

**(61)** A 30 years old man presents to 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 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) Ice pack test
- (D) MRI brain
- (E) Serum antibodies

**(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 VEG
- (C) Multivitamins
- (D) Subconjunctival decadron
- (E) Sub tenon triamcinolone

**(63)** A 60 years old man presents to the Eye clinic with a 3 days 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) Phacolytic glaucoma
- (E) Phacomorphic glaucoma

**(64)** A 10 years 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) CTV
- (D) MRA
- (E) MRI

(65) A 40 years 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) Intravitreal triamcinolone
- (E) Observation

(66) A 42 years old man presented with watering and redness of right eye from the last 6 months. On examination there was restricted extraocular movements 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) Exophthlmo-metery
- (E) Magnetic Resonance Imaging (MRI)

(67) A 3 old child is brought to Pediatric Ophthalmic OPD with leucokoria. Two of her siblings also have 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
- (C) Lensectomy with intraocular lens implantation
- (D) Observation
- (E) Pars plana vitrectomy

(68) years old man presents to you with a mass on the left lower eyelid for 10 years. On examination, there is a wn well-circumscribed mass on the lower eyelid with rolled edges and

central ulceration. You are suspecting basal cell carcinoma (BCC). What is most common complication that can be expected in this patient?

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

(69) A 40 years old male came to OPD with sudden blurring of vision in his right eye. VA right eye 6/12 and VA left eye 6/6. On fundus examination, there are superior temporal venous engorgement, flame-shaped hemorrhages and cotton wool spots. A 40 years old male came to OPD with sudden blurring of vision in his right eye. VA right eye 6/12 and VA left eye 6/6. On fundus examination, there are superior temporal venous engorgement, flame-shaped hemorrhages and cotton wool spots. 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) Optic neuropathy

(70) A 60 years male presented to you with sudden painless loss of vision in his right eye. Visual acuity in right eye is CF 4m while in left eye it is 6/6. On fundus examination, there were flame shaped hemorrhages in all quadrants, dilated tortuous vessels and swollen disc. What is your diagnosis?

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

(71) A 19 years old boy presents to your clinic with droopy eyelids on 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 colour on the right side. What is your diagnosis?

- (A) Aponeurotic ptosis
- (B) Blepharophimosis syndrome

(C) Congenital horner syndrome

(D) Congenital myogenic ptosis

(E) Neurogenic ptosis

(72) A 30-year-old male presented to you with red eyes and watering. Initially it involved right eye and after two days it spreads to the left eye. His young daughter develops a similar problem other day. On examination, VA is 6/6. There is conjunctival redness with ropy discharge. Rest of the ocular examination is unremarkable. What is the most probable diagnosis?

(A) Allergic conjunctivitis

(B) Bacterial conjunctivitis

(C) Cicatricial conjunctivitis

(D) Fungal conjunctivitis

(E) Viral conjunctivitis

(73) A 30-year-old male presented with loss of vision in his left eye after trauma while left eye is normal. VA right eye is HM while 6/6 in left eye with right RAPD. On examination red reflex is absent in right eye, anterior segment is normal. There are pigmented cells in vitreous. Retina is elevated with tear in the superatemporal retina. What is your diagnosis?

(A) Exudative retinal detachment

(B) Macular hole

(C) Optic atrophy

(D) Rhegmatogenous retinal detachment

(E) Tractional retinal detachment

(74) A 65 years old hypertensive patient is complaining of decrease vision in both eyes. You performed visual field examination on the patient and found right homonymous hemianopia which is confirmed on perimetry as well. Which of the following is the most probable site of lesion?

(A) Left optic nerve

(B) Left optic tract

(C) Optic chiasma

(D) Right optic tract

(E) Right optic nerve

(75) A 48 years diabetic patient presented with diplopia from the last 5 days. On examination, you find that the patient is having left hypertropia with a head tilt to the right side. On extraocular motility, the hypertropia increases in right gaze. What is the most probable diagnosis?

- (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

(76) A 50 years old woman presents to Eye OPD with severe pain and dimness of vision in her right eye. She has a history of right phacoemulsification with intraocular lens implantation 05 days ago. On examination, her visual acuity is 6/60 in the right eye with eyelid swelling, conjunctival congestion and chemosis. There is fibrinous exudate and hypopyon in the right eye. Fundus view is hazy. Which is the most likely involved pathogen?

- (A) Proteus spp.
- (B) ~~5. epidermidis~~
- (C) S. aureus
- (D) Pseudomonas spp.
- (E) Streptococcus spp.

(77) A 15 years old girl presents to the eye clinic with a 2 days 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 RAPD. Fundus examination shows right swollen optic disc. Left fundus is normal. Systemic history and examination are not significant. What is the most appropriate diagnosis?

- (A) Acute angle closure glaucoma
- (B) Anterior ischemic optic neuropathy
- (C) Cavernous sinus thrombosis
- (D) Giant cell arthritis
- (E) Antic neuritic

(78) An 80 years old female presented to Eye OPD with sudden onset painful right eye with decreased vision and associated nausea. On examination she has right corneal edema with mid dilated pupil and IOP of 60mmHg. Left eye is normal except having shallow anterior chamber. What is the immediate next step of management?

- (A) Intravenous Mannitol
- (B) Laser iridotomy in right eye
- (C) Oral steroids
- (D) Topical antibiotics in right eye

(E) Trabeculectomy in right eye

**(79)** A 53-year-old man presented to you with pain and redness in his left eye for the last 05 days. On examination, he has corneal ulceration involving inferior 1/3 of the cornea. He also has a left sided facial palsy. What is your diagnosis?

(A) Exposure keratopathy

(B) Filamentary keratopathy

(C) Infectious crystalline keratopathy

(D) Neurotrophic keratopathy

(E) Thygeson superficial punctate keratitis

**(80)** A 5 years old child went on spring vacations to his village and was playing cricket. He got cricket ball injury and developed decreased vision in left eye. On slit lamp examination, there is blood in anterior chamber. What is this condition called as?

(A) Endophthalmitis

(B) Hyphaena

(C) Hypopyon

(D) Keratitis

(E) Uveitis

**(81)** A 58-year-old male presented with pain, dimness of vision and watering in left eye. On examination, he has visual acuity of 6/6 in right eye and 6/60 in his left eye. He has a 2.3x2.8mm corneal ulcer. Which of the following measures should be avoided in this patient?

(A) Antibiotics

(D) Cycloplegics

(B) Antifungals

(C) Bandage contact lens

(D) Cycloplegics

(E) Irrigation with saline

**(82)** A 56 years old diabetic patient presented with decrease vision in both eyes from the last one year. On examination, the anterior segment was normal. Fundoscopy showed retinal hemorrhages in all 4 quadrants with diabetic macular edema. How you will measure the amount of macular edema in this patient?

(A) 8-Scan ultrasonography

(B) Fundus autofluorescence (FAF)

(C) Fundus Fluorescein angiography (FFA)

(D) **Optical coherence tomography (OCT)**

(E) Pachymetry

**(83)** A 52-year-old hypertensive patient presented with sudden onset diplopia and face turn to the left. On examination there is left abduction deficit. The rest of extraocular movements are normal. Which of the following nerve is involved in this condition?

(A) 2nd nerve

(B) 3rd nerve

(C) 4th nerve

(D) 5th nerve

(E) **6th nerve**

**(84)** A 2 weeks old infant is brought to eye OPD with white 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. I scans are normal. What will be your next step of management?

(A) Corneal topography

(B) CT brain

(C) Mantoux test

(D) OCT macula

(E) **TORCH serology**

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

(A) Contact Lenses

(B) Low vision devices

(C) Multivitamin Syrup

(D) **Surgery for remaining squint**

(E) Telescopes

**(86)** An 18 years old girl had severe headache since six months, along with defective vision on temporal sides of her visual fields. What is the most probably diagnosis?

(A) Occipital infarct

(B) Optic nerves glioma

(C) Optic neuritis

(D) Optic tract glioma

(E) Pituitary adenoma

(87) 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 both eyes. Cornea reveals dendritic lesions that stain well with fluorescein, Corneal sensations are reduced in left eye. Which of the following is the most appropriate management?

(A) Artificial tears

(B) Topical antivirals

(C) Topical cyclosporine

(D) Topical NSAIDS

(E) Topical steroids

(88) A 55-year-old patient presented with decreased vision in the right eye from the last 3 days associated with watering and foreign body sensation. There is also pustules and blisters involving the right side of forehead, lid 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?

(A) Atopic keratoconjunctivitis

(B) Fungal infection

(C) Herpes simplex infection

(D) Herpes zoster ophthalmicus

(E) Steven Johnson syndrome

(89) A young man recently shifted to a new home and was doing white wash of the 18. suddenly he slipped and the white wash fell in his both eyes. What immediate treatment is needed?

Pad both eyes

(A) Copious wash of eyes with water/saline

(C) Put local anesthesia eye drops in eyes

(E) Start antiglaucoma medicines

(D) Start antibiotic eye drops

(90) A 30-year old female presented to eye OPD with sudden onset redness in 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 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

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

(A) Chest X-ray

(B) CT brain

(C) Electrocardiogram

(D) Renal function tests

(E) Thyroid function tests

**(92)** A 2 weeks old infant is brought to eye OPD with white 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. 5 scans are normal. What are the preferred timings of surgery for this child?

(A) At 2 weeks age

(B) At 5 weeks age

(C) At 18 weeks age

(D) At 20 weeks age

(E) At 25 weeks age

**(93)** A 30-years old farmer presented to you with pain and redness in right eye for the last 02 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 2.5-3mm corneal ulcer with satellite lesions. What is your diagnosis?

(A) Acanthamoeba keratitis

(D) Marginal keratitis

(B) Bacterial conjunctivitis

(C) Fungal keratitis

(E) Viral keratitis

**(94)** A 35 years old obese woman presented to eye OPD with severe headache especially in morning. It worsens on bending forward. She also complains of visual obscuration lasting 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) Lumber puncture
- (C) MRI brain
- (D) Oral acetazolamide
- (E) Oral topiramate

(95) A 6 months 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

(96) A 4-year-old girl has convergent squint of 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

(97) A 7-years old boy developed pain and swelling of 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 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

(98) A 30-year-old female presented to eye OPD with sudden onset redness in 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
- (D) Panuveitis
- (B) Endophthalmitis
- (C) Intermediate uveitis
- (D) Panuveitis
- (E) Posterior uveitis

(99) A 5 years old child is brought by her mother to you with deviation of right eye since birth. On Hirschberg test, the light reflex was falling on inner (nasal) border of 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 diopter

(100) A 04 months old infant is brought by parents to Eye OPD with white pupillary reflex in right eyes since birth. Infant is not fixing and following light with right eye. EUA reveals rubeosis irides and a retrolental mass with vitreous seeds in right eye. Intraocular pressure is 35 in right eye and 8 in left eye. Left eye examination is unremarkable. MRI shows no invasion of optic nerve. How will you treat this infant?

- (A) Chemotherapy
- (B) Cryotherapy
- (C) Enucleation
- (D) Laser photocoagulation
- (E) Radiotherapy

(101) A 70 years old woman came to OPD with complaints of sudden decrease in vision in 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 finger in left eye with RAPD and swollen optic disc. Her CSR 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

**(102)** A 50 years old man presented to you with watering and redness in both eyes for the last 01 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

**(103)** A 60 years uncontrolled diabetic woman presented with sudden decrease vision in right eye. On examination, there are bilateral cataracts. There is no RAPD. Fundus view is not clear. What investigation will you advice 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

**(104)** A 56 years old man presented with gradual progressive decrease vision in the right from last 8 months. On examination the vision is 6/60 in right eye and 6/9 in 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

**(105)** A 65 years 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

**(106)** A 35 years 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 right eye and 6/6 in 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

**(107)** A 45 years old labourer presented to your clinic with complain 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

**(108)** A 6 months 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

**(109)** A 65 years old woman presented with pain in left eye since yesterday. She is giving history of left phacoemulsification 3 days back. On examination the vision is counting fingers in 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

(110) A 60 years old man presents to you with sudden loss of vision in his left eye. He is known cardiac patient. On examination, VA is PL+ in 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) Hemicentral vein occlusion

(111) A 55 years old female patient presented with decrease vision in the left eye along with complaint at watering from left eye. On examination, you found that the patient is having mature cataract in the left eye with positive regurgitation test of mucopurulent discharge on same side. Which procedure you will prefer to do first?

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

(112) A 50 years old woman presents to you with gradual onset decrease of vision in both eyes for the last 01 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

(113) A 60-year-old male presented to you with sudden painless loss of vision in his right eye. VA in right eye is Of while it is 6/6 in left eye. On fundus examination, there were flame-shaped hemorrhages in all quadrants, dilated tortuous vessels and swollen 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

(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

(115) A 12 years 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

(116) A 16-year-old boy is brought to you with trauma by scissor 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

(117) A 65-year-old patient presented with vertical diplopia for the last week. She has a history of road traffic accident 01 week ago. On examination, vision in both eyes is 6/6. There is hypertropia of 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

**(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
- (D) Subconjunctival decadron

8 Intravitreal anti VEGF

- (C) Multivitamins
- (E) Sub tenon triamcinolone

**(119)** A 58 years 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 the 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

**(120)** A 47 years old man presented with ocular pain in the right eye from 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) Sclerit