



Pak International Medical College
Department of Medical Education
4th Year MBBS Block-M-2 (Eye) Exam (MCQs Paper)-2023

Time: 9:00-10:30

Time Allowed: 1 hour 30 minutes

Date: 01/12/2023

Instructions:

1. All Question carry equal marks.
 2. Write down your roll-number & name in the relevant spaces & box
 3. Also fill the relevant bubbles for roll-number correctly in OMR Sheet
 4. Candidates are allowed to use Blue/Black ball points only, use of lead Pencil is strictly prohibited.
 5. Ensure that selected bubble is completely filled in OMR Sheet. Do not mark any area outside the bubble.
 6. Do not Bend, fold or Staple the OMR Sheet.
 7. Cell phones and others electronic devices are strictly prohibited in the examination cell.
- Note: In case of filling of more than bubbles or cutting on bubbles, the relevant answer will be treated as wrong. The candidate will be fully responsible.

Name: [REDACTED]

Roll No: [REDACTED]

1. A recurrent bilateral conjunctivitis occurring with the onset of hot weather in young boys with symptoms of burning, itching, and lacrimation with large flat topped cobble stone papillae raised areas in the palpebral conjunctiva is:
 - a. Adenoviral conjunctivitis
 - b. Mucopurulent conjunctivitis
 - c. Phlyctenular conjunctivitis
 - d. Trachoma
 - e. Vernal keratoconjunctivitis
2. A young child suffering from fever and sore throat began to complain of lacrimation. On examination, follicles were found in the lower palpebral conjunctiva with tender preauricular lymph nodes. The most probable diagnosis is:
 - a. Adenoviral conjunctivitis
 - b. Fungal infection.
 - c. Phlyctenular conjunctivitis
 - d. Staphylococcal conjunctivitis
 - e. Trachoma
3. A 72-year-man who consulted for foreign body sensation, blurred vision and tearing for two years. His past history was positive for recurrent episodes of red eye and purulent discharges. Slit lamp evaluation showed white sheets of fibrosis in the superior tarsal conjunctiva, superior vascular corneal pannus and limbal depressions corresponding to Herbert pits. Herbert's pit is seen in
 - a. Hepes simplex infection.
 - b. Hepes zoster infection.
 - c. Spring catarrh.
 - d. Sarcoidosis.
 - e. Trachoma.
4. Which type of Glaucoma is caused by leakage of lens protein through the capsule of mature or hypermature cataract?
 - a. Ectopia Lentis
 - b. Lens particle Glaucoma
 - c. Phacomorphic glaucoma

- d. Phacolytic Glaucoma
 - e. Phacoanaphylactic Glaucoma
5. What types of primary angle closure Glaucoma occurs independent of pupillary Block?
 - a. Acute PAC
 - b. Chronic PAC
 - c. Intermittent PAC
 - d. Plateau iris syndrome
 - e. Subacute PAC
 6. Which of the following is the most common corneal findings in Sarcoidosis?
 - a. Calcific band keratopathy
 - b. Climatic droplet keratopathy
 - c. Deep Stromal Vascularization
 - d. Nummular keratitis
 - e. Thickening of Descemet's membrane
 7. Which of the following corneal dystrophy recurs frequently in a corneal graft?
 - a. Fuch's
 - b. Granular
 - c. Lattice
 - d. Macular
 - e. Meesmann's dystrophy
 8. 20 years old otherwise young boy came to the OPD with discharge and swelling of right eye for the last 2 days. Characteristically in viral epidemic kerato-conjunctivitis there is:
 - a. Copious purulent discharge
 - b. Copious muco-purulent discharge
 - c. Excessive watery lacrimation
 - d. Mild purulent discharge.
 - e. Mucoid ropy white discharge
 9. A 55 year old fair skinned farmer who works regularly in sunlight in his fields comes to eye OPD with a painless ulcerative lesion on the lower eye lid that has gradually increased in size. What is the most likely diagnosis?
 - a. Basal cell carcinoma
 - b. Kaposi's sarcoma
 - c. Merkel cell carcinoma
 - d. Sebaceous gland carcinoma
 - e. Squamous cell carcinoma
 10. A five year old child presents to eye OPD with ptosis on examination the ptotic lid moves up and down on moving the jaw from side to side. what is the most likely diagnosis?
 - a. Down syndrome
 - b. EhlerDanlos syndrome
 - c. Marfan syndrome
 - d. Marcus gunn jaw winking syndrome
 - e. Steven Johnson syndrome
 11. A 55 year old male patient presented to eye OPD with basal cell carcinoma of the lower eye lid what is the best treatment option?
 - a. Excision of tumor



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- b. Excision of tumor with 2 to 4 mm of normal margins using Moh's micrographic technique
- c. Incision of the tumor
- d. Observation
- e. Topical imiquodum
12. A 25 year old female patient presents to eye OPD with ptosis of right eye lid marginal reflex distance is 0 mm and levator function is 8mm. what is the treatment of choice in this patient
- a. Brow suspension
- b. Frontalis sling
- c. Levator resection
- d. Observation
- e. Superior rectus resection
13. A 35 year old male works in dubai. He has fibrovascular leison that is arising for bulbar conjunctiva and encroaching onto the cornea. what is the most probable diagnosis
- a. Conjunctivitis
- b. Dacryocystitis
- c. Dermoid
- d. Pingueculum
- e. Pterygium
14. A 55 year old farmer has history of agricultural trauma. On examination there is corneal ulcer with feathery margins and satellite lesions. What is the most probable diagnosis?
- a. Acanthamoeba keratitis
- b. Bacterial keratitis
- c. Conjunctivitis
- d. Fungal keratitis
- e. Viral keratitis
15. A 35 year old female wears cosmetic contact lenses for a family function. She comes to ER with severe pain in right eye. What is the most probable diagnosis?
- a. Acanthamoebakeratitis
- b. Bacterial keratitis
- c. Fungal keratitis
- d. Stromal keratitis
- e. Viral keratitis
16. A 60 year old male patient has gritiness, burning and foreign body sensations in both eyes. On shirmer test there is 4mm wetting of filter paper. What is the most probable diagnosis?
- a. Dry eye syndrome
- b. Ectropion
- c. Entropion
- d. Ptosis
- e. Symblepharon
7. A 10 year old school going boy comes to eye opd with red eyes and watering for 1 day. On examination there is clear watery discharge and follicles. what is the probable diagnosis
- a. Allergic conjunctivitis
- b. Bacterial conjunctivitis
- c. Corneal foreign body
- d. Trachoma
- e. Viral conjunctivitis
18. A 65 year male patient comes to eye OPD with watering both eyes. On examination there is everted lower lid margins with a scar on the lower eye lid. What is the most probable diagnosis?
- a. Ectropion
- b. Entropion
- c. Ptosis
- d. Sebaceous gland carcinoma
- e. Squamous cell carcinoma
19. A 55 year old lady comes to eye OPD with watering both eyes. He is advised to undergo weiss procedure for both eyes. What is the most probable diagnosis?
- a. Ectropion
- b. Entropion
- c. Ptosis
- d. Trichiasis
- e. Trachoma
20. A 45 year old female with thyroid eye disease comes to eye OPD with ptosis, proptosis and squint. What surgery would you perform first?
- a. Ectropion
- b. Entropion
- c. Proptosis
- d. Ptosis
- e. Squint
21. A 5 year old child presents to eye OPD with history of trauma to right eye lid. On examination there is swollen lid and ophthalmoplegia. CT scan orbit shows hyper echoic shadows behind orbital septum. What is the most probable diagnosis?
- a. Conjunctivitis
- b. Keratitis
- c. Orbital cellulitis
- d. Presentation cellulitis
- e. Scleritis
22. A 35 year old female presents to eye OPD with proptosis. On CT scan there is fusiform enlargement of extra ocular muscles. What is the most probable diagnosis?
- a. Orbital cellulitis
- b. Orbital pseudotumor
- c. Preseptal cellulitis
- d. Rhabdomyosarcoma
- e. Thyroid eye disease
23. A patient who was operated for right cataract six months back comes to you with foggy vision in his right. On examination there was right pseudophakia with posterior chamber IOL. All the findings were unremarkable except for the right posterior capsular thickening. Which mode of treatment is most appropriate for the right eye capsulotomy.
- a. Excimer laser
- b. YAG-Laser



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- c. Argon laser
d. Diode laser
e. Ultra violet laser
24. 60 years old man has reduced vision on his right eye for the last 1 year. He has no history of trauma to this eye. On examination his visual acuity is 6/60 with no improvement with refraction. His pupils are reacting to light and accommodation. There is white pupillary light reflex, while his fundus is normal. What is most probable diagnosis?
- a. Corneal opacity
 b. Corneal ulcer
c. Cataract
d. Age related macular degeneration.
e. Endophthalmitis.
25. 75 years old man had right cataract. He underwent for right extracapsular cataract extraction with IOL. On 1st postoperation day his vision was counting fingers on his operated eye, the anterior chamber was flat and there was some fleshy mass trapped in the corneal wound. The stitches of the corneal wound were loose. What do you think this is?
- a. Endophthalmitis
 b. Iris prolapse
c. Hypopyon
d. Corneal ulcer.
e. Panophthalmitis.
26. 20 years old boy has vernal keratoconjunctivitis since childhood. He has used topical steroids quite often for his allergic eye disease. What do you think he can develop in his eyes?
- a. Cortical cataract.
b. Nuclear sclerosis.
 c. Posterior subcapsular cataract.
d. Posterior polar cataract.
e. Subluxation of the lens
27. 15 year old female came to OPD with pain and watering from both of her eyes. She is using contact lenses. On Examination there is conjunctival injection, corneal ulcer in the right eye. What is the most common organism responsible for microbial keratitis in contact lens wearers?
- a. Haemophilus influenzae. .
b. Neisseria Gonorrhoea
c. Pseudomonas aeruginosa
 d. Staphylococcus aureus.
e. Streptococcus epidermidis.
28. A young man aged 30 years, presents with difficulty in vision in the left eye for the last 10 days. He is immunocompetent, a farmer by occupation, comes from a rural community and gives history of trauma to his left eye with vegetative matter 10 days back. On examination, there is an ulcerative lesion in the cornea, whose base has raised soft creamy infiltrate. Ulcer margin is feathery and hyphate with few satellite lesions.
- The most probable etiological agent is?
- a. Acanthamoeba
b. Corynebacterium diphtheria
 c. Fusarium
d. Streptococcus pneumonia
e. Streptococcus epidermidis.
29. A 77 year old Female patient presented to us with gradual diminution of vision in both eyes. One year back, she underwent left eye Penetrating Keratoplasty (PK) for Pseudophakic Bullous Keratopathy (PBK). In human corneal transplantation, the donor tissue is?
- a. acrylic polymer
b. Donated human cadaver eyes
c. Donated eyes from live human beings
 d. Goat eyes
e. Glass polymer
30. 55 year old male presented to the OPD with reduced vision on his right eye for the last 6 days. There is no history of trauma or contact lens use. On examination there is dendritic corneal ulcer in centre of the right cornea. What is most likely organism causing it?
- a. Cryptococcus
b. Fusarium
 c. Herpes Simplex
 d. Pseudomonas
e. Pneumococcus
31. A 17-year-old patient came to the OPD. The patient complained of pain in the left eye, redness and photophobia for the last one day. On examination left eyeball movements were painful, corneal swelling, centered and paracentral dendritic ulcer were visible. Corneal sensations were reduced. Right eye was symptomless and has no signs. Final diagnosis was made of Herpes simplex keratitis. In Corneal Herpes, the drug of choice is?
- a. Acyclovir
 b. Adefovir
c. Amantadine
d. Idoxuridine
e. Vidarabine
32. 55 year old man has cataract in his left eye. Routine cataract surgery has been planned. What is the most common choice of anaesthetic for this kind of surgery?
- a. General anaesthetic
b. Peribulbar injection
c. Peribulbar with subtenon injection.
d. Sub tenons injection
e. Topical anaesthetic
33. A 68-year-old man with glaucoma presented with endophthalmitis characterized by pain, redness and impaired vision in the left eye 1 day after combined cataract and filtering surgery. Which of the following statements about endophthalmitis is TRUE?
- a. It has no effect on vision



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- b. It usually presents 2 weeks after surgery
c. It is bilateral
d. It must be treated urgently with intravitreal antibiotics
✓ e. It usually subsides in two days with the use of steroids.
34. 45 years female who is otherwise healthy has left cataract. Phaco-Emulsification has been planned for her. Phaco-Emulsification is done except in
a. Immature cataract
✓ b. Mature cataract
c. Posterior subcapsular cataract
d. Dislocated cataract
e. Cortical cataract.
35. 60 years old man has reduced vision on his right eye for the last 1 year. He has no history of trauma to this eye. On examination his visual acuity in right eye is 6/60 with no improvement with refraction. His pupils are reacting to light and accommodation. There is white pupillary light reflex, and his fundus is normal. What is most probable diagnosis?
a. Age related macular degeneration.
✓ b. Corneal opacity
c. Corneal ulcer
d. Cataract
e. Retinal detachment.
36. 70 years old man underwent extracapsular cataract extraction with insertion of posterior chamber intraocular lens. On first postoperative day vitreous was seen in anterior chamber touching the cornea and the pupil was peaking at 12'o clock. What is the most probable diagnosis?
a. Hyphema
b. Hyopyon.
✓ c. Iris prolapsed
✓ d. Intraocular lens is in the wrong place.
✓ e. Posterior capsule rupture.
37. 75 years old man underwent extracapsular cataract extraction. On 1st postoperation day his vision was 6/6, but on follow up visit after 3 months his vision was 6/24. On examination anterior chamber is quite and deep. Intraocular lens is in Posterior chamber. Posterior capsule is thick and has bubbles in it. What do you think this is?
a. Chronic Endophthalmitis.
b. Hyopyon.
c. Hyphema.
d. Iris prolapsed.
✓ e. Posterior capsular opacity.
38. Baby of 4 months presented to Eye OPD with bulging of the eyes and blue discoloration. On examination the corneas are enlarged and edematous. There are ruptures in the Descemet's membrane. What is the most probable diagnosis?
a. Buphthalmos
b. Congenital cataract
c. Corneal ulcer
✓ d. Ophthalmia neonatorum
e. Proptosis
39. 65 years old male who is known glaucomatous and asthmatic. Which of the following drug is contraindicated in treating this patient?
✓ a. Adrenaline
b. Betaxolol
c. Latanoprost
d. Pilocarpine
e. Timolol
40. 50 years old woman complains of pain and redness in both eyes. On examination there is circumcorneal congestion, shallow anterior chamber, dilated oval and fixed pupil. Your probable diagnosis is:
a. Closed angle glaucoma
b. Corneal ulcer
c. Open angle glaucoma
d. Steroid induced glaucoma.
✓ e. Secondary glaucoma
41. 60 years old lady had phacoemulsification and implantation of intraocular lens 8 months ago. Now she came to the OPD with decreased vision. Final diagnosis was made of posterior capsular opacification. What is the cause of posterior capsular opacification following phacoemulsification and implantation of intraocular lens?
✓ a. Bacterial sequestration and colonization
b. Hyphema
c. Proliferation of residual lens epithelium
d. Toxicity of the IOL
e. Toxicity of the irrigation solution
42. 75 years old man has both eye cataracts. Phacoemulsification has been planned for his right eye. To calculate the power of the intraocular lens; which of the following instrument is used?
a. A scan
b. B scan
c. Indirect Ophthalmoscope.
✓ d. Ophthalmoscope
e. Retinoscope
43. 20 years old male came to the OPD with decreased far vision. His media is clear and glasses were prescribed for him. Most common cause of myopia is:
a. Axial
✓ b. Curvature
c. Index
d. Nuclear sclerosis
e. Posterior staphyloma
44. 25 years old female wants to get rid of glasses. LASIK has been planned for her. Which type of laser is used in LASIK surgery?



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- a. Argon laser
b. diode laser
c. Excimer laser
d. Krypton laser
e. ~~Nd YAG laser~~
45. 25 years old came to the OPD with eye strain while using glasses. His ocular examination and refraction was done and found that he has high anisometropia. Anisometropia refers to:
- a. Difference in color of Iris of both eyes
b. ~~Difference in refractive power of both the eyes~~
c. Difference in IOP of the two eyes by 4 mmHg
d. Difference in size of pupils of the two eyes
e. Difference in size of the cornea of both eyes.
46. 60 years non diabetic non hypertensive male came to the OPD with both eye cataracts. Most common type of cataract in adults is:
- a. Cortical cataract
b. Morgagnian cataract
c. Nuclear cataract
d. ~~Posterior subcapsular cataract.~~
e. Posterior polar cataract.
47. A 45-year-old-man with no pathological history, presented to the ophthalmic emergencies for a blunt ocular trauma of his right eye. The biomicroscopic examination of the anterior chamber showed vossius ring. While posterior segment examination was normal. Vossius ring is present on:
- a. ~~Anterior lens capsule~~
b. Ciliary body
c. Cornea
d. Iris
e. Posterior lens capsule.
48. A patient with cataract, states that her vision improves towards evening time and in dim light. Patient most probably has which of the following type of cataract:
- a. Central posterior sub capsular cataract
b. ~~Complicated cataract~~
c. Cortical cataract
d. Nuclear cataract
e. Snowflake cataract
49. A 66-year-old man, while taking care of his horse, sustained a blunt, non-penetrating injury to the right side of his face, which damaged his eye. On slit lamp examination, iris dialysis and crystalline dislocation in the vitreous chamber were observed. Iridodialysis is:
- a. Full thickness hole in iris
b. Iris touching the cornea.
c. Separation of the sphincter papillae and dilator pupil muscle
d. ~~Tear in the root of the iris; separating the iris from the Ciliary body~~
- e. Tear at the pupillary border of iris
50. 8 years old girl presented to the local hospital eye department after diagnosing left amblyopia and prescribing glasses of right eye +0.50DS and left eye +0.75/-0.75*8. The patient had no significant ocular, medical or family history. The best treatment for amblyopia is:
- a. ~~Best treated after age of 15 years.~~
b. Occlusion therapy
c. Orthoptic exercises
d. Medication.
e. Surgery
51. 60 year old patient came to the OPD with decreased vision in right eye for the last 2 weeks. The patient is known diabetic and hypertensive for the last 20 years. His hypertension is uncontrolled. On examination his anterior segment is fine while on fundus examination he has intraretinal hemorrhages, cotton-wool spots, lipid exudation, and macular star formation. What is the most probable diagnosis?
- a. Branch retinal vein occlusion.
b. Central retinal vein occlusion.
c. ~~Diabetic retinopathy~~
d. Eales disease
e. Hypertensive retinopathy
52. The patient is an eight-year-old male who is complaining of Redness, Itching and decreased vision in Right eye for around 3 month. He has similar attack of redness and itching in past specially in summer time. O/E there is Limbal papillary reaction superiorly and bulbar conjunctival injection superiorly in both eyes. Right cornea has a white patch. Past Ocular History is unremarkable for surgery or trauma. Most likely diagnosis regarding the cornea is..
- a. Cobble stone papillae.
b. Conjunctival injection
c. ~~Corneal shield ulcer.~~
d. Horner-Trantas dots
e. Pannus formation.
53. 10-year-old male came to OPD complaining of a Redness, Itching and sensitivity to light for around 3 months. He has similar attack of redness and itching in past specially in summer time. O/E there is Limbal papillary reaction superiorly and bulbar conjunctival injection superiorly in both eyes. Past Ocular History is unremarkable for surgery or trauma. Most likely diagnosis is
- a. Allergic conjunctivitis
b. ~~Vernal keratoconjunctivitis~~
c. Atopic keratoconjunctivitis
d. Trachoma.
e. adenoviral keratoconjunctivitis.



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54. 10-year-old male complaining of a Redness, Itching, and watering for around 3 months. He has similar attack of redness and itching in past especially in summer time. O/E there is Limbal papillary reaction superiorly and bulbar conjunctival injection superiorly in both eyes. Past Ocular History is unremarkable for surgery or trauma. What kind of complication can occur in this patient?
- Angle closure glaucoma
 - Branch retinal vein occlusion
 - Central retinal vein occlusion.
 - Keratoconus
 - Orbital cellulites
55. 23 years old young male presented with history of sudden painless visual loss. He is high myope. On examination his anterior segment is unremarkable, while on fundus examination he has large, retinal break superotemporally, associated with a descending detachment, which is threatening the temporal macula. What is the most probable diagnosis?
- Exudative retinal detachment.
 - Lattice degeneration
 - Rhegmatogenous retinal detachment.
 - Snail track degeneration.
 - Tractional retinal detachment.
56. 60 years old male presented with a lesion on the right lower eye lid for the last 2 years. On examination the lesion is a shiny, firm, pearly nodule with small overlying dilated blood vessels. What is the most probable diagnosis?
- Basal cell carcinoma
 - Keratoacanthoma
 - melanoma
 - Sebaceous gland carcinoma
 - Squamous cell carcinoma
57. 55 years old male presented with a lesion on the right lower eye lid for the last 2 years. He is a farmer by occupation. On examination the lesion is a shiny, firm, pearly nodule with small overlying dilated blood vessels. It most frequently arises from
- Eye brow.
 - Lateral canthus
 - lower eyelid
 - Medial canthus,
 - Upper eyelid
58. 60 years old man presented to the eye OPD with gradual dimness of vision in right eye for the last 6 months. His visual acuity is hand movements in right eye while 6/24 in left eye. On slit lamp examination there is hyper mature cataract in Right eye. How will you treat this patient's right eye?
- Cataract Surgery.
 - Laser.
 - Medication.
 - Observation.
- e. Spectacles.
59. A 45 years old male is referred for glaucoma evaluation. His vision is 6/6 in both eyes and intraocular pressure is 28 & 26 mm Hg in right & left eye respectively with cupping of optic discs. He has a positive family history of glaucoma. Which test will you do in this case to determine the anterior chamber angles?
- Gonioscopy
 - Keratometry
 - Pachymetry
 - Perimetry
 - Tonometry
60. A 60 years old male is referred for glaucoma evaluation. His vision is 6/24 in both eyes and intraocular pressure is 22 & 21 mm Hg in right & left eye respectively with cupping of optic discs. He has a positive family history of glaucoma. Which test is more appropriate to determine the structural damage to the peripapillary optic nerve fibers in this case?
- Gonioscopy
 - Fundus Fluorescein Angiography
 - Optical Coherence Tomography
 - Perimetry
 - Tonometry
61. A 55 years old female is referred for glaucoma evaluation. Her vision is 6/36 in both eyes and intraocular pressure is 34 & 31 mm Hg in right & left eye respectively with thinning of neuroretinal rim. You want to determine the functional status of the optic nerve fibers. Which test is more appropriate to determine the functional status of the optic nerve fibers in this case?
- Gonioscopy
 - Optical Coherence Tomography
 - Pachymetry
 - Perimetry
 - Tonometry
62. A 60 years old female is referred for glaucoma management. Her vision is 6/36 in both eyes and intraocular pressure is 34 & 31 mm Hg in right & left eye respectively with thinning of retinal nerve fibers and visual field defects. You want to start this patient on topical antiglaucoma treatment. Which of the following is first line treatment in this case?
- Brimonidine
 - Dorzolamide
 - Latanoprost
 - Pilocarpine
 - Timolol
63. A 45 years old male is referred for glaucoma evaluation. His intraocular pressure is 32 & 24 mm Hg in right & left eye respectively with cupping of optic discs. There also changes on OCT RNFL and visual field testing with open angles on gonioscopy on both sides. He denies any systemic illness or trauma history. What is your most probable diagnosis in this case?
- Normal tension glaucoma
 - Ocular hypertension
 - Pigmentary glaucoma
 - Primary open angle glaucoma



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64. A 65 years old female is referred for glaucoma evaluation. Her intraocular pressure is 12 & 11 mm Hg in right & left eye respectively with cupping of optic discs. There are also changes on OCT RNFL and visual field testing with open angles on gonioscopy on both sides. She has history of migraine. What is your most probable diagnosis in this case?
- a. Normal tension glaucoma
 - b. Ocular hypertension
 - c. Pigmentary glaucoma
 - d. Primary open angle glaucoma
 - e. Secondary open angle glaucoma
65. A 35 years old male presented with a history of lime going into his right eye about an hour ago. What immediate next step is essential in the management of this patient?
- a. Check Visual acuity and examine the eye with the slit lamp
 - b. Examine the eye with slit lamp without checking the visual acuity
 - c. Check visual acuity and wash the eye with tap water
 - d. Wash the eye with tap water without checking the visual acuity
 - e. Start the patient on antibiotics and steroids
66. A 12 years old boy presented with signs of bilateral anterior uveitis. Recently he has been noticed limping in the morning with stiff knees. Which is the most probable diagnosis?
- a. Behcet's disease
 - b. Juvenile rheumatoid arthritis
 - c. Ankylosing spondylitis
 - d. Juvenile sarcoidosis
 - e. Tuberculosis
67. A 30 years old male was noticed with a hypopyon in his right eye. He denied any history of trauma. He frequently gets ulcers in his mouth. What is the most probable diagnosis of this patient.
- a. Endogenous Endophthalmitis
 - b. Behcet's disease
 - c. Hypopyon corneal ulcer
 - d. Hyper mature morgagnian cataract
 - e. Eales disease
68. A 35 years old lady from a poor background presented with blurred vision in her right eye. She was found to have mutton fat keratic precipitates and her quantiferon gold test was positive. What is the most probable diagnosis?
- a. Crohn disease
 - b. Sarcoidosis
 - c. Tuberculosis
 - d. Ulcerative colitis
 - e. Vogt Kyonagi Harada syndrome
69. 25 years old man presented with fine keratic precipitates in his right eye. He was diagnosed with mild change in the color of the iris of this eye. He also had posterior subcapsular lens opacities in this eye. What's your probable diagnosis?
- a. Ankylosing spondylitis
 - b. Rheumatoid arthritis
 - c. Fuch's Uveitis
 - d. Behcets disease
 - e. tuberculosis
70. A mother brings her three months baby with capillary hemangioma of Rt upper lid. The most effective treatment for this condition is?
- a. Intralesional Avastin injection
 - b. Intralesional steroid injection
 - c. Laser ablation
 - d. Oral propranolol therapy
 - e. Surgical excision
71. An Ophthalmologist was giving lecture on tear film to 3rd year MBBS students. Regarding the tear film which statement is true?
- a. Has three layers
 - b. The middle layer is from the meibomian glands
 - c. Is predominantly mucous
 - d. Suffers evaporative loss of 50%
 - e. Becomes hypotonic with evaporation
72. A 10 years boy came to the OPD along with her mother about redness of the right eye for the last two days. His temperature was 40°C and the examining Eye specialist diagnosed him as a case of Rt preseptal cellulitis and put him on systemic antibiotics. The best antibiotic for this patient could be?
- a. Cephalixin
 - b. Dicloxacillin
 - c. Tetracycline
 - d. Trimethoprim – Sulfamethazole
 - e. Combination of a & b
73. A 65 years female presents with watering eye since three years. To diagnose chronic dacryocystitis, one has to understand that lacrimal sac swelling presents?
- a. Below the medial palpebral ligament
 - b. Above the medial palpebral ligament
 - c. Lateral to medial palpebral ligament
 - d. Medial to medial palpebral ligament
 - e. Behind the medial palpebral ligament
74. A mother brought her six months child to OPD with epiphora right eye since birth. The examining doctor suspects right congenital naso lacrimal duct obstruction. The most appropriate treatment for this child at this age is?
- a. Balloon catheter dilation
 - b. Bicanalicular silicone intubation
 - c. Probing of nasolacrimal duct
 - d. External Dacryocystorhinostomy
 - e. Laser dacryocystorhinostomy
75. A father brings a three months boy for complaints of watering both eyes since birth. Examination under anaesthesia was planned. What is the most important test?
- a. Lacrimal regurgitation
 - b. Intraocular pressure



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- c. Corneal diameter measurement
d. Fundus examination
e. Anterior segment examination
76. A 45 years adult was admitted in the ward with redness Rt eye for last 2 weeks. There was dense corneal stromal infiltration with epithelial defect. What is the most important step in the management of this microbial keratitis?
 a. Stop contact lens wear if any
b. Intensive topical antibiotics
c. Oral antibiotics if limbal lesion
d. Topical cycloplegics
e. Oral analgesics
77. A patient with sudden painless loss of vision and no fundal view was possible. Which of the investigation is helpful to see the retina.
a. Keratometry
b. Pachymetry
c. B-Scan
d. A-Scan
 e. Indirect ophthalmoscopy
78. A patient who is known diabetic is presented to you with proliferative diabetic retinopathy. What type of laser will you advise for controlling retinopathy?
a. Excimer laser
 b. YAG-Laser
c. Argon laser
d. Krypton laser
e. Diode laser
79. A patient 50 yrs female with history of Anorexia Nervosa is brought by the attendant for some ocular problem. On examination her vision is 6/6 both eyes. There are some conjunctival dry & lusterless points with dry eyes which shows Vitamin A deficiency. Which layer of the tear film is affected by this condition?
a. Aqueous layer
 b. Lipid layer
c. Lactoferrin
d. Mixed layer
e. Mucin layer
80. A young male of 22years present with gradual decrease of visual acuity in both eyes and change of refractive error on examination. On retinoscopy there was high astigmatism with scissor reflex. Give likely diagnosis?
a. keratoglobus
 b. keratoconus
c. megalocornea
d. buphthalmos
e. keratitis
81. In diabetic retinopathy the new vessel formation is due to following pathology
a. Retinal hemorrhage
b. Vitreous hemorrhage
c. Retinal oedema
 d. Retinal ischemia
e. Retinal breaks
82. An obese young lady of 35 years presented with blurring of vision. Her visual acuity at presentation is 6/6 both eyes. Clinically she had bilateral swollen discs. The first step in the investigation of her papilloedema would be to do a
a. A CT-Scan or MRI of the brain
 b. Goldmann Visual Field
c. A lumbar puncture
d. Urea, electrolytes and calcium
e. Full blood count and clotting screen
83. A 25 years adult presented to the clinician with a right ptosis and exotropia. You suspect right IIIrd nerve palsy. In the further examination of this patient, the most crucial associated finding will be whether there is
 a. Papilloedema
b. Pupillary involvement
c. IV and VI cranial nerves involvement
d. Pyramidal or cerebellar signs
e. Raised blood pressure
84. A 30 year gentlemen presented with blurring of vision following intake of a drug for his some systemic problem. His vision is 6/60 in both eyes. His disc showed temporal palor. The most common drug causing such toxic optic neuropathy may be
 a. Isoniazid
 b. Lead
c. Sildenafil
d. Streptomycin
e. Ethambutol
85. A 3 years old baby presented to your outpatient department by a complain of his parents that he is having deviation of the right eye. On examination there is no abnormal head posture, extraocular muscle movement are normal. There is inward deviation of the right eye with good fixation. What is your diagnosis?
a. Exotropia
b. Exophoria
 c. Esotropia
d. Esophoria
e. ptosis
86. A 40 years old femal is complaining of diplopia. On examination she is having ptosis which gets worse in the evening. She also complains of general fatiguability worse in the evening. What is your diagnosis?
a. Senile ptosis
b. Tramatic ptosis
 c. Myasthenia Gravis
d. Horner syndrome
e. Third Nerve palsy
87. An 80 year old male presented to eye OPD with defective central vision for the last 5 years. He is hypertensive and diabetic for the last 3 years. On examination, he is bilateral pseudophakic with no posterior capsule opacification. His fundi show drusen and sub-retinal exudation at fovea. Both eyes is having chorioretinal (fibrovascular) scars centered at fovea. Vision is 3/60 in both eyes.



Pak International Medical College
Department of Medical Education
4th Year MBBS Block-M-2 (Eye) Exam (MCQs Paper)-2023

What is the most likely diagnosis?

- a. Diabetic retinopathy with maculopathy
 - b. Hypertensive retinopathy with maculopathy
 - c. Age related macular degeneration
 - d. Healed chorio-retinitis
 - e. Retinal (Cone) dystrophy
88. A 72 years old male smoker with history of hypertension for last 5 years, presented to you with sudden painless loss of vision, having vision of light perception only in right eye since yesterday and left eye is normal having visual acuity of 6/6. The fundus examination shows attenuation of arteries and veins with sludging and segmentation of the blood column with cloudy white edematous (ground glass) retina with cherry red spot at fovea. What is likely clinical diagnosis?
- a. Central Retinal artery occlusion.
 - b. Diabetic Retinopathy.
 - c. Hypertensive retinopathy.
 - d. Ischemia ocular syndrome.
 - e. Sickle cell retinopathy.
89. A 70 year old diabetic and hypertensive lady presented with acute loss of vision in his left eye for the last 10 days. On examination, there is non proliferative diabetic retinopathy (Moderate) in right eye. Left eye is showing diffusely scattered retinal hemorrhages involving whole fundus. There are multiple cotton wool spots more so at posterior pole. Retinal vessels are tortuous & dilated. There is also diffuse retinal edema involving macula plus blurring of optic disc margins. Left pupil is also showing relative afferent pupillary defect.
- What is most probable diagnosis of the left eye?
- a. Advance stage of hypertensive retinopathy
 - b. Central retinal artery occlusion
 - c. Central retinal vein occlusion
 - d. Severe proliferative diabetic retinopathy
 - e. Severe non proliferative diabetic retinopathy
90. A 65 year old hypertensive lady of poor socioeconomic background presented to OPD with acute decrease of vision in his left eye for the last 10 days. Her left eye show diffusely scattered retinal hemorrhages, tortuous vessels and retinal edema on fundus examination together with macula edema. Cup-disc ratio in the both eyes is 0.8. Visual acuity is 6/6 in right eye and 6/36 in the left eye. Consultant has diagnosed her left eye with Central retinal vein occlusion. What is the best treatment option for left eye?
- a. Intra-Vitreous Avastin (Anti- VEGF)
 - b. Intra-Vitreous Aflibercept (Anti- VEGF)
 - c. Intra- Vitreous Dexamethasone (Steroids)
 - d. Intra- Vitreous Tri amcinolone (steroids)
 - e. Supra-choroidal Tri amcinolone injection