



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



- 1) A 40 years old clerk presented to OPD with complaints of blurring of vision and eye strain while doing near work, his distant VA was 6/6 both eyes, while his near VA was N12 on Snellen chart, his rest of the ocular examination was unremarkable. What condition is he suffering from?
  - a) Anisometropia
  - b) Anisokonia
  - c) Presbyopia
  - d) Convergence insufficiency
  
- 2) A 66 year old patient who is known type 2 diabetic for the last 22 years presented to OPD with gradual and painless loss of vision in both eyes. On examination vision in right eye is 2/60 and 1/60 in left eye. Fundus examination reveals tractional bands along the disc and vessels arcade causing elevation of surrounding retina and macula in both eyes. What is the diagnosis?
  - a) Clinically significant macular edema
  - b) Non proliferative diabetic retinopathy
  - c) Proliferative diabetic retinopathy
  - d) Advance diabetic eye disease
  
- 3) A 30 years old female presented with sudden loss of vision in her right eye. On examination her VA was 6/60 with RAPD on pupil examination. Both fundi found normal. She also reported with slight headache along with pain on ocular movement specially in up gaze. She had no previous history of any illness with unremarkable systemic examination. What is the most probable diagnosis?
  - a. Anterior ischemic optic neuropathy
  - b. Papilloedema
  - c. Optic neuritis
  - d. Pituitary adenoma
  
- 4) A 65 years old patient presented with sudden painless loss of vision in his (R) eye. He is hypertensive for the last 10 years. On examination vision in his (R) eye is 6/60 and in (L) eye is 6/9. There is (R) RAPD. On fundus examination there is tortuosity and dilatation of all branches of central retinal vein and dot blot and flame shaped hemorrhages in all four quadrants. What is your diagnosis?
  - a) Proliferative diabetic retinopath
  - b) Hypertensive retinopathy
  - c) Central retinal artery occlusion
  - d) Central retinal vein occlusion
  
- 5) A one year old child is presented by his parents with white pupillary reflex of (R) eye for the last 2 months. On examination of fundus there is creamy white lesion with calcification on posterior pole. What is most probable diagnosis?
  - a) Retinitis pigmentosa.
  - b) Retinoblastoma.
  - c) Retinal detachment
  - d) Choroidal melanoma
  
- 6) A 65 years old diabetic patient presented with gradual decrease of vision both eyes for the last 2 years. On examination of fundus there are neovessels formation on disc and dot blot hemorrhages throughout the fundus. Also there are hard exudates on the macular. What is your diagnosis?
  - a) Clinically significant macular oedema
  - b) Non proliferative diabetic retinopathy
  - c) Proliferative diabetic retinopathy
  - d) Advance diabetic eye disease



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



- 7) A 55 years old hypertensive patient presents with sudden profound painless loss of vision in his right eye. His vision in right eye is HM. There is a right RAPD and fundus show cherry red spot at macula. What is your diagnosis?
- Proliferative diabetic retinopathy
  - Hypertensive retinopathy
  - Central retinal artery occlusion
  - Central retinal vein occlusion
- 8) A 20yrs old patient was rushed to the OPD with accidental instillation of acid in his eyes due to battery explosion in a work place. He was in agony and unable to open his eyes due to severe pain, however on quick inspection there was an excoriation of peri-ocular skin with redness and swelling. What is the most immediate step in management? 2
- Topical antibiotics
  - Wash the eyes with plenty of fluid
  - Topical steroids
  - Oral antibiotics and analgesics
- 9) A 19 years old male presented with bilateral red eyes with watery discharge and eyelid edema for the last 2 days. He is also giving a history of same condition in his other family members. There are also peri-auricular enlarged lymph nodes. On examination both conjunctiva show follicular conjunctivitis. What is your diagnosis?
- Bacterial conjunctivitis
  - Allergic conjunctivitis
  - Episcleritis
  - Adenoviral conjunctivitis
- 10) A 17 year old boy present with frequent change of glasses for the last few years. His best corrected visual acuity in right eye is 6/24 and left eye is 6/18. Direct ophthalmoscopy shows oil droplet reflex and retinoscopy shows irregular scissor reflex. What is your diagnosis?
- Keratoconus
  - Astigmatism
  - Myopia
  - Hypermetropia
- 11) A 25 year old male patient presented with monocular painful red eye for the last 3 days. This is first time that he is suffering from this condition and he is systemically well. On examination visual acuity in this eye is 6/12. Slit lamp examination shows KPs and anterior chamber cells with normal vitreous and fundus examination. Intraocular pressure is in normal limits. What is your diagnosis?
- Corneal ulcer
  - Intermediate uveitis
  - Normal tension glaucoma
  - Anterior uveitis
- 12) A 50 year old patient had phacoemulsification surgery. On 1<sup>st</sup> postoperative day patient is having pain and decrease vision in the operated eye. There is RAPD and corneal haze. Anterior chamber shows hypopyon and there is no fundus view. What is your diagnosis?
- Post operative endophthalmitis
  - Post operative pan-uveitis
  - Post operative inflammation
  - Post operative keratitis



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



- 13) A 9 year old child presents with rapid onset of pain, proptosis and visual impairment in right eye. On examination patient is febrile and there is pre orbital edema and proptosis. Peri orbital skin is warm and tender there is painful ophthalmoplegia. What is your diagnosis?
- Orbital cellulitis
  - Pre-septal cellulitis
  - Orbital inflammatory disease
  - Orbital myositis
- 14) A 17 years old boy presented to eye OPD with severe pain in his right eye for the last 2 days. He also gives a history of decrease vision and purulent discharge in this eye. On examination his visual acuity in this eye is CF 1 meters. Anterior segment examination revealed conjunctival circumcorneal injection, corneal epithelial defect which stains with fluorescein dye with infiltrate around the margin and base and hypopyon in the anterior chamber. What is most probable diagnosis?
- Anterior uveitis
  - Viral keratitis
  - Acanthamoeba keratitis
  - Bacterial keratitis
- 15) A 65 years old male patient presented to eye OPD with a history of bilateral gradual loss of vision for the last one year. On examination his visual acuity in right eye is CF 1 meters and left eye is 6/60. Pupils are reactive to light. Anterior segment examination shows opacity in the crystalline lens in both eyes. Both fundi are not visible. What is your diagnosis?
- Age related cataracts
  - Age related myopia
  - Age related presbyopia
  - Age related degenerations
16. A 30 years old female presented with monocular proptosis for the last few months. She also gives a history of heat intolerance and palpitation. On examination his visual acuity in both eyes is 6/6 with right moderate proptosis. On systemic examination patient is having hand tremors, warm and sweaty palms and finger clubbing. What is your diagnosis?
- Orbital cellulitis
  - Thyroid eye disease
  - Orbital myositis
  - Myasthenia gravis
- 17) A 30 years old female presented with watering of (R) eye for the last 2 years. On examination regurgitation test is positive  $\bar{e}$  mucopurulent discharge. What is your diagnosis?
- Acute dacryocystitis
  - Chronic dacryocystitis
  - Chronic conjunctivitis
  - Blepharitis
- 18) A 65 years old male patient presented with progressive painless loss of vision in both eyes for the last 3 years. His vision in (R) eye is 6/36 and left eye is CF 1 meter. There is RAPD in his left eye. On examination IOP is 34 in right eye and 36 in left eye. On fundoscopy there is 0.6 cupping on right side and fully cupped disc on left side. What is your diagnosis?
- Normotensive glaucoma
  - Open angle glaucoma
  - Angle closure glaucoma
  - Neovascular glaucoma



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



- 19) A 65 year old farmer presented with a nodular mass on the lower eyelid for the last 5 years. The mass is slowly enlarging. On examination mass is around 1.5 cm in diameter with central ulceration and telangiectasis at its margins. What are your differential diagnosis?
- Chalazion
  - Basal cell carcinoma
  - Hamartoma
  - Capillary hamangioma
- 20) A 65 year old uncontrolled diabetic and hypertensive patient present with painful loss of vision in his right eye for the last 2 weeks. On examination cornea shows edema. IOP in this eye is 46mm Hg and iris shows neovessels. There is no view of fundus in this eye. Other fundus shows proliferative diabetic retinopathy. What is your diagnosis?
- Proliferative diabetic retinopathy
  - Vitrous haemorrhage
  - Acute congestive Angle closure glaucoma
  - Neovascular glaucoma
- 21) A 20 year old patient presents with non tender round nodule on the upper eyelid away from the lid margin for the last two months with no increase in size and normal surface. What is your diagnosis?
- Stye
  - Squamous cell carcinoma
  - Chlazion
  - Nodular basal cell carcinoma
- 22) Which of the following is the most common eyelid tumor.
- Basal cell carcinoma
  - Squamous cell carcinoma
  - Capillary hemangioma
  - Melanoma
- 23) A chalazion is :
- Infection of gland of moll
  - Inflammation of gland of zeis
  - Granulomatous inflammatory lesion of meibomian gland
  - None of above
- 24) The most common site for development of BCC is :
- Upper eyelid
  - Lower eyelid
  - Medial canthus
  - Lateral canthus
- 25) Basal cell carcinoma is :
- Malignant fast growing tumor
  - Slow growing locally invasive tumor
  - Metastasize rapidly
  - Have very bad prognosis



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



26) A 65 year old farmer presented with a nodular mass on the lower eyelid for the last 5 years. The mass is slowly enlarging. On examination mass is around 1.5 cm in diameter with central ulceration and telangiectasis at its margins. Which of the following is diagnostic test for this lesion?

- (i) C T Scan
- (ii) MRI
- (iii) Biopsy for histopathology
- (iv) Tumor markers

27) Trichiasis refers to the :

- (i) Inward rolling of the eyelid margin
- (ii) Misdirected lashes originating from normal site of origin
- (iii) Outward rolling of the eyelid margin
- (iv) Multiple rows of the eyelashes

28) Copper wiring and silver wiring of arterioles occur in

- i. Hypertensive retinopathy
- ii. Diabetic retinopathy
- iii. Central retinal vein occlusion
- iv. Central retinal artery occlusion

29) A sty is :

- (i) Acute inflammation of meibomian glands
- (ii) Infection of the lash follicle and its associated gland of zeis
- (iii) Chronic inflammation of gland of moll
- (iv) Acute infection of the meibomian glands

30) The most common organism involved in the formation of sty is :

- (i) Hi influenza
- (ii) Staphylococcus aureus
- (iii) Staphylococcus pyogenes
- (iv) Staphylococcus pneumonia

31) A sty is always :

- (i) Painless nodule away from the lid margin
- (ii) Painful nodule at the lid margin
- (iii) Noduloulcerative lesion at the lid margin
- (iv) Painful swelling of the meibomian glands away from lid margin

32) The main treatment option for blepharitis is :

- (i) Oral antibiotics
- (ii) Topical antibiotics
- (iii) Eyelid hygiene
- (iv) Eyelid surgery

33) A 45 old lady presented with grittiness of both eyes and red eyes. On examination there is froath



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



accumulation at the eyelid margin and capping of meibomian glands . What is most probable diagnosis?

- (i) Chalazion
- (ii) Chronic anterior blepharitis
- (iii) Chronic posterior blepharitis
- (iv) Staphylococcus infection of the eyelid

34) A 6 months old baby is presented by his parents with drooping of right upper eyelid & absence of eyelid crease since birth. Rest of ocular examination is unremarkable. What is most probable diagnosis?

- (i) Congenital entropion
- (ii) Simple congenital ptosis
- (iii) Horner syndrome
- (iv) Congenital 3<sup>rd</sup> nerve palsy

35) Entropion refers to :

- (i) Misdirected eyelashes
- (ii) Inward rolling of the eyelid margin
- (iii) Outward rolling of the eyelid margin
- (iv) Inward rolling of eyelashes with normal lid margin

36) A 60 years old lady presented with chronic epiphora for the last 2 years. On examination regurgitation test is positive with mucoid discharge. What is the main treatment option for this condition?

- (i) Oral antibiotics
- (ii) Oral and topical antibiotics
- (iii) Dacryocystorhinostomy
- (iv) Nasal massage

37) In congenital nasolacrimal duct obstruction probing is indicated:

- (i) At presentation
- (ii) At one year of age
- (iii) At five year of age
- (iv) After dacryocystorhinostomy fails

38) Initial treatment for congenital nasolacrimal duct obstruction is :

- (i) Dacryocystorhinostomy
- (ii) Probing of lacrimal system
- (iii) Nasal massage
- (iv) Topical and oral antibiotics

39) Thyroid eye disease is the result of

- (i) Elevated level of the thyroid hormone
- (ii) Organ specific autoimmune reactive
- (iii) Complication of thyroid carcinoma
- (iv) None of above



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



- 40) A 25 years old male presented with right upper eyelid swelling with pain around the orbit. On examination there is periorbital oedema. VA in both eyes is 6/6 with normal anterior and posterior segments. There is no RAPD and extraocular movements are normal. What is most probable diagnosis?
- (i) Orbital cellulitis
  - (ii) External hordeolum
  - (iii) Pre-septal cellulitis
  - (iv) Necrotizing fasciitis
- 41) Corneal sensation is reduced in
- i. Viral keratitis
  - ii. Bacterial keratitis
  - iii. Fungal keratitis
  - iv. Acanthamoeba keratitis
- 42) Red eyes with intense itching in summer with papillary conjunctivitis occur in :
- (i) Viral conjunctivitis
  - (ii) Bacterial conjunctivitis
  - (iii) Trachoma
  - (iv) Allergic conjunctivitis
- 43) Shield ulcer of cornea occur in :
- (i) Bacterial keratitis
  - (ii) Dendritic ulcer of cornea
  - (iii) VKC
  - (iv) Dry eyes
- 44) A 25 years old male presented with red eye associated with mild pain. On examination there is corneal staining with fluorescein dye with a dendritic configuration. What is most probable diagnosis?
- (i) Bacterial keratitis
  - (ii) Viral keratitis
  - (iii) Acanthamoeba keratitis
  - (iv) Fungal keratitis
- 45) A former presented with severe pain in right eye. He has a history of vegetative trauma 5 days back. On examination there is circumcilliary injection with corneal staining having satellite lesion. There is hypopyon in anterior chamber. What is your diagnosis?
- (i) Bacterial keratitis
  - (ii) Fungal keratitis
  - (iii) Viral keratitis
  - (iv) VKC
- 46) The most common malignant intraocular childhood tumor is :
- (i) Basal cell carcinoma
  - (ii) Choroidal melanoma
  - (iii) Retinoblastoma
  - (iv) Keratoacanthoma



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



- 47) The treatment option for proliferative diabetic retinopathy is :
- (i) Grid laser
  - (ii) Panretinal photocoagulation
  - (iii) Grid + focal Laser
  - (iv) Yag Laser
- 48) Anti VEGF injections are used for :
- (i) Diabetic macular oedema
  - (ii) Chronic anterior uveitis
  - (iii) Retinal detachment
  - (iv) Retinoblastoma
- 49) Drug of choice for the treatment of trachoma is :
- (i) Oral azithromycin
  - (ii) Topical ciprofloxacin
  - (iii) Oral ciprofloxacin
  - (iv) Topical acyclovir
- 50) Ophthalmia neonatorum occur as a result of infection :
- (i) From passage through genital canal
  - (ii) Hospital cross infection from other Childs
  - (iii) Due to decrease immunity of newborns child
  - (iv) None of above The leading cause of avoidable blindness in the world is :
- 51) Best treatment option for pterygium to avoid recurrence is :
- (i) Bare scleral technique
  - (ii) Pterygium excisionē MMC
  - (iii) Pterygium excision ē conjunctival autograft
  - (iv) None of above
- 52) Which one of the following is true about chemical ocular burns;
- i. Alkali burns are more harmful than acid
  - ii. Acid burns are more harmful than alkali
  - iii. Both are equally harmful
  - iv. None of above.
- 53) Most common organism involved in acute postoperative endophthalmitis is
- i. Gram positive organisms.
  - ii. Gram negative organisms.
  - iii. Aspergillus
  - iv. Fusarium
- 54) Decrease in vision in diabetic patients is due to
- i. Macular edema
  - ii. Uveitis
  - iii. Increased IOP





**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



- iv. Neovessels formation
- 55) Herbert pits occur in
- i. Ophthalmia neonatorum
  - ii. VKC
  - iii. Trachoma
  - iv. Adenoviral conjunctivitis
- 56) A 9 years old boy is presented by his parents with decreased night vision. On fundus examination there is pale waxy disc, arteriolar attenuation and pigmented bone spicule lesion involving the retinal periphery. What is your diagnosis?
- i. Retinoblastoma
  - ii. Congenital glaucoma
  - iii. Retinopathy of pre-maturity
  - iv. Retinitis Pigmentosa
- 57) Beta blockers decrease intraocular pressure by:
- i. Decreasing aqueous secretion.
  - ii. Enhancing aqueous outflow through trabecular meshwork.
  - iii. Enhancing aqueous outflow through uveoscleral route.
  - iv. Enhancing aqueous outflow through both trabecular meshwork and uveoscleral route.
- 58) Distinction between open and close angle glaucoma is done by
- i. Tonometry.
  - ii. Gonioscopy.
  - iii. Fundoscopy.
  - iv. Perimetry.
- 59) Blow out orbital floor fracture results in
- i. Enophthalmos.
  - ii. Double diplopia
  - iii. Infraorbital nerve damage
  - iv. All of above.
- 60) Posterior capsular opacification in pseudophakic eyes is treated with:
- i. Argon laser.
  - ii. Yag laser.
  - iii. Excimer laser.
  - iv. Femto laser.



**Department of Ophthalmology**  
**QAZI HUSSAIN AHMAD MEDICAL COMPLEX, NOWSHERA**  
**(KHYBER PAKHTUNKHWA)**



Key:

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