

KHYBER MEDICAL COLLEGE PESHAWAR
(EXAMINATION SECTION)
INTERNAL EVALUATION EXAMINATION
BLOCK- (M)
4th YEAR MBBS (Held on 04-Nov-2022)

Time Allowed: 120 Minutes

Max Marks: 120

Note: Attempt ALL MCQ's.

- Use only blue / black pen. Use of mobile phones and other electronic accessories are strictly prohibited.
- Carefully shade paper type and your correct roll no in response sheet
- Student's result will be declared "Under Report "if (i) MCQ question paper is not returned back along with response sheet or is tempered by the student (ii) The roll number is not written on the said paper

ENT	
1	<p>A 16 years old male patient has presented to outpatient with complaints of nasal obstruction, headache and post nasal drip for the last 16 months persistent and progressive in nature. His flexible endoscopy and CT Scan with contrast shows stage 2 Angiofibroma. What is the most appropriate treatment option in this case?</p> <p>A Endoscopic removal FESS B Intra nasal polypectomy C Lateral rhinotomy D Medial maxillectomy E Trans palatal approach</p>
2	<p>A 37 years old lady has presented to out patients department complaining of nasal obstruction, headache and post nasal drip mucoid in nature for the last 7 years. CT scan shows hyperdense opacity in the Ethmoid region more close to the orbit. She has history of NSAIDS, Antibiotics and nasal sprays. Which is the most likely diagnosis in this case?</p> <p>A Allergic Rhinitis B Allergic Fungal Sinusitis C Invasive Fungal Sinusitis D Maxillary Sinusitis E Osteoma Ethmoid Sinus</p>
3	<p>A 24 year old patient has history of foul smell discharge from right ear for the last 7 years; on examination he has attic defect and granulation tissue. For the last 7 days he develops a triad of ear discharge, retro-orbital pain and 6th nerve paralysis. Audiometry shows profound hearing loss. What is the most likely cause of this clinical presentation?</p> <p>A Cavernous sinus thrombosis B Lateral sinus thrombosis C Labyrinthitis D Mastoiditis. E Petrositis</p>
4	<p>A patient present to Emergency department with hx of severe headache which he claims to be the worst of his life. Headache is associated with vomiting and neck pain. Patient is having hx of nasal obstruction and post nasal drip. On examination there is mucopus in both nostrils, What specific investigation you would like to order immediately</p> <p>A CSF analysis B CT Brain& PNS with contrast C CT Brain without contrast D MRI Brain E Pet scan</p>
5	<p>A 15 years old girl diagnosed with Antro Choanal Polyp, her CT Scan shows hazy nose and ipsilateral sinus. Most appropriate treatment of A/C (Antrochoanal polyp) in this case is</p> <p>A Antibiotics B Caldwell luc operation C Endoscopic sinus surgery D Middle meatus antrastomy E Intranasal polypectomy</p>
6	<p>A diagnosed case of squamous cell carcinoma Larynx, stage 2 clinically and radio logically. Patient age is 39 years, smoker and school teacher by profession. Most appropriate treatment option in this case is?</p> <p>A Chemotherapy B Partial laryngectomy C Radiotherapy D Total laryngectomy E Total laryngectomy plus Radiotherapy</p>
7	<p>A 36 year old lady diagnosed as Nasopharyngeal carcinoma on biopsy and CT Scan shows a heterogeneously enhancing lesion as stage 2 cancer. On examination neck nodes are not palpable in different six levels. Most suitable treatment option for this patient is</p> <p>A Chemotherapy B Radiotherapy C Radiotherapy plus surgery D Sterotactic surgery E Surgery followed by Radiotherapy</p>
8	<p>A 60 year old patient has presented to specialist clinic complaining hoarseness of voice for the last 12 months. On indirect laryngoscopy left vocal cord has ulcerated lesion on full length and fixed both vocal cords. Histopathology shows squamous cell carcinoma and CT Scan shows thyroid cartilage involvement. The patient has TNM stage disease as</p> <p>A Stage 1 B Stage 2 C Stage 3 D Stage 4 E Stage 5</p>

9	A 12 year old boy has come to Outpatient clinic complaining of discharge from his right ear for the last 2 days. On examination the tympanic membrane has central perforation with red congested mucosa and mucoid discharge. Clinically it is Acute Suppurative Otitis Media. What is the most likely causative organism responsible upon the report of culture and sensitivity?		
	A H. influenzae	B Pneumococcus	C Pseudomonas Aurgenosa
	D Staphylococcus	E Streptococcus	
10	A 34 years old lady is listed for total thyroidectomy for huge thyroid swelling; the swelling is for the last 6 years. After completion of surgery the surgeon noticed tracheomalacia, most common cause of respiratory obstruction upon extubation. Which is most likely intervention in this case?		
	A Mask oxygenation	B Cricothyroidectomy	C Stitch trachea to the skin
	D Tracheostomy	E Ventilator support	
11	A middle age lady of 41 years age has presented to out patients department complaining of nasal obstruction, headache and post nasal discharge for the last 9 months. Clinical examination shows unilateral polyp, mucopus and mucin, CT scan shows double density opacity in the nose, Maxillary and Ethmoid region pushing the orbit on same side. Most appropriate treatment option in this case is		
	A Endoscopic sinus surgery	B Endoscopic sinus surgery plus topical nasal steroids	C Endoscopic sinus surgery plus topical and oral steroids
	D IV Amphotericin B	E Topical nasal steroids	
12	A 16 years old male patient has presented to outpatient with complaints of nasal obstruction, headache and post nasal drip for the last 16 months persistent and progressive in nature. He is also giving history of profuse nasal bleeding in the past; his flexible endoscopy shows red pinkish mass in the nasopharynx. Most likely investigation in this case to help in diagnosis?		
	A CT Scan	B CT Scan with contrast	C CT Scan Angiography
	D MRI	E Endoscopic biopsy	
13	A 55 years old patient diagnosed as Nasopharyngeal Carcinoma, clinically and radiologically stage 2. Most common virus associated with this disease?		
	A Cytomegalo virus	B Coxsackie virus	C Epstein bar virus
	D Herpes simplex	E Varicella zoster	
14	A 9 years old boy has presented to consultant outpatient complaining of bilateral decreased hearing level for the last 2 months. Otoscopy shows dull tympanic membrane and Tympanometry reveals type B tympanogram. Most likely diagnosis in this in case is?		
	A Acute suppurative otitis media	B Chronic otitis media	C Retracted tympanic membrane
	D Secretory otitis media	E Tympanosclerosis	
15	A 5 year old patient has brought to consultant clinic by his parents complaining of pain in his right ear of sudden onset of three hours duration. Otoscopy shows red congested Tympanic membrane with bulge in the centre and the patient is febrile too. The most likely cause of middle Ear infection through which microorganisms spread is		
	A Direct spread from external ear	B Haematogenous spread	C Infection of the Para Nasal Sinus
	D Patulous Eustachian Tube	E Shorter and wider Eustachian Tub	
16	A postoperative thyroidectomy patient has noticed change in voice while singing with normal conversation for the last 40 days. Most likely external branch of superior laryngeal nerve has injured during surgery two months back. Which of the following is most likely muscle paralyzed in this case?		
	A Cricothyroid	B Lateral Cricoarytenoid	C Posterior Cricoarytenoid
	D Thyroarytenoid	E Vocalis	
17	A 60 year old male patient has diagnosed with stage 3 Carcinoma Nasopharynx on clinical and Radiological assessment. Most effective treatment option in this case is?		
	A Adjuvant Radiotherapy	B Intensity modulated radiotherapy	C Neo Adjuvant Radiotherapy
	D Palliative care	E Surgery followed by chemotherapy	
18	A 57 years old male patient has presented consultant clinic with complaints of nasal obstruction, headache, epistaxis and decreased hearing level in right ear for the last 7 months. On clinical examination level 5 has enlarge lymph node and flexible endoscopy shows polypoidal mass in the nasopharynx. Most likely clinical diagnosis in this case is		
	A Antro choanal polyp	B Ethmoidal polyp	C Nasopharyngeal carcinoma
	D Nasopharyngeal cyst	E Nasopharyngeal lymphoma	

19	A 7 year old child is scheduled for tonsillectomy, his Hb is 10.6 g/dl. His parents are giving history of some bleeding disorders runs in family. Most absolute contraindication is	A Acute tonsillitis	B Age less than 4 years	C Bleeding disorders	
		D Low Hb%	E Respiratory tract infection		
20	A 15 years old male patient presents to emergency room with complaints of sore throat, Painful swallowing and high grade fever for the last 3 days. The patient has difficulty in breathing as well. X ray Neck lateral view shows thumb sign. Which is the most likely clinical diagnosis in this case?	A Epiglottitis	B Laryngeal Malignancy	C Laryngotracheobronchitis	
		D Peritonsillar Abscess	E Retropharyngeal abscess		
21	A 19 year old patient has presented to Emergency Room with Sudden Sensory Neural Hearing Loss for the last 2 days. He has history of some medication 4 days ago; Otoloscopic examination is normal and is not responding to Pure Tone Audiometry. What is the most common drug responsible for this condition?	A Azathioprine	B Ciprofloxacin	C Macrolides	
		D Methotrexate	E Quinine		
22	A 25 years old patient presents to OPD with nasal obstruction and blood stained Crusts for the last 3 months. On examination Septal perforation is seen on Anterior Rhinoscopy. Most common cause of Septal perforation in this case is	A Nasal packing	B Septal abscess	C Septal surgery	
		D Tumours	E Tuberculosis		
23	A 12 years old patient has presented to Emergency Room complaining of Fever & rigors , for the last 4 days. He is also a diagnosed case of cholesteatoma left ear. The consultant advice MRV to show venous flow and PTA shows mixed hearing loss. What is the most likely clinical diagnosis in this case is?	A Acute mastoiditis	B Cerebellar abscess	C Lateral sinus thrombosis	
		D Labyrinthitis	E Petrositis		
24	A 9 years old child with laryngeal diptheria has presents to emergency department with severe respiratory stridor for the last 2 days. His oxygen saturation is decreasing gradually most immediate treatment plan in this case is	A Anti toxin, Anti diphtherial	B Laryngeal intubation	C Oxygen inhalation	
		D Observation	E Tracheostomy		
25	A 55 year old patient has presented to outpatient complaining of tinnitis, vertigo. Hearing loss and aural fullness. Otoloscopic examination is normal and Pure Tone Audiometry shows ascending type of hearing loss, most likely and easily available effective test for the diagnosis is?	A Caloric Test	B Glycerol Test	C Otoacoustic emissions	
		D Pure Tone Audiometry	E Tympanometry		
26	A high school teacher of 39 years old has neck swelling for the last 3 years; she is scheduled for thyroid surgery. What is the most common location to identify and preserve recurrent laryngeal nerve during Thyroid surgery?	A Lateral to the carotid artery	B Lateral to the inferior thyroid artery	C Medial to the carotid artery	
		D Medial to the inferior thyroid artery	E Tracheo esophageal groove		
27	A 25 years old lady has presented to OPD for follow up visit after total thyroidectomy with complaints of cough while drinking water and change in voice . On examination indirect laryngoscopy shows right vocal cord is some medialized. Most likely clinical diagnosis in this case is	A Laryngeal trauma	B Sub glottis stenosis	C Vocal cord edema	
		D Vocal cord nodule	E Vocal cord palsy		
28	A 17 year old patient has presented to outpatient complaining of right pain for the last 3 days. On otoscopic examination the tympanic membrane is red congested. The patient received oral antibiotics and nasal sprays but not relived. Most effective treatment option in this patient to avoid complication is?	A Intravenous Venous Antibiotics	B Nasal topical steroids	C Myringotomy with grommet insertion	
		D Tympanocentesis in anterior superior quadrant	E Tympanocentesis in anterior inferior quadrant		
29	A 30 year old lady operated by Neurosurgeon for brain tumour and was put on ventilator for the last 4 days. The ICU team decided tracheostomy by an experienced ENT surgeon. Which tracheal rings for tracheostomy are in this patient?	A Cricoid and thyroid cartilage	B Fifth and sixth rings	C First and Second rings	
		D Second and third rings	E Third and fourth rings		

30	A 7 year old girl has brought to outpatient by her parents complaining of bilateral decreased hearing level and nasal obstruction for the last 3 months. On otoscopy she has bilateral dull tympanic membrane with loss of landmarks and is mouth breather. Tympanometry reveals type B graph. Most effective Treatment of choice in this case is?	A Adeno-Tonsillectomy	B Adenodectomy with Grometts insertion	C Conservative treatment with analgesics	
		D Conservative treatment with antibiotics	E Myringotomy with ventilation, tube insertion		
31	A 45 years old man has presented to out patients department complaining of nasal obstruction, headache and post nasal drip mucoid green in color for the last 3 days. On examination there is mucopus in the left nostril and X PNS Shows hazy sinus on ipsilateral side. What is the most likely investigation in this case?	A Culture and sensitivity	B CT Scan Nose and PNS	C Complete blood picture	
		D Functional Endoscopic Sinus Surgery	E Histopathology of sinus mucosa		
32	A 55 year old patient has presented to specialist clinic complaining hoarseness of voice for the last 2 months. On indirect laryngoscopy left vocal cord has ulcerated lesion on anterior one third and mobile both vocal cords. Histopathology shows squamous cell carcinoma. The patient has TNM stage disease?	A Stage 1	B Stage 2	C Stage 3	
		D Stage 4	E Stage 5		
33	A 15 years old patient has presented to consultant clinic for complaining of right ear discharge, swelling and pain for last 20 days. The consultant notices a swelling and labeled it extra cranial complication along the stereocleidomastoid muscle. CT Scan shows erosion of the bone at sinudural angle. What is the most likely diagnosis in this case?	A Bezolds Abscess	B Citile abscess	C Lucs abscesses	
		D Mastoid abscesses	E Zygomatic abscesses		
34	A 16 year old boy has presented to Emergency Room with sudden onset of headache vomiting he has also history of foul smell ear discharge for the last 6 years. On examination there is scanty discharge and granulation tissue in the attic region of right ear and difficulty in closing eye. What is the most likely Extra cranial complication of Chronic Suppurative Otitis Media in this case?	A Brain abscess	B Epidural abscess	C Facial nerve paralysis	
		D Lateral sinus thrombosis	E Otitis hydrocephalus		
35	A 17 year old Diabetic patient with Sudden Sensory Neural Hearing Loss on Audiometry for last 3 days has presented to outpatient department. Otoscopic examination is normal. The most effective treatment option in this case is?	A Hearing aids	B Intra tympanic injection of corticosteroids	C Methycobal injection	
		D Oral corticosteroids	E Systemic corticosteroids		
36	A 15 year old patient has presented to OPD with foul smell discharge from right ear, and decreased hearing level for the last 7 years. On otoscopic examination Cholesteotoma is seen in the attic region as pearl white materials. CT scan shows hypodense opacity in the right mastoid antrum. What is the most likely diagnosis in this case?	A Acute Suppurative Otitis Media	B Chronic Suppurative Otitis Media	C Otosclerosis	
		D Secretory otitis media	E Tympanosclerosis		
37	A diagnosed case of chronic otitis media has presented to Emergency Room complaining of post aural swelling for the 7 days. Otoscopic examination shows cholesteatoma in attic region of left ear. Pure Tone Audiometry shows Air Bone Gap of 10 db, and CT Scan shows opacity in the antrum. Most likely treatment in this case is?	A Cortical mastidectomy	B Conservative Management	C Modified Radical Mastidectomy	
		D Mastoid exploration	E Radical Mastidectomy		
38	A 9 years old female patient presents to emergency room with complaints of sore throat, Painful swallowing and difficulty in breathing for the last 4 days. She is sitting in tripod position and cannot lay down for sleep. What is the most important step in examination that should be avoided?	A Indirect laryngoscopy	B Laryngeal crepitus	C Nasal cavity examination Oral cavity examination	
		D Oral cavity examination	E Posterior rhinoscopy		
39	For recurrent Antrochonel polyp caldwel luc procedure is performed in a 7years old child. On principal it is avoided in children because of valid reason	A Bone is thick	B Canine fossa not develop	C Fistula formation	
		D Infection	E Recurrence		

40	A 19 years old patient has develop, Gradingo syndrome due Chronic Supporative Otitis media since 7 days. On examination post aural area is tender and scanty foul smell discharge in left ear. Pure tone audiometry shows mixed hearing loss. Most likely cause responsible for this condition is		
	A Acute mastoid abscess	B Acute petrositis.	C Chronic otitis media.
	D Lucus abscesses	E Secretory otitis media	
41	A 12 Year old patient presented to OPD with sudden onset of pain in her left ear since 2 days, on examination she has red, bulging and congested Tympanic Membrane. CT Scan shows hazy mastoid antrum and loss of septas. What is the most likely treatment option to relive pain and reduce chances of complications?		
	A Cortical mastidectomy	B Grometts insertion	C Inra venous antibiotics
	D Intra venous pain killer	E Tympanocentesis	
42	A 12 year old patient has presented to Emergency Room with headache and vomiting for the last 3 days, he has foul smell ear discharge and decreased hearing level for the last 9 years. On examination he has granulation tissue in his right ear. Most likely investigation in this case?		
	A CT scan brain	B CT Scan with angiography	C CT scan brain and temporal bone
	D MRI brain	E MRI brain and temporal bone	
43	A 20 year old patient has presented to ENT outpatient complaining of ear discharge for the last 6 years, the discharge is relieved by topical and systemic antibiotics, and aggravated by water entry. On clinical examination he is diagnosed with Cholesteatoma right ear. Most likely preoperative investigation to help in management plan?		
	A CT Scan with IV contrast	B CT Scan axial and coronal cuts	C CT Scan Sagittal view
	D MRI With IV contrast	E PET Scan	
44	A 57 year old patient has presented to specialist clinic complaining hoarseness of voice for the last 12 months. On indirect laryngoscopy left vocal cord has ulcerated lesion on full length and fixed left vocal cord. Histopathology shows squamous cell carcinoma and CT Scan shows strap muscle involvement.		
	A Chemotheraphy	B Partial laryngectomy	C Partial laryngectomy plus radiotherapy
	D Total laryngectomy	E Total laryngectomy followed by radiotherapy	
45	A middle age lady of 41 years age has presented to out patients department complaining of nasal obstruction, headache and post nasal discharge for the last 9 months. Clinical examination shows unilateral polyp, mucopus and mucin, CT scan shows double density opacity in the nose, Maxillary and Ethmoid region pushing the orbit on same side. What is the most likely diagnosis in this case?		
	A Antro choanal polyp	B Allergic fungal sinusitis	C Ethmoidal polypi
	D Invertid papilloma	E Maxillary sinusitis	
46	A 45 years old male patient presents to OPD with complaints of change in his voice for the last 2 years. There is history of voice abuse and the patient is also a chronic smoker . Indirect laryngoscopy shows a vocal cord polyp . What is the most appropriate treatment option for this patient?		
	A Laser	B Microlaryngoscopic surgery	C Reassurance
	D Speech therapy	E Voice Rest	
47	A 16 year old boy in respiratory distress was brought to emergency room by his parents with history of fire arm injury in the neck. On examination the swelling was increasing gradually and his saturation was decreasing. What is the most lifesaving intervention in this case?		
	A Endotracheal intubation	B Intra venous steroids	C Observation
	D Oxygenation inhalation	E Tracheostomy	
48	A 50 years old patient has presented to outpatient department complaining of change in voice for the last 6 months persistent and progressive in nature. Her Flexible Endoscopy shows a fungating, ulcerative lesion involving anterior one third of the left vocal cord . What is the most likely diagnosis in this case?		
	A Arytenoid granuloma	B Cord papilloma	C Squamous cell carcinoma vocal cord
	D Vocal cord nodule	E Vocal cord polyp	
49	A 9 year old patient has presented to outpatient department complaining of nasal obstruction and decreased hearing level in his both ears. Examination shows high arched palate and dull tympanic membrane with loss of land marks . X Ray nasopharynx shows enlarge Adenoids . What is the most likely hearing loss in case?		
	A Conductive hearing loss	B Mixed hearing loss	C Profound hearing loss
	D Sensory Neural Hearing loss	E Sudden Sensory Neural Hearing loss	

50	A 4 year old patient has come to consultant clinic and is complaining of mouth breathing, snoring during sleep and decreased hearing level in both ears for the last 15 days his parents says. X Ray Nasopharynx shows enlarge adenoid. What is the most likely investigation to help in diagnosis?		
	A BERA (Brain Stem Evoked Response Audiometry)	B Otoacoustic emissions	C Pure Tone Audiometry
	D Pure Tone Audiometry and Tympanometry	E Tympanometry	
51	A 57 year old male patient underwent Tracheostomy for stage 4 Laryngeal Cancer. Most serious and common complication during Tracheostomy is		
	A Injury to anterior jugular vein	B Injury to Esophagus	C Injury to carotid artery
	D Injury to internal jugular vein	E Injury recurrent laryngeal nerve	
52	A 4 years old girl is listed for Adenoidectomy her base line investigations are in normal range. You have counseled the parents about the surgical procedure. Most common complication of the surgery is		
	A Bleeding	B Eustachian tube injury	C Palatal injury
	D Shock	E Vertebral injury	
53	A 6 months old baby has presented to outpatients by her parents complaints of difficulty in breathing while awake and normal during sleep. On flexible endoscopy the epiglottis is omega shaped. What is the most likely clinical diagnosis in this case?		
	A Epiglottic abscess	B Epiglottitis	C Laryngomalacia
	D Peri tonsillar abscess	E Retropharyngeal abscess	
54	A 7 year old child operated for enlarge tonsils, recovered from anaesthesia and shifted to ward. On post operated round there is bleed in his left tonsil fossa. Most appropriate next step in management is		
	A Adrenalin packing	B Haemacel transfusion	C Blood transfusion
	D Observation	E Securing bleeding under General Anaesthesia	
55	A 6 years old patient has presented to outpatient by her parents with complaints of difficulty in breathing, choking and coughing sudden in onset while playing with toys. On examination she is cyanosed and auscultation reveals decreased air entry on right side. Most likely clinical diagnosis in this case is		
	A Acute trachea bronchitis	B Foreign body bronchus	C Laryngo bronchitis
	D Laryngomalacia	E Trachitis	
56	A 2 months old baby has brought to consultant outpatient by her parents complaints of nasal obstruction. On examination right nostril has mucopus and NG tube cannot pass. Most likely clinical diagnosis in this case is		
	A Acute sinusitis	B Choanal atresia	C Foreign body nose
	D Nasal polyp congenital	E Septal abscess	
57	A 5 year old patient has history of repeated chest infections for the last 3 months. She has history of iv antibiotics and nebulization. Chest X ray shows hyper inflation on right side. Most appropriate next step in management?		
D	A IV Antibiotics	B IV Antibiotics and Nebulization	C Oxygen inhalation
	D Rigid bronchoscopy	E Tracheostomy	
58	A 2 days old patient diagnosed with bilateral choanal atresia clinically and Radiologically. Most appropriate management option in this case is?		
D	A IV Antibiotics	B IV Antibiotics and oxygenation	C Observation
	D Surgical release of choanal atresia	E Tracheostomy	
59	A 13 months old baby has presented to outpatients by her parents in stridor for the last 2 days. On flexible endoscopy the epiglottis is omega shaped and X Ray chest shows steeple sign. Most likely treatment option in this case is		
C	A Epiglottopexy	B IV Antibiotics and Oxygenation Inhalation	C Laryngeal intubation and ventilator support
	D Reassurance and observation	E Tracheostomy	
60	A 7 months old baby has brought to consultant outpatient by her parents complaints of nasal obstruction. On examination left nostril has a compressible polypoidal swelling. Most likely investigation to help in diagnosis in this case is?		
A	A CT Scan	B CT Scan with contrast	C Flexible endoscopy
	D MRI	E MRI with contrast	
EYE			
61	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?		
C	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	

* Most common cause of post-operative endophthalmitis is Cataract Surgery.

foreign body → obstruction → air trapping
 mild, moderate: nebulized epinephrine
 severe (stridor test) → intubation
 dx: Croup (laryngotracheo-bronchitis)
 dx. nasal polyp.

62	A 55 years old female patient presented with decrease vision in the left eye along with complaint of watering from left eye. On examination, you found that the patient is having <u>mature cataract</u> in the left eye with <u>positive regurgitation test of mucopurulent discharge on same side</u> . Which procedure you will prefer to do first?		
	A Both cataract and DCR surgery in the same setting	B Cataract surgery alone	C Dacryocystorhinostomy Surgery alone
	D Give antibiotics for chronic dacryocystitis and do cataract surgery	E No surgical intervention at the moment	
63	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 <u>flame shaped hemorrhages in all quadrants</u> , <u>dilated tortuous vessels</u> and <u>swollen disc</u> . 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	
64	A 65 years old hypertensive patient is complaining of decrease vision in both eyes. You performed visual field examination on the patient and found <u>right homonymous hemianopia</u> which is confirmed on perimetry as well. The most probable site of lesion is:		
	A Left optic nerve	B Left optic tract	C Optic chiasma
	D Right optic nerve	E Right optic tract	
65	A 40 years old male came to OPD with <u>sudden blurring of vision</u> in his right eye. VA right eye 6/12 and VA left eye 6/6. On fundus examination, there are <u>superior temporal venous engorgement</u> , <u>flame-shaped hemorrhages</u> and <u>cotton wool spots</u> . 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	
66	A 15 years old girl presents to the eye clinic with a 2 days history of blurring in the right eye with <u>pain on ocular movements</u> . 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 <u>swollen optic disc</u> . Left fundus is normal. Systemic history and examination are not significant. What is the most likely diagnosis?		
	A Acute angle closure glaucoma	B Anterior ischemic optic neuropathy	C Cavernous sinus thrombosis
	D Giant cell arteritis	E Optic neuritis	
67	An 80-year-old Caucasian smoker woman complains of recent problems with reading vision, specifically words appearing <u>distorted and blank patches</u> being present. Her <u>vision is often good in brighter light</u> . 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 <u>drusen in both eyes with choroidal neovascularization (CNV)</u> . How will you manage?		
	A Intravitreal antibiotics	B Intravitreal anti VEGF	C Multivitamins
	D Subconjunctival decadron	E Sub tenon triamcinolone	
68	A 16 years old boy presented with decreased vision in both eyes associated with headache. On examination, his visual acuity is 6/24 in both eyes. He is using -2.00DS in both eyes. What is the type of refractive error in this patient?		
	A Hypermetropic astigmatism	B Mixed astigmatism	C Myopic astigmatism
	D Simple hypermetropia	E Simple myopia	
69	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. <u>Left anterior chamber is deep</u> and shows cells and flare. There are bilateral <u>cataracts</u> . The left cataract is hypermature and IOP in the same eye is 50mmHg. Which is the likely diagnosis?		
	A Lens particle glaucoma	B Phacoanaphylactic glaucoma	C Phacoantigenic glaucoma
	D Phacolytic glaucoma	E Phacomorphic glaucoma	
70	A 48 years diabetic and hypertensive patient presented with drooping of right upper lid for the last 5 days. On examination, you find that the patient is having right ptosis and exotropia. <u>Extraocular motility is restricted in all gazes except abduction</u> . What is the most probable diagnosis?		
	A Right 3 rd nerve palsy	B Right 4 th nerve palsy	C Right 5 th nerve palsy
	D Right 6 th nerve palsy	E Right 7 th nerve palsy	

C

B

B

E

B

E

D

A

Pale retina

dr: wet macular degeneration (age related)

71	A 50 years old man presents to you with a <u>mass on the left lower eyelid for 10 years</u> . On examination, there is a 7mm well-circumscribed mass on the lower eyelid with rolled edges and central ulceration. You are suspecting basal cell carcinoma (BCC). This can lead to:		
D	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	
72	A 35 years old male presented to Eye OPD with <u>sudden loss of vision</u> in his right eye. He has a history of <u>trauma to the right eye with a cricket ball 1 month ago</u> . 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?		
D	A Cataract	B Episcleritis	C Keratitis
	D Retinal detachment	E Scleritis	
73	A 50 years old woman presents to Eye OPD with <u>severe pain and dimness of vision</u> in her right eye. She has a history of right <u>phacoemulsification with intraocular lens implantation 05 days ago</u> . On examination, her visual acuity is 6/60 in the right eye with eyelid swelling, conjunctival congestion and chemosis. There is fibrinous exudate and <u>hypopyon</u> in the right eye. Fundus view is hazy. Which is the most likely involved pathogen?		
C	A Proteus spp.	B Pseudomonas spp.	C S. aureus
	D S. epidermidis	E Streptococcus spp.	
74	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 <u>fatigability</u> . 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?		
C	A Chest X-ray	B CT head	C Ice pack test
	D MRI brain	E Serum antibodies	
75	A 55 years old patient presented with decreased vision in the right eye from the last <u>3 days</u> associated with <u>watering and foreign body sensation</u> . There is also <u>pustules and blisters</u> involving the right side 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?		
D	A Atopic keratoconjunctivitis	B Fungal infection	C Herpes simplex infection
	D Herpes zoster ophthalmicus	E Steven Johnson syndrome	
76	A 3 years old child is brought to Pediatric OPD with <u>white pupillary reflex</u> . Two of her siblings also have same problem. On examination, there are <u>bilateral cataracts</u> . 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 Lens matter aspiration
	D Observation	E Pars plana vitrectomy	
77	Keeping in mind the scenario in question No 71, what is the most appropriate treatment in this case?		
α	A Anti VEGF	B Argon laser	C Intravitreal dexamethasone
	D Intravitreal triamcinolone	E Observation	
78	A 30-year-old male presented with <u>loss of vision</u> in his left eye <u>after trauma</u> while left eye is normal. VA right eye is HM while 6/6 in left eye with right RAPD. On examination <u>red reflex is absent in right eye</u> , anterior segment is normal. There are <u>pigmented cells in vitreous</u> . Retina is elevated with tear in the superotemporal retina. What is your diagnosis?		
D	A Combined exudative & tractional retinal detachment	B Exudative retinal detachment	C Optic atrophy
	D Rhegmatogenous retinal detachment	E Tractional retinal detachment	
79	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 will be the choice of investigation to look for the presence and extent of visual pathways tumor?		
E	A CT	B CTA	C CTV
	D MRA	E MRI	
80	A 58 years 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 <u>2.3x2.8mm corneal ulcer</u> . Which of the following measure should be avoided in this patient?		
C	A Antibiotics	B Antifungals	C Bandage contact lens
	D Cycloplegics	E Irrigation with saline	

post op.
endophthalmitis

dx: myasthenia gravis?

81	A 19 years old boy presents to your clinic with <u>droopy eyelids</u> on right side. Visual acuities are 6/5 in the right eye and 6/6 in the left eye. On examination, there is <u>mild right ptosis</u> . On slit lamp examination you notice that the iris is slightly lighter in colour on the right side. What is your diagnosis?		
C!	A Aponeurotic ptosis	B Blepharophimosis syndrome	C Congenital horner syndrome
	D Congenital myogenic ptosis	E Neurogenic ptosis	
82	A 45-year-old male develops a red eye with a <u>purulent discharge</u> . After two days it spreads to the other eye. His young daughter develops a similar problem other day. On examination, VA is 6/6. There is conjunctival redness with purulent discharge. Rest of the ocular examination is unremarkable. What is the most probable diagnosis?		
B	A Allergic conjunctivitis	B Bacterial conjunctivitis	C Cicatricial conjunctivitis
	D Fungal conjunctivitis	E Viralconjunctivitis	
83	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?		
D	A B-Scan ultrasonography	B Fundus autofluorescence (FAF)	C Fundus Fluorescein angiography (FFA)
	D Optical coherence tomography (OCT)	E Pachymetry	
84	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 his both eyes. What immediate treatment is needed?		
A	A Copious wash of eyes with water	B Pad both eyes	C Put local anesthesia eye drops in eyes
	D Start antibiotic eye drops	E Start antiglaucoma medicines	
85	A 52 years 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?		
E	A 2nd nerve	B 3rd nerve	C 4th nerve
	D 5th nerve	E 6th nerve	
86	A 12 years old child was brought to you with complaint of irritation of eyes that is most <u>severe in summer</u> season and <u>recurrent</u> . On exmination, the child is having VA of 6/12 in right eye and 6/9 in left eye. On eversion of lid you find <u>giant papillae</u> , conjunctival congestion most marked in the limbal region with associated pseudogerontoxon. What is the most probable diagnosis in this case?		
E	A Adenoviral conjunctivitis	B Bacterial conjunctivitis	C Gonococcal conjunctivitis
	D Trachoma	E Vernal keratoconjunctivitis	→ Hypersensitivity to airborne allergens.
87	A 5 years old child went on spring vacations to his village and was playing cricket. He got <u>cricket ball injury</u> and developed decreased vision in left eye. On slit lamp examination, there is <u>blood in anterior chamber</u> . What is this condition called as?		
B	A Endophthalmitis	B Hyphaema	C Hypopyon
	D Keratitis	E Uveitis	
88	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?		
D	A B-Scan ultrasonography	B Computed Tomography (CT)	C Corneal topography
	D Exophthlmo-metery	E Magnetic Resonance Imaging (MRI)	
89	A 53 years 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	A Exposure keratopathy	B Filamentary keratopathy	C Infectious crystalline keratopathy
	D Neurotrophic keratopathy	E Thygeson superficial punctate keratitis	
90	A 30 years old female presented to eye OPD with <u>sudden onset redness</u> in right eye (RE) with photophobia and decreased vision. Systemic history is positive for <u>low back pain</u> . 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 of treatment for this patient?		
E	A Oral antibiotics	B Oral steroids	C Subtenon steroids
	D Topical antibiotics	E Topical steroids	
91	A 7 years old boy developed <u>pain and swelling of right orbital region</u> for 3 days. He has a history of sinusitis for 1 week. On examination, he has right proptosis with <u>reduced ocular motility</u> and conjunctival chemosis. His vision is 6/36 in right eye. What is the <u>most appropriate treatment</u> in this patient?		
A	A Systemic antibiotics	B Systemic steroids	C Topical antibiotics
	D Topical cycloplegics	E Topical steroids	

dx: anterior uveitis.

dx: orbital cellulitis.

92	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 the diagnosis?		
C	A Esotropia 15 degrees	B Esotropia 15 prism diopters	C Exotropia 15 degrees
	D Exotropia 15 prism diopters	E Straight Eyes	
93	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?		
B	A Artificial tears	B Topical antivirals	C Topical cyclosporine
	D Topical NSAIDs	E Topical steroids	
94	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?		
E	A Occipital infarct	B Optic nerves glioma	C Optic neuritis
	D Optic tract glioma	E Pituitary adenoma	
95	A 4 years old girl has convergent squint of left eye. On examination she has left amblyopia. What is the best treatment option for her?		
D	A Glasses	B Multivitamins	C Observation
	D Patching therapy	E Surgery	
96	A 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	A Intravenous Mannitol	B Laser iridotomy in right eye	C Oral steroids
	D Topical antibiotics in right eye	E Trabeculectomy in right eye	
97	A 09 years old boy has 30o left convergent squint on wearing +5 diopter glasses the squint decrease to 15 degrees. What is best treatment option after glasses?		
D	A Contact Lenses	B Low vision devices	C Multivitamin Syrup
	D Surgery for remaining squint	E Telescopes	
98	A 30 years 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 your diagnosis?		
A	A Anterior uveitis	B Endophthalmitis	C Intermediate uveitis
	D Panuveitis	E Posterior uveitis → painless.	
99	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 2.5x1.3mm corneal ulcer with satellite lesions. What is your diagnosis?		
C	A Acanthamoeba keratitis	B Bacterial conjunctivitis	C Fungal keratitis
	D Marginal keratitis	E Viral keratitis	
100	A 60 years old man presented to eye OPD with transient visual loss in left eye lasting few minutes. Episodes occur several times a day. Ocular examination is unremarkable. All investigations are appropriate as baseline except:		
A?	A ECG	B ESR & CRP ✓	C FBC / CBC ✓
	D Glucose ✓	E MRI → MR angiography.	
101	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	A Intravitreal antibiotics	B Peribulbar antibiotics	C Subtenon antibiotics
	D Systemic antibiotics	E Topical antibiotics	
102	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. B scans are normal. What are the preferred timings of surgery for this child?		
B	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	

dir. → Herpes keratitis?

patching the normal eye.

amaurosis pupae.

→ vitritis.
Endophthalmitis
due to
phacoemulsif.

103	A 50 years old woman presents to you with <u>gradual onset dimness of vision</u> 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 <u>proliferative diabetic retinopathy</u> with macular edema. How will you treat this patient?			
C	A Anti VEGF	B Cryotherapy	C Diffuse laser	→ photocoagulation
	D Focal laser	E Pars plana vitrectomy		leukocoria ("cat's eye pupil")
104	A 04 months old infant is brought by parents to Eye OPD with <u>white pupillary reflex</u> in right eyes since birth. Infant is not fixing and following light with right eye. EUA reveals rubeosis irides and a <u>retrolental mass</u> with <u>vitreous seeds</u> in right eye. Intraocular pressure is 35 in right eye and 8 in left eye. Left eye examination is unremarkable. MRI shows <u>no invasion of optic nerve</u> . How will you treat this infant?			→ retinoblastoma
A	A Chemotherapy	B Cryotherapy	C Enucleation	→ not metastatic
	D Laser photocoagulation	E Radiotherapy		→ high risk dx. → for ↓ risk dx. → not salvageable eye.
105	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 <u>wedge-shaped growth of the conjunctiva</u> that extends onto the nasal cornea. What is your diagnosis?			
D	A Limbal Dermoid	B Nodular Phlyctenule	C Pinguecula	
	D Pterygium	E Scleritis		→ mainly due to UV rays
106	A 16 years 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. As a doctor in periphery, what is your 1st step to take?			
A	A After putting antibiotic drops, pad the eye and refer	B After putting antibiotic ointment refer the patient	C After putting topical steroids, refer the patient	
	D Refer the patient without doing anything	E Repair the perforated cornea		
107	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 <u>white cloudy retina</u> with <u>cherry red spot</u> . What is your diagnosis?			
C	A Branch retinal artery occlusion	B Branch retinal vein occlusion	C Central retinal artery occlusion	
	D Central retinal vein occlusion	E Hemiretinal vein occlusion		
108	A 56 years old man presented with gradual progressive decrease vision in the right from last 8 months. On examination the vision in 6/60 in right eye and 6/9 in left eye with no improvement with pinhole. Fundus examination is <u>hazy</u> but seems to be normal. What is the most probable diagnosis?			
B	A Age related macular degeneration	B Cataract	C Diabetic retinopathy	
	D Glaucoma	E Vitreous hemorrhage		
109	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?			
B	A Conjunctivitis	B Congenital glaucoma	C Congenital myopia	
	D Congenital nasolacrimal duct obstruction	E Congenital rubella keratitis		→ corneal clouding → photophobia → excessive tearing (epiphora).
110	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?			
B	A Lower lid ectropion	B Lower lid entropion	C Lower lid epiblepharon	
	D Lower lid ptosis	E Lower lid trichiasis		
111	A 60 years male presented to you with sudden painless loss of vision in his right eye. VA in right eye is CF 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. What is the most common complication of this disorder?			
C	A Angle closure glaucoma	B Choroidal detachment	C Neovascular glaucoma	CRVO ↓ neo vascularization
	D Open angle glaucoma	E Retinal detachment		
112	A 65 years old man presented with <u>decrease vision</u> 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 <u>retinal pigment epithelial atrophy</u> with <u>scars in the macular region</u> . He is non-diabetic and non-hypertensive. What is the most probable diagnosis?			
A	A Age related macular degeneration	B Central serous chorioretinopathy	C Exudative retinal detachment	
	D Lattice degeneration	E Retinitis pigmentosa		

113	A 48 years 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		
114	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 <u>redness is not reduced</u> . The patient is also giving history of <u>rheumatoid arthritis</u> . What is your diagnosis?	A	Blepharitis	B	Conjunctivitis	C	Corneal ulcer
		D	Episcleritis	E	Scleritis		
115	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. B scans are normal. What investigation will you order to look for the cause?	A	Corneal topography	B	CT brain	C	Mantoux test
		D	OCT macula	E	TORCH serology		
116	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		
117	A 65 years old patient presented with vertical diplopia for the last one week. She has a history of road traffic accident 01 week ago. On examination, vision in both eyes are 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	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		
119	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 go for 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		
120	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		

Date: 1/20

1	A	21	E	41	A
2	B/C	22	B	42	E
3	E	23	C	43	C
4	A	24	B	44	D
5	C	25	B	45	D
6	C	26	D	46	B
7	B	27	E	47	E
8	D	28	C	48	C
9	B	29	B C	49	A
10	D	30	B B	50	E
11	C	31	B B	51	A
12	B	32	A	52	A
13	C	33	A	53	C
14	D	34	C	54	A
15	E	35	D	55	B
16	A	36	B	56	B
17	B	37	C	57	D
18	C	38	A	58	D
19	A/C	39	C	59	B
20	A	40	B	60	A

61) D	62) E	63) C	64) B	65) B
66) E	67) B	68) E	69) D	70) A
71) D	72) D	73) B	74) C	75) D
76) C	77) ?	78) D	79) E	80) C
81) C	82) B	83) D	84) A	85) E
86) E	87) B	88) D	89) A	90) E
91) A	92) C	93) B	94) E	95) D
96) A	97) D	98) A	99) C	100) A
101) E	102) B	103) C	104) C	105) D
106) A	107) C	108) A D	109) B	110) B
111) C	112) A	113) E	114) E	115) E
116) A	117) C	118) A	119) A	120) D

M. J. J.