

4th year Ophthalmology Stage held on 29/11/2023.

Roll No. [redacted] Name [redacted]

Note:- Write correct answer in Box (each MCQs carry 01 mark)

Total Marks: 20

Q No. 1 A 75 years old lady brought to the ophthalmology department with complaint of severe pain in her right eye. On examination IOP was 50 mmHg in right eye which was associated with corneal edema and swollen opaque lens. What is the most likely diagnosis?

- (A) Primary open angle glaucoma
- (B) Phacomorphic glaucoma
- (C) Uveitic glaucoma
- (D) Neovascular glaucoma
- (E) Angle closure glaucoma

B

Q No. 2 A 26 years old high myopic patient presents with sudden painless decrease of vision in right eye since two days, associated with floaters and flashes of light. He also observed the decrease vision as curtain falling from above. What is the most likely diagnosis?

- (A) Optic neuritis
- (B) Retinal detachment
- (C) Cataract
- (D) Keratoconus
- (E) Hyphaema.

B

Q No. 3 A mother brought her 8 years old son with redness, itching and photophobia. The condition is from last 4 years and worse in spring and summer. The boy is suffering from?

- (A) Bacterial conjunctivitis
- (B) Vernal kerato conjunctivitis
- (C) Corneal ulcer
- (D) viral conjunctivitis
- (E) Glaucoma.

B

Q No. 4 A 65 years old obese diabetic and hypertensive lady suffering from sudden painless loss of vision in right eye. On examination VA is NPL in RE and 6/6 in LE, there is RAPD in RE. Fundus shows whitish appearance, thin arterioles and cherry red spots on the fovea. What is your diagnosis?

- (A) Central retinal vein occlusion
- (B) Hypertensive retinopathy
- (C) Diabetic retinopathy
- (D) central retinal artery occlusion
- (E) Radiation retinopathy.

D

Q No. 5 A 70 years old lady came to eye OPD with complaint of gradual dimness of vision in both eyes. On examination the VA in both eyes is CF. According to WHO the most common cause of visual impairment is?

- (A) Glaucoma
- (B) age related cataract
- (C) Age related macular degenerat
- (D) Diabetic retinopathy
- (E) Corneal opacity.

B

Q No. 6 A 55 years old male presents with severe pain in left eye associated with watering and redness. He has history of central retinal vein occlusion 2 months ago. On examination there is fine vessels on iris and in iridocorneal angle and IOP was 50 in the same eye. What is most likely diagnosis?

- (A) Primary open angle glaucoma
- (B) Phacomorphic glaucoma
- (C) Uveitic glaucoma
- (D) Neovascular glaucoma
- (E) Angle closure glaucoma.

D

Q No. 7 A 60 years old patient presents with gradual painless decrease vision in right eye from 1 year. On examination VA is CF, white pupillary reflex is present. No history of trauma. What is most likely diagnosis?

- (A) Age related macular degeneration
- (B) Coats disease.
- (C) Age related cataract
- (D) congenital cataract
- (E) Retinal detachment.

C

Q No. 8 A 50 years old diabetic and hypertensive lady complaining of gradual decrease vision in both eyes. VA is 6/60 in RE and 6/36 in LE and fundus examination show micro aneurysm, hard exudates, macular edema and new vessels on disc and in periphery. Most likely diagnosis is?

- (A) Central retinal vein occlusion
- (B) Hypertensive retinopathy
- (C) Non proliferative diabetic retinopathy
- (D) Proliferative diabetic retinopathy
- (E) Brach retinal vein occlusion.

D

Q No. 9 A 10 years old boy presents to eye OPD with swelling of right eyelid and periorbital skin. The eyelid is red, firm and tender. Visual acuity, extra ocular movements and eyeball is normal. The most likely diagnosis?

- (A) Orbital cellulitis
- (B) Idiopathic orbital inflammatory dis
- (C) Preseptal cellulitis
- (D) Rhabdomyosarcoma
- (E) Keratitis.

C

Q No. 10 A 50 years old glaucoma patient having of 26 mmHg IOP in both eyes. He also gave history of using salbutamol inhaler for COPD. Which of the following is not an appropriate treatment option.

- (A) Briminidine
- (B) Drzolamide
- (C) Latanoprost
- (D) Pilocarpine
- (E) Timolol.

X

✓

E ✓

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Q No. 11 A young lady with blepharitis presents with a swelling on the right upper lid for the last 1 month. The commonest painless lid swelling is?

- (A) Cyst of mol
- (B) Cyst of zeis
- (C) Internal hordeolum
- (D) Chalazion
- (E) Stye.

D

Q No. 12 The commonest presenting sign of retinoblastoma (RB) is

- (A) Cataract
- (B) white pupillary reflex
- (C) Proptosis
- (D) Squint
- (E) Dilated pupil

B

Q No. 13 A 15 years old girl presents with painless and gradual dimness of vision in both eyes since last 4 years. She has a history of vernal kerato conjunctivitis and frequent change of glasses for the last 4 years. On examination VA is CF in both eyes and cornea looks clear but bulging and conical. What is the probable cause of frequent glass change?

- (A) Bilateral corneal opacity
- (B) Congenital glaucoma
- (C) Keratoglobus
- (D) Keratoconus
- (E) Vernal keratoconjunctivitis

D

Q No. 14 A 5 month old female child is diagnosed with right cataract. The left eye is normal. The ophthalmologist insists right cataract extraction with intra ocular implant to prevent

- (A) Anisometropic amblyopia
- (B) Esotropia
- (C) Microtropia
- (D) Stimulus deprivation amblyopia
- (E) Strabismus amblyopia

D

Q No. 15 In diabetic retinopathy the new vessel formation is due to following pathology

- (A) Retinal breaks
- (B) Retinal edema
- (C) Retinal hemorrhage
- (D) Retinal ischemia
- (E) Vitreous hemorrhage.

D

Q No. 16 A 24 years old male presents with watering, photophobia and dimness of vision in RE. On examination VA is 6/6 RE and 6/6 LE. On fluorescein staining cornea show branched shaped lesion. His corneal sensitivity is decreased. What is the most likely diagnosis?

- (A) Adenoviral keratitis
- (B) Bacterial keratitis
- (C) Fungal keratitis
- (D) Herpes simplex keratitis
- (E) Amebic keratitis

D

Q No. 17 A 30 years old male presents with decrease vision in RE associated with watering, redness and pain. On examination VA in RE is 6/18, IOP 27 mmHg, +3 A/C cells, KPs and posterior psynachae. B scan show no activity. LE is normal. the right eye is suffering from

- (A) Acute anterior uveitis
- (B) Adenoviral conjunctivitis
- (C) Acute congestive glaucoma
- (D) Trachoma
- (E) Vernal catarrh

A

Q No. 18 Retinal and optic nerve status can be assess in a patient with dense cataract by which one of the following test?

1. Visual acuity
2. Intraocular pressure measurement
3. Biometry
4. Pupil examination
5. Retinoscopy

C

Q No. 19 In blow out fracture the commonest orbital wall to fracture is

- (A) Medial wall
- (B) Lateral wall
- (C) Roof
- (D) Floor
- (E) frontal bone

D

Q No. 20 A 25 years BMC student presented to the eye OPD with bilateral posterior sub capsular cataracts while using some medication for vernal kerato-conjunctivitis for the last 10 years. The most likely topical anti-allergic drug that cause Cataract is

1. Ketorolac
2. Lodoxamide
3. Cromoglycate
4. Dexamethasone
5. Emendastine

D

Salt and pepper...Retinitis pigmentosa

Ring scotoma...

Retinitis pigmentosa dystrophy starts at

...Equatorial region

Cells affected in RP...Photoreceptors

Common pattern of inheritance of RP...

2 mcqs from Treatment of choice for Ant
uveitis...Steroids

Treatment for Retinblastoma..Enucleation
prolong use of steroids ...Cataract

Up down diplopia... blowout fracture

Enophthalmus...2mm

Tear drop opacity...Blow out fracture

Hypertensive retinopathy optic edema
..grade 4

1 mcq from optic atrophy..Couldn't
remember

Prolong use steroid...Cushing

Benefit of Endo DCR over Conventional
DCR

complication of chlazio...sebaceous Gland

2023

WMC

cancer

1 mcq form argyll robertson..Light dissociation

2 mcqs form pharmacological tests of horner syndrome. Phenylephrine hydroxyamphetamine

SquintAns..Cover one eye

Treatment of Irregular astigmatism..Rigid IOL

Foldable IOL.....

1 mcq for keratoplasty

Hemianopia sparing macula ...Lesion in occipital cortex

1 mcq from Optic neuropathy

Rabdo myosarcoma...First decade of life

Optociliary shunt vessels....Optic nerve glioma