **Why Other Options Are Incorrect**:
  - **B) Peribulbar antibiotics**: These would not provide adequate intraocular concentration for endophthalmitis.
  - **C) Subtenon antibiotics**: Not appropriate for treating endophthalmitis.
  - **D) Systemic antibiotics**: Systemic antibiotics alone may not achieve sufficient intraocular levels.
  - **E) Topical antibiotics**: These are insufficient for treating severe intraocular infections.

Question 110

A 60-year-old man presents to you with sudden loss of vision in his left eye. He is a known cardiac patient. On examination, VA is PL+ in the left eye. Anterior segment is normal while fundus shows white cloudy retina with cherry red spot. What is your diagnosis?

A) Branch retinal artery occlusion
B) Branch retinal vein occlusion
C) Central retinal artery occlusion
D) Central retinal vein occlusion
E) Hemiretinal vein occlusion

- **Correct Option**: **C) Central retinal artery occlusion**
  - **Explanation**: A sudden loss of vision with a characteristic fundus finding of a white, cloudy retina and cherry red spot is indicative of central retinal artery occlusion (CRAO). This condition often occurs in individuals with cardiovascular risk factors.
- **Why Other Options Are Incorrect**:

- **A) Branch retinal artery occlusion**: This would affect only a portion of the retina, not cause a full loss of vision or cherry red spot.
- **B) Branch retinal vein occlusion**: This typically presents with retinal hemorrhages, not a cherry red spot.
- **D) Central retinal vein occlusion**: Characterized by retinal hemorrhages and dilated, tortuous veins, not a cherry red spot.
- **E) Hemiretinal vein occlusion**: Similar to CRVO, would not present with a cherry red spot.

Question 111

A 55-year-old female patient presented with decreased vision in the left eye along with complaints of watering from the left eye. On examination, you found that the patient is having mature cataract in the left eye with a positive regurgitation test of mucopurulent discharge on the same side. Which procedure would you prefer to do first?

A) Both cataract and DCR surgery in the same setting
B) Cataract surgery alone
C) Dacryocystorhinostomy (DCR) surgery alone
D) Give antibiotics for chronic dacryocystitis and do cataract surgery
E) No surgical intervention at the moment

- **Correct Option**: **C) Dacryocystorhinostomy (DCR) surgery alone**
  - **Explanation**: A positive regurgitation test with mucopurulent discharge indicates chronic dacryocystitis. Performing cataract surgery in the presence of infection increases the risk of endophthalmitis. Hence, DCR surgery to resolve the infection should be done before cataract surgery.
- **Why Other Options Are Incorrect**:
  - **A) Both cataract and DCR surgery in the same setting**: Performing both surgeries simultaneously is not advised due to the infection risk.
  - **B) Cataract surgery alone**: This could lead to infection spreading to the eye.
  - **D) Give antibiotics for chronic dacryocystitis and do cataract surgery**: Antibiotics alone may not fully resolve the infection.
  - **E) No surgical intervention at the moment**: DCR is necessary to treat the chronic infection.

Question 112

A 50-year-old woman presents to you with gradual onset dimness of vision in both eyes for the last 1 year. She is known diabetic for the last 10 years. On examination, her visual acuity is 6/24 in both eyes. Anterior segment examination is within normal limits. Fundus examination shows proliferative diabetic retinopathy with macular edema. How will you treat this patient?

A) Anti-VEGF
B) Cryotherapy
C) Diffuse laser

D) Focal laser
E) Pars plana vitrectomy

- **Correct Option**: **A) Anti-VEGF**
    - **Explanation**: Proliferative diabetic retinopathy with macular edema is typically treated with anti-VEGF injections to reduce macular edema and inhibit abnormal blood vessel growth.
- **Why Other Options Are Incorrect**:
    - **B) Cryotherapy**: Rarely used in diabetic retinopathy.
    - **C) Diffuse laser**: Not indicated as a first-line treatment for macular edema.
    - **D) Focal laser**: While useful for focal macular edema, anti-VEGF is generally preferred.
    - **E) Pars plana vitrectomy**: Reserved for cases with significant vitreous hemorrhage or tractional retinal detachment.

Question 113

A 60-year-old male presented to you with sudden painless loss of vision in his right eye. VA in the right eye is CF, while it is 6/6 in the left eye. On fundus examination, there were flame-shaped hemorrhages in all quadrants, dilated tortuous vessels, and swollen optic disc. Which complication will you expect in this patient at 3 months after the event?

A) Angle closure glaucoma
B) Choroidal detachment
C) Neovascular glaucoma
D) Open angle glaucoma
E) Retinal detachment

- **Correct Option**: **C) Neovascular glaucoma**
    - **Explanation**: The description of flame-shaped hemorrhages, dilated tortuous vessels, and disc swelling suggests central retinal vein occlusion (CRVO). Neovascular glaucoma is a common complication following CRVO due to ischemia-induced neovascularization.
- **Why Other Options Are Incorrect**:
    - **A) Angle closure glaucoma**: This is not a typical complication of CRVO.
    - **B) Choroidal detachment**: Not associated with CRVO.
    - **D) Open angle glaucoma**: Not directly associated with CRVO.
    - **E) Retinal detachment**: Less common than neovascular glaucoma in CRVO.

Question 114

A 48-year-old woman came to you with difficulty in reading. She is non-diabetic and non-hypertensive. On examination, VA in both eyes is 6/6 for distance. Ocular examination is unremarkable. What is the cause of her reduced near vision?

A) Amblyopia
B) Astigmatism
C) Hypermetropia
D) Myopia
E) Presbyopia

- **Correct Option**: **E) Presbyopia**
    - **Explanation**: Presbyopia is an age-related condition that typically begins around the age of 40-50, where the eye's lens loses flexibility, making it difficult to focus on near objects. Given her age and symptoms, presbyopia is the most likely cause of her near vision difficulty.
- **Why Other Options Are Incorrect**:
    - **A) Amblyopia**: This usually presents in childhood and results in permanently reduced vision.
    - **B) Astigmatism**: This affects both near and distant vision, not specifically near vision alone.
    - **C) Hypermetropia**: Although it affects near vision, it would also affect distance vision if uncorrected.
    - **D) Myopia**: This condition affects distance vision rather than near vision.

Question 115

A 12-year-old child was brought to you with complaint of irritation of eyes that is most severe in summer season and recurrent. On examination, the child is having VA of 6/12 in right eye and 6/9 in left eye. On eversion of lid you find giant papillae, conjunctival congestion most marked in the limbal region with associated pseudogerontoxon. What is the most probable diagnosis in this case?

A) Adenoviral conjunctivitis
B) Bacterial conjunctivitis
C) Gonococcal conjunctivitis
D) Trachoma
E) Vernal keratoconjunctivitis

- **Correct Option**: **E) Vernal keratoconjunctivitis**
    - **Explanation**: Vernal keratoconjunctivitis (VKC) is an allergic eye condition common in children and adolescents, often exacerbated in warmer months. Giant papillae on the upper eyelid and limbal congestion are characteristic findings, along with pseudogerontoxon, a sign of chronic inflammation.
- **Why Other Options Are Incorrect**:
    - **A) Adenoviral conjunctivitis**: This is usually acute, contagious, and not seasonal.
    - **B) Bacterial conjunctivitis**: This presents with purulent discharge and is not typically seasonal or associated with giant papillae.
    - **C) Gonococcal conjunctivitis**: This is a severe, hyperacute infection with purulent discharge, not a seasonal allergic condition.
    - **D) Trachoma**: Trachoma can cause chronic inflammation and scarring but does not typically present with giant papillae or seasonal variation.

Question 116

A 16-year-old boy is brought to you with trauma by scissors when he was playing with it. On examination, you found that his cornea is perforated. What is your 1st step of management as a community doctor?

A) Repairing of the cornea
B) Refer the patient without doing anything
C) Steroid ointment, then refer the patient
D) Topical steroids then refer the patient
E) Topical antibiotics, pad the eye then refer

- **Correct Option**: **E) Topical antibiotics, pad the eye then refer**
    - **Explanation**: In cases of corneal perforation, it is essential to prevent infection and protect the eye from further injury. Applying topical antibiotics, padding the eye to minimize movement, and promptly referring the patient to a higher center for specialized care are appropriate initial steps.
- **Why Other Options Are Incorrect**:
    - **A) Repairing of the cornea**: This should be done by a specialist.
    - **B) Refer the patient without doing anything**: Initial care, such as antibiotic application and padding, is necessary before referral.
    - **C) Steroid ointment, then refer the patient**: Steroids are contraindicated in corneal perforation as they can delay healing.
    - **D) Topical steroids then refer the patient**: Steroids should be avoided in corneal injuries.

Question 117

A 65-year-old patient presented with vertical diplopia for the last week. She has a history of road traffic accident 1 week ago. On examination, vision in both eyes is 6/6. There is hypertropia of the right eye, and the patient cannot depress the eye in adduction. Which nerve is most probably involved?

A) Abducent nerve
B) Nasociliary nerve
C) Oculomotor nerve
D) Optic nerve
E) Trochlear nerve

- **Correct Option**: **E) Trochlear nerve**
    - **Explanation**: The trochlear nerve (cranial nerve IV) innervates the superior oblique muscle, which is responsible for depression and intorsion of the eye in adduction. An inability to depress the eye in adduction with vertical diplopia indicates trochlear nerve involvement.
- **Why Other Options Are Incorrect**:
    - **A) Abducent nerve**: This controls lateral rectus muscle, responsible for eye abduction.

- **B) Nasociliary nerve**: Part of the ophthalmic branch of the trigeminal nerve, involved in sensory innervation, not eye movement.
- **C) Oculomotor nerve**: Affects multiple eye muscles, but not typically associated with isolated depression issues in adduction.
- **D) Optic nerve**: Responsible for vision, not eye movement.

Question 118

An 80-year-old Caucasian smoker woman complains of recent problems with reading vision, specifically words appearing distorted and blank patches being present. Her vision is often good in brighter light. On examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination is unremarkable. Pupils are reactive to light. Fundus shows numerous intermediate-size soft drusen in both eyes with choroidal neovascularization (CNV). How will you manage?

A) Intravitreal antibiotics
B) Intravitreal anti-VEGF
C) Multivitamins
D) Subconjunctival decadron
E) Sub-tenon triamcinolone

- **Correct Option**: **B) Intravitreal anti-VEGF**
  - **Explanation**: The presence of choroidal neovascularization (CNV) and drusen is indicative of wet age-related macular degeneration (AMD). Intravitreal anti-VEGF is the treatment of choice to prevent further vision loss.
- **Why Other Options Are Incorrect**:
  - **A) Intravitreal antibiotics**: Not indicated as there is no infection.
  - **C) Multivitamins**: Useful for dry AMD but not effective for CNV in wet AMD.
  - **D) Subconjunctival decadron**: Steroids are not the primary treatment for wet AMD.
  - **E) Sub-tenon triamcinolone**: Not indicated as anti-VEGF therapy is more effective for CNV.

Question 119

A 58-year-old man underwent uneventful phacoemulsification surgery for cataract in his right eye. After 3 days, he presented with severe pain and loss of vision in the right eye. On examination, he was having VA of perception of light in right eye and 6/9 in left eye. He has congested conjunctiva, hazy cornea, and hypopyon with no view of posterior segment of the eye. What is the most probable diagnosis?

A) Acute angle closure glaucoma
B) Loss of lens fragments into posterior segment of the eye
C) Post-operative endophthalmitis
D) Post-operative uveitis
E) Post-operative vitreous hemorrhage

- **Correct Option**: **C) Post-operative endophthalmitis**
    - **Explanation**: Severe pain, loss of vision, hypopyon, and a hazy cornea following cataract surgery are indicative of endophthalmitis, a severe infection that requires immediate treatment.
- **Why Other Options Are Incorrect**:
    - **A) Acute angle closure glaucoma**: Unlikely immediately post-surgery with these specific symptoms.
    - **B) Loss of lens fragments into posterior segment of the eye**: This could cause inflammation but not typically hypopyon and severe vision loss.
    - **D) Post-operative uveitis**: Uveitis may cause pain and vision changes but would not usually cause hypopyon and severe pain.
    - **E) Post-operative vitreous hemorrhage**: Does not present with hypopyon or hazy cornea.

Question 120

A 47-year-old man presented with ocular pain in the right eye for the last 1 week. There is redness of the right eye with associated pain. On phenylephrine eye drops installation, the redness is not reduced. The patient is also giving a history of rheumatoid arthritis. What is your diagnosis?

A) Blepharitis
B) Conjunctivitis
C) Corneal ulcer
D) Episcleritis
E) Scleritis

- **Correct Option**: **E) Scleritis**
    - **Explanation**: Scleritis is often associated with systemic autoimmune conditions like rheumatoid arthritis. The redness that does not blanch with phenylephrine drops and the presence of deep ocular pain are classic signs of scleritis.
- **Why Other Options Are Incorrect**:
    - **A) Blepharitis**: This typically causes lid inflammation without deep eye pain.
    - **B) Conjunctivitis**: Conjunctivitis would show more superficial redness that may respond to vasoconstrictors like phenylephrine.
    - **C) Corneal ulcer**: Ulcers are associated with visible corneal defects and are less commonly linked to systemic autoimmune diseases.
    - **D) Episcleritis**: Episcleritis causes redness that usually blanches with phenylephrine, unlike scleritis.