

Note: Attempt **ALL** questions from this section. Select **ONE** best answer. Each question carries **01** mark.

**Q#1:** A young boy was presented in the eye clinic with blunt trauma to his left eye with a ball. There was a superficial corneal ulcer involving the inferotemporal quadrant of the cornea. Which of the following is the best management for this young boy?

- a) Use of antibiotic eye drops
- b) Use of antibiotic eye ointment
- c) Bandaged contact lens for perforated ulcer
- d) Use of antibiotic and eye patching
- e) No management required and it will heal by itself

for large perforation amniotic graft

**Q#2:** A young male of 22 years present with gradual decrease of visual acuity in both eyes and frequent change of refractive error on retinoscopy there was high irregular astigmatism. Give likely diagnosis?

- a) Keratoglobus
- b) Keratoconus
- c) Buphthalmos
- d) Terrien marginal degeneration
- e) Pellucid marginal degeneration

**Q#3:** A 20 years old male presents with gradual loss of vision in his right eye. On examination there is right posterior subcapsular cataract. Aqueous shows mild cellular reaction, small grey white scattered K.Ps and vitreo is cells. There is mild colour difference between two eyes. VA right eye 6/60 and left eye 6/6. His IOP is 14 mmHg both eyes. What is the most likely diagnosis?

- a) Anterior uveitis
- b) Fuchs Uveitis Syndrome.
- c) Intermediate uveitis
- d) Posterior uveitis
- e) Chronic uveitis

iris heterochromia , diffuse kps , cataract ; triad amsler sign

**Q#4:** The mother of a one and a half year old child gives history of a white reflex from one eye for the past 1 month. On computed tomography scan of the orbit there is calcification seen within the globe. The most likely diagnosis is?

- a) Congenital cataract
- b) Retinoblastoma
- c) Endophthalmitis
- d) Coats disease
- e) PHPV

**Q#5:** 11 months old infant presents with watering right eye since birth. On pressing lacrimal sac causes regurgitation of mucopus material. What is the appropriate treatment option?

- a) Dacryocystorhinostomy
- b) Probing with syringing
- c) Massage with antibiotics up to age of 6 months
- d) Dacryocystectomy
- e) Probing

**Q#6:** A 21 years old patient presents with gradual painless blurred vision in right eye which is associated with haloes around lights for the last two weeks. On examination there is central zone of stromal oedema with keratic precipitates underlying the corneal oedema along with reduced corneal sensation. You diagnosed patient as disciform keratitis. What will be best treatment option for this patient?

- a) Topical antiviral + Topical steroids
- b) Topical antiviral + Topical antibiotics
- c) Topical antiviral + Topical cycloplegics
- d) Topical antibiotics + Topical steroids+ cycloplegics
- e) Topical antibiotics + Topical cycloplegics

**Q#7:** A 30 years old former presents with a history of trauma to the left eye with a leaf 5 days ago now he presents with pain, photophobia and redness of the eye. On examination he has grey white lesion having fluffy margins with hypopyon. What would be the most likely pathology?

- a) Anterior uveitis
- b) Bacterial Conjunctivitis
- c) Fungal keratitis
- d) viral keratitis
- e) Bacterial keratitis

CANT MOVE THE EYE IN POST SEPTAL

**Q#8:** A 16 years old female presents with rapid onset of left proptosis, lid swelling, fever and pain along with visual impairment for the last two days. She gives history of penetrating injury of left upper lid three days back. What is the most likely diagnosis?

- a) Post septal Orbital cellulitis
- b) Pre septal Orbital cellulitis
- c) Endophthalmitis
- d) idiopathic orbital inflammatory disease
- e) Myositis

orbital ; proptosis RAPD fever lid edema trauma

NO TRAUMA HX

PRESEPTAL NO PROPTOSIS MILD FEVER STAPH .A insect bite

**Q#9:** A 35 year's old female presents with decreased vision and photophobia both eyes. On examination her visual acuity is CF, mutton fat K.Ps, aqueous cells and flare in both eyes. She gives history of penetrating trauma right eye ten months back and corneoscleral repair was done under GA. What is the most likely diagnosis?

- a) Vogt-Koyanagi-Harada Syndrome
- b) Lyme disease
- c) sarcoidosis
- d) Sympathetic Ophthalmitis.
- e) Chronic uveitis

TRAUMA 2 WEEKS TO 3 MONTHS PANUVEITIS

**Q#10:** While playing with the child the mother sustained nail injury to the eye following which she developed pain, redness and intense watering from that eye. What is the most probable diagnosis of this case?

- a) Lid Tear
- b) Conjunctival Tear
- c) Corneal ulcer
- d) Uveitis
- e) Blow out injury

Q#11: A 26 years old female presents with mucopurulent discharge and visual impairment for the last two months. She used Tobramycin eye drops for one month with no improvement. On examination there are follicles/papillae on the upper tarsal conjunctiva of both eyes and mild superficial keratitis. She gives history of same condition of her husband and two younger children. What is your diagnosis?

- a) Trachoma
- b) VKC
- c) Bacterial conjunctivitis
- d) Viral conjunctivitis
- e) hypersensitivity to topical medication

CONTAGIOUS

Q#12: A 7 years old child presents with unilateral tender and red peri-orbital oedema. Parent's gives history of insect bite on the eye lid 2 days back. O/E the lids are swollen and it is difficult to examine the eyeball. What is the most likely diagnosis?

- a) Acute Dacryoadenitis.
- b) Acute Dacryocystitis.
- c) Bacterial Orbital Cellulitis
- d) Preseptal Cellulitis
- e) Rhino Orbital Mucormycosis

Q#13: A 60 year old male patient presents with facial palsy for last 9 months. On examination he has exposure keratopathy. What will be your 1<sup>st</sup> line of treatment?

- a) Frequent topical lubricants
- b) Permanent Lateral tarsorrhaphy
- c) Amniotic membrane graft
- d) Taping at night
- e) Temporary Glue tarsorrhaphy

Q#14: A 34 years male patient was subjected to face burn with strong acid, two months later he presents with watering and inability to close his left eye. The explanation of this may be?

- a) Mechanical ectropion
- b) Cicatricial ectropion
- c) ocular cicatricial pharyngoid
- d) paralytic ectropion
- e) corneal erosion

Q#15: A 16 year female using some drug prescribed by GP in periphery for spring catarrh for last 5 years. Now she presents with posterior subcapsular cataract both eye. Which drug causes such condition?

- a) Topical Sodium Chromoglycate
- b) Topical Cyclosporine
- c) Topical Steroids
- d) Topical Anti histamine
- e) Topical antibiotic

Q#16: A 50 year former presents with progressive recurrent pterygium of right eye. He has past history of pterygium excision in same eye. Now what will be your treatment option?

- a) Leave it as
- b) Bare scleral excision
- c) Excision with mitomycin C
- d) Excision with auto conjunctival graft
- e) Excision with cryo

AMNIOTIC  
MEMBRANE  
TRANSPLANT

Q#17: A 35-year-old man presented in OPD with history of agricultural trauma 3 days back on examination he has central corneal defect with fluffy margins along with hypopyon. Corneal defect stains with fluorescein. How you will manage this patient.

- a) Systemic anti biotics, systemic anti-fungal and systemic steroids
- b) Topical antibiotics, topical anti-fungal, topical cycloplegics and systemic antibiotics
- c) Topical anti-fungal, topical antibiotics, topical cycloplegics and systemic anti-fungal
- d) Topical antibiotics, Topical anti-fungal, topical cycloplegics. And systemic steroids
- e) Topical steroids, topical anti-fungal, topical cycloplegics and systemic steroids

Q#18: A 22 years female presents with advanced keratoconus in one eye. What will be best treatment option for this patient?

- a) Spectacles
- b) Rigid contact lenses
- c) corneal cross linkage
- d) eximer laser
- e) penetrating keratoplasty

Q#19: A 70 years old female presents with slowly growing mass on upper lid. On histological examination mass shows pale foamy vacuolated lipid-containing hyperchromatic nuclei. What is most likely diagnosis?

- a) Squamous cell carcinoma
- b) Basal cell carcinoma
- c) Sebaceous gland carcinoma
- d) Malignant melanoma
- e) KAPOSII sarcoma

BCC LOWER LID  
SCC UPPER LID

Q#20: A 45 years female presents with pain redness and decreased vision left eye from last 4 days on examination she has central corneal epithelial defect with hypopyon. Which duotherapy is recommended for its treatment?

- a) Fortified cephalosporin and fluoroquinolones
- b) Fortified cephalosporin and aminoglycoside
- c) Fortified aminoglycoside and fluoroquinolones
- d) Fortified aminoglycoside and penicillin
- e) Fortified macrolides and fluoroquinolones

Q#21: A 60 years old patient presents with 2 days history of painful rash on right side of forehead extending down to eyelids. A vesicular skin lesion is also seen near tip of nose. Which of the following is appropriate treatment option?

- a) Topical Acyclovir ointment 8 times a day
- b) oral acyclovir 800mg 5 times a day for 10 days
- c) oral acyclovir 400mg 2 times a day for 10 days
- d) oral acyclovir 800mg 2 times a day for 10 days
- e) oral acyclovir 400mg 5 times a day for 10 days

B

Q#22: A 7-year-old presents with a round, well-demarcated mass at the superotemporal rim. The lesion has been present since birth. The most likely diagnosis is?

- a) Rhabdomyosarcoma
- b) Neurofibroma
- c) Dermoid cyst
- d) Capillary hemangioma
- e) Metastatic Ewing sarcoma

PINKISH RED LESION WHICH  
BLANCHES

INFANCY  
SUPRATEMPORAL  
OCCASIONALLY SUPRANASAL  
FIRM, ROUND, SMOOTH, PAINLESS

months  
eye on  
net

Q#23: A 35 years old lady presents with watering, blurring of vision and discomfort Right Eye for the last Six days. On examination there are linear branching corneal epithelial defects. The patient gives history of fever and mild trauma RE with her son's finger two weeks back. She used tobramycin eye drops with no improvement. Her VA RE is 6/36 and LE 6/6. What is most likely diagnosis?

- a) Corneal abrasion
- b) Corneal ulcer
- c) Herpes simplex keratitis
- d) Herpes zoster keratitis
- e) Corneal erosion

punctate  
branching  
geographical

Q#24: A 47 years old lady presents with watery left eye. On examination she has red swelling over medial canthus, which is tender on palpation. What is your diagnosis?

- a) Acute dacryocystitis
- b) Chronic dacryocystitis
- c) Dacryocystitis
- d) Sebaceous gland carcinoma
- e) punctal Stenosis

Q#25: A 72 years old male presents with vesicular rash around her left eye. The left eye is red with some degree of photophobia, presumptive diagnosis of herpes zoster ophthalmicus made. How you will treat this patient

- a) Oral acyclovir and topical acyclovir
- b) Intravenous acyclovir and topical acyclovir
- c) Oral famcyclovir and topical acyclovir
- d) Oral acyclovir
- e) Topical acyclovir

Q#26: A 60 year old woman presented with the complaint of decreased far vision. According to her she was first surprised with good near vision as she was now able to read Quran Pak without near glasses but her joy was for just few weeks as now she can't see few meters far. Her vision is RE 6/60 and LE Counting fingers. What's the most likely diagnosis?

- a) Posterior Subcapsular Cataract
- b) Glaucoma
- c) Nuclear Cataract
- d) Polar Cataract
- e) Cortical Cataract

MYOPIC SHIFT

refractive power increases

Q#27: A 50 year old man presented with painless mild decrease of vision who underwent left eye phacoemulsification 6 weeks ago. It was complication free surgery. Pre op vision was 6/60 and on first post op day it was 6/12. which improved to 6/6 after one week post op. It was good vision for the next four weeks but now he has again 6/12 vision. What is the most likely diagnosis?

- a) Endophthalmitis
- b) Cystoid Macular Edema
- c) PCO
- d) RD
- e) Astigmatism

PCO in yrs

Q#28: A 60 years old male patient had history of cataract surgery in the camp one week ago. His vision is 6/36 in the operated eye with Pinhole vision becomes 6/9. On slitlamp examination you see four interrupted very tight stitches causing indentation of peripheral cornea. Cornea is clear lens in place and good fundus view. What's the cause of decrease of vision in this patient?

- a) Wound dehiscence
- b) Infection
- c) Biometry error
- d) With the rule astigmatism
- e) Against the rule astigmatism

peripheral lasik from hypermetropia to myopia

Q#29: A 60 years old man presented with decreased vision in the outdoor. He had phacoemulsification with foldable iol implant two years back. He was alright for the two years but now his vision is gradually decreased. On examination his Vision in affected eye is 6/24. His fundus details though hazy appear normal. On retroillumination there are pearl like opacities in posterior chamber of anterior segment. What is the most likely diagnosis?

- a) Corneal edema
- b) Endophthalmitis
- c) PCO
- d) PCR
- e) RD

nodal point on post capsule outdoor; light; pupil constrict

Q#30: A 60 years old female patient is diagnosed with mature cataract. Her vision in the affected eye is hand movements. Her cornea is also not very healthy. Which of the following is the best procedure for restoration of her vision?

- a) ECCE
- b) ICCE
- c) Phaco with low power
- d) Phaco with high power
- e) Small incision cataract surgery

not sure

cz cornea is not healthy refraction increases

Q#31: A 60 years old female patient underwent phaco for her left white cataract. Which of the following is not a post op complication of cataract surgery?

- a) Corneal Striations
- b) PCO
- c) PCR
- d) RD
- e) Refractive Surprise

post capsular rent

Q#32: A 2 year old female child is brought to you with complaint of white pupil and decrease of vision. You examine her and diagnose her as a case of congenital cataract. Which one is the most common presentation?

- a) Blue Dot
- b) Lamellar
- c) Nuclear
- d) Polar
- e) Sutural

Q#33: A 60 years old man presented with right eye cataract. You performed his biometry and calculated his IOL number. Which is the most important factor in IOL calculation?

- a) A constant
- b) Axial Length
- c) B scan
- d) Keratometry
- e) Tonometry

Q#34: A 60-year-old man presented in emergency with complaints of painful decrease of vision in left eye for two days. He had history of cataract surgery one week ago. On examination he had red swollen left eye, corneal edema, pus in the anterior chamber and poor fundus glow. His vision is 6/6 OD and CF OS. What's the most likely diagnosis?

- a) Acute Endophthalmitis
- b) Chronic Endophthalmitis
- c) Acute Keratitis
- d) Acute anterior Uveitis
- e) Acute congestive glaucoma

Q#35: A 5 year old male child is brought to you with complaint of severe itching that is exacerbated at night. You examine him and find dirty grey eyes. He is also not able to open eyes in light. What is the most likely diagnosis?

- a) AKC
- b) Anterior Uveitis
- c) Conjunctivitis
- d) Keratitis
- e) VKC photophobia

Q#36: A 45 years old labourer by profession comes to you with a fleshy growth encroaching upon cornea. His vision is also affected. You diagnose him and advise multiple treatment options. Which of the following is the best management plan?

- a) Bare sclera technique
- b) Beta radiation
- c) Conjunctival autograft
- d) Inferior fornix rotation technique
- e) MMC

Q#37: A 45 years old farmer by profession comes to you with a fleshy growth encroaching upon cornea. His vision is also affected. You diagnose him as a case of pterygium and advise him surgery. Which of the following is not a feature of pterygium?

- a) Astigmatism
- b) Conjunctival Involvement
- c) Cosmetic Blemish
- d) Corneal Involvement
- e) UV exposure

Q#38: Which of the following does not require emergency ophthalmic treatment?

- a) Acute Angle Closure Glaucoma
- b) Acute Anterior Uveitis
- c) Giant Cell Arteritis
- d) Keratitis
- e) Orbital floor fracture

Q#39: 28-years- old female is brought to the eye emergency with history of painful decrease of vision in LE. Her pain increases on extraocular movements. Her VA is 6/18 in the affected eye. She also feels dull colors and dim light in LE as compared to RE. You diagnose her and in order to exclude a systemic condition associated with this ocular disease you order?

- a) CT Scan Brain Orbit
- b) MRI Brain Orbit
- c) OCT Macula
- d) Orbital B scan
- e) X ray Lumbosacral

Q#40: 12 years old girl is brought to the eye emergency with history of blunt trauma to the RE with kids pellet gun. On examination VA is 6/60 cornea is hazy but epithelium is intact, anterior chamber is half filled with blood pupil is reactive. Fundus appears normal. Which of the following options is not included in the management?

- a) Antibiotics drops
- b) Anti-Glaucoma drops
- c) Bed Rest
- d) Cyclopentolate drops
- e) Steroid drops

Q#41: A 1 years old male child is brought to you with complaint of drooping of right eyelid since birth. Parents say that his eye is half open during sleep as well. There is absent lid crease and poor levator function. What is the most likely diagnosis?

- a) Amblyopia
- b) Aponeurotic Ptosis
- c) Congenital Ptosis
- d) Pseudoptosis
- e) Senile Ptosis

Q#42: A 2 years old male child is brought to you with complaint of drooping of right eyelid since birth. Parents say that his eye is half open during sleep as well. There is absent lid crease amblyopia and poor levator function. Which procedure you will perform in this patient?

- a) Fasanella Servat mild
- b) Muller resection
- c) Levator resection moderate
- d) Permanent Brow Suspension
- e) Temporary Brow Suspension sling after 4 age ; ; permanent

Q#43: 25 years old female had a trauma to the right lower lid. Now she is unable to close the right eye fully and the lower eyelid margin is rotated outward and there is scar mark 2mm below the lower eyelid. What is the most likely diagnosis?

- a) Congenital ectropion
- b) Cicatricial ectropion
- c) Paralytic ectropion
- d) Senile ectropion
- e) Traumatic entropion

Q#44: 75 years old male labourer presented with watering and mucopurulent discharge for the last two years. He had medial canthal swelling as well. What could be the treatment for this patient?

- a) Probing
- b) Syringing
- c) Dacryocystectomy
- d) Incision and drainage acute warm compressors also
- e) Dacryocystorhinostomy

Q#45: 20 years old male presented with painful swelling on the upper eyelid for the last two weeks. Lesion is red and edematous and tender to touch. What's the most likely diagnosis?

- a) Chalazion
- b) Lipoma
- c) **Stye** hordeolum externum
- d) Dermoid cyst
- e) Cyst of zeiss

Q#46: 40 years old female had a history of bells palsy six months ago and then she was unable to open her left eye. Now she is able to open her eye but eye is red and watery and lower eye lid is rotated outwards. What is the most likely diagnosis?

- a) Congenital ectropion
- b) Cicatricial ectropion
- c) **Paralytic ectropion**
- d) Senile ectropion
- e) Traumatic entropion

Q#47: A 40-year-old woman presented with gradual decrease of vision for the last few years in the right eye. She first started to feel it when she bumped into the objects. Her vision is 6/12 OD and 6/6 OS. IOP is 28mmHg OD and 16mmHg OS. There is a red birth mark around the right eye and deep anterior chamber. Fundus examination reveals CD 0.7 OD and 0.4OS. What's the most likely diagnosis?

- a) POAG
- b) PACG
- c) **Sec OAG**
- d) **Sec ACG**
- e) Congenital Glaucoma trauma

Q#48: A 45-year-old man presented with gradual decrease of vision for the last few months. According to him his vision in the right eye is more decreased as compared to the left eye. He first started to feel it when he bumped into the objects. His vision is 6/12 OD and 6/6 OS. IOP is 19mmHg OD and 16mmHg OS. There is a deep anterior chamber and on fundus examination CD 0.6 OD and 0.5OS. The most likely next investigations to reach the diagnosis is?

- a) **Visual Fields and OCT Optic disc**
- b) Visual Fields and HRT
- c) Visual Fields and CCT
- d) OCT Optic disc and HRT
- e) CCT and Gonio central corneal thickness

Q#49: A 50-year-old man presented with gradual decrease of vision for the last few months. According to him his vision in the right eye is more decreased as compared to the left eye. His vision is 6/12 RE and 6/9 LE. IOP is 24mmHg RE and 18mmHg LE. CCT central corneal thickness is 522um RE and 530um LE. Gonio shows open angle both eyes. CD 0.6 RE and 0.4 LE. Visual fields and OCT optic disc also shows early glaucomatous changes. Which of the following drug will you start?

- a) Alpha 2 agonist acute congestive mannitol
- b) Beta blocker
- c) Calcium channel blocker
- d) **Prostaglandin analogues latanoprost**
- e) Pilocarpine

Q#50: A 50-year-old man is a newly diagnosed patient of open angle glaucoma. He is a poor person labourer by profession. His IOP is 25mmHg in RE and 23mmHg in LE. Which drug you should start to keep IOP under control in this particular patient?

- a) Alpha 2 agonist
- b) Beta blocker
- c) Calcium channel blocker
- d) **Prostaglandin analogues**
- e) Pilocarpine

Q#51: A 50-year-old woman presented with painful decrease of vision in the right eye. He had a history of vein occlusion in the same eye four months ago. On examination his vision is CF and IOP 44mmHg and on slitlamp vessels are appreciated at 9 o'clock on the iris in RE. Gonioscopy reveal closed angle. What is the most likely diagnosis?

- a) Alpha 2 agonist
- b) Beta blocker
- c) Calcium channel blocker
- d) Prostaglandin analogues
- e) **Pilocarpine miosis** subacute

Q#52: A 55-year-old woman presented with painful decrease of vision in the left eye. She is having uncontrolled DM for the last 20 years. On examination his vision is CF and IOP 44mmHg and on slitlamp vessels are appreciated at 9 o'clock on the iris in LE. Gonioscopy reveal closed angle. On funduscopy fundal view is hazy but you see vitreous haemorrhage and neovessels on optic disc. Which of the following treatment option is not recommended in its management?

- a) **Atropine** mediatics are C/I
- b) Aqueous suppressants
- c) Pars Plana Vitrectomy
- d) Photocoagulation
- e) Pilocarpine

Q#53: A 55-year-old woman presented with painful decrease of vision in the left eye. She is having uncontrolled DM for the last 20 years. On examination his vision is CF and IOP 44mmHg and on slitlamp vessels are appreciated at 9 o'clock on the iris in LE. Gonioscopy reveal closed angle. On funduscopy fundal view is hazy but you see vitreous haemorrhage and neovessels on optic disc. What is the most likely cause of this condition?

- a) Carotic Cavernous Fistula
- b) CRVO
- c) Ocular Ischemic Syndrome
- d) **Proliferative Diabetic Retinopathy**
- e) Tumor in the Eye

Q#54: A 55-year-old woman presented with decrease of vision in the left eye. On examination his vision is CF and IOP 28mmHg and on slitlamp white fibrillary material can be appreciated on the lens capsule. She had cataract as well. Vessels are appreciated at 9 o'clock on the iris in LE. Gonioscopy reveal whitish material deposits as well. On funduscopy CD is 0.7. What is the most likely diagnosis?

- a) Angle Regression Glaucoma
- b) Neovascular Glaucoma
- c) Pigmentary Glaucoma
- d) **Pseudoexfoliation Syndrome** SECONDARY GLAUCOMA
- e) True Exfoliation Syndrome

Q#55: Which of the following disease is not diagnosed by OCT Macula?

- a) Age Related Macular Degeneration
- b) Cystoid Macular Edema
- c) Epi Retinal Membrane
- d) Glaucoma
- e) Macular Hole

Q#56: 70 year old male patient with mature cataract present to you for surgery. On examination his VA is Hand Movements. Pupil is sluggish reactive. You are unable to visualize his fundus. Which investigation you will perform to establish health of the retina?

- a) A Scan
- b) B Scan
- c) Keratometry
- d) OCT
- e) Visual Fields

Q#57: A 70 year old man presented with the complaint of difficulty to recognize the faces. Fundus examination shows some disturbance in the macular area. Which one is the most appropriate test for the diagnosis of his disease?

- a) B-scan ultrasound
- b) Visual fields
- c) Optical coherence tomography
- d) Color vision test
- e) Visual acuity

Q#58: A 30 year old lady presents with an acute onset of visual loss in her right. On examination there is RAPD in her same eye and optic disc is swollen. What is her most probable diagnosis?

- a) Optic neuritis PAPILLITIS
- b) Papilledema
- c) Ischemic optic neuropathy
- d) Acute glaucoma
- e) Traumatic optic neuropathy

Q#59: A 45 years old man presents with a history of headache and vomiting off and on for the last one month. He also complains of obscurations of vision off and on during this period. On funduscopy, there is blurring of optic disc margins in both of his eyes. What is the most probable diagnosis?

- a) Retinal detachment
- b) Papilledema
- c) Optic neuritis
- d) Ischemic optic neuropathy
- e) Diabetic papillopathy

Q#60: A 59 years old hypertensive patient presented with sudden painless loss of vision in right eye. On examination bilateral anterior segments were normal, and right fundus showed flame shaped hemorrhages all around, left fundus was normal. What is the most probable diagnosis?

- a) Central retinal artery occlusion
- b) Central retinal vein occlusion
- c) Retinal detachment
- d) Vitreous hemorrhage
- e) Hypertensive retinopathy BL

Q#61: Intra-vitreous anti VEGF injections are used in all of the following diseases except:

- a) Optic neuritis
- b) Central retinal vein occlusion
- c) Diabetic retinopathy
- d) Branch retinal vein occlusion
- e) Age related macular degeneration

Q#62: A 75 years old cardiac patient presented with sudden painless loss of vision in his right eye. On examination, his vision was perception of light in right eye. There was RAPD in right eye and fundus showed pale looking retina with cherry red spot at fovea. What is your most probable diagnosis?

- a) Central retinal artery occlusion
- b) Central retinal vein occlusion
- c) Diabetic retinopathy
- d) Branch retinal vein occlusion
- e) Age related macular degeneration

Q#63: A middle aged lady is diagnosed with retinal detachment in her left eye. All the following can be other associated findings in that eye except?

- a) Raised IOP LOW IOP
- b) Tobacco dust in vitreous
- c) Retinal break
- d) Visual field defect
- e) Mobile retina

Q#64: A 45 years old hypertensive businessman presented with defective vision in right eye and was diagnosed as a case of branch retinal vein occlusion in that eye. All the following may be the treatment options for him except?

- a) Anti-VEGF injections
- b) Pars-plana vitrectomy
- c) Vascular sheathotomy
- d) Retinal photocoagulation
- e) Scleral buckling

Q#65: All can be the causes of an exudative retinal detachment except?

- a) Malignant melanoma
- b) Hypertension
- c) Diabetic retinopathy NEOVASCULARIZATION
- d) Posterior scleritis
- e) Posterior uveitis

Q#66: Intravitreal anti VEGF injection is used in all of the following diseases except:

- a) Optic neuritis
- b) Central retinal vein occlusion
- c) Age-related Macular Degeneration
- d) Diabetic retinopathy
- e) Macular edema

Q#67: An 18 year's old myopic student presented with sudden painless loss of vision in his L eye. O/E anterior segment was normal, L fundus showed detached retina with U-shaped tear. What is your most probable diagnosis?

- a) Exudative RD
- b) Rhegmatogenous RD
- c) Tractional RD
- d) BVD

Q#68: A 50 years old patient is diagnosed with mature cataract and no view of retina. What investigation will you order first to evaluate the retina and vitreous in such patient?

- a) MRI
- b) CT scan
- c) B-Scan U/S
- d) OCT
- e) Tonometry

Q#69: A 56 years old patient's presented with sudden loss of vision in his left eye associated with floaters. O/E anterior segment was normal, fundus showed vitreous hemorrhage in that eye. All of the following are risk factors for vitreous hemorrhage except?

- a) Diabetes
- b) Retinal vein occlusion
- c) Glaucoma
- d) Trauma
- e) Eales disease

Q#70: A 56 years old uncontrolled diabetic patient presented with blurring of vision. O/E there was bilateral mild cataracts and bilateral proliferative diabetic retinopathy. Which is the first suitable option for this patient?

- a) Panretinal photocoagulation
- b) Pars-plana vitrectomy
- c) Cataract surgery
- d) Observation
- e) All of the above

Q#71: A 60 years old man presented with complaint of painful decrease of vision in right eye for last one week. According to him, he had episode of vein occlusion one year back in the same eye and vision was 6/60 after that. Now it is counting fingers. SL examination shows blood vessels on the iris with corneal edema and red watery eye. What is your diagnosis?

- a) Angle closure glaucoma
- b) Pigmentary glaucoma
- c) Lens induced glaucoma
- d) Inflammatory glaucoma
- e) Neovascular Glaucoma

Q#72: A 60 years old male presents with sudden loss of vision right eye. He is Hypertensive and Diabetic type II for the last 10 years. His VA right eye is CF and left eye 6/9. Afferent Pupillary Defect is marked. Fundus shows extensive flame shaped hemorrhages, Cotton wool spots and disc oedema. Left eye fundus shows NPDR. What is the most likely diagnosis?

- a) Hemiretinal Vein Occlusion.
- b) Impending Central Retinal Vein Occlusion.
- c) Ischaemic Central Retinal Vein Occlusion.
- d) Non- Ischaemic Central Retinal Vein Occlusion.
- e) Papillophlebitis.

Q#73: A 55 years old lady with a history of uncontrolled DM for the last 15 years presents with a visual acuity of HM in her right eye. On fundus examination, there are fibrous bands in vitreous cavity and almost half retinal detachment involving the macula. What is the best treatment option for her?

- a) Good diabetic control and follow up after 6 months
- b) Good diabetic control and pan-retinal photocoagulation
- c) Good diabetic control and intra-vitreous anti-VEGF inj
- d) Good diabetic control and pars-plana vitrectomy
- e) Good diabetic control and scleral buckling

Q#74: A 28-year-old obese woman complains of transient visual loss lasting seconds in her both eye when rising from a bent position. Examination reveals normal acuity with bilateral Optic disc edema. Most likely she is suffering from?

- a) Sleep apnea syndrome
- b) Chronic anemia
- c) Bilateral papillitis
- d) Idiopathic intra-cranial hypertension
- e) Intra-cranial venous sinus thrombosis

Q#75: A 40 years healthy male presents with bilateral gradual loss of vision and mild headache for the last 3 years. O/E His VA: CF in eyes, IOP 10 mmHg and Optic atrophy in both eyes. There is no past history of systemic medication. What is the most likely diagnosis?

- a) Benign Intracranial Hypertension.
- b) Nutritional Optic Neuropathy.
- c) Occipital Cortex Infarction.
- d) Optic Radiation Lesion.
- e) Pituitary Adenoma.

Q#76: A patient presents with right ptosis and the condition is painful. He is recently diagnosed as DM type II. O/E there is right exotropia in primary position, pupil is dilated and not responding to light. VA 6/6 BE and fundi are grossly normal. There is no past history of trauma. What is the most likely diagnosis?

- a) Aneurysm of anterior communicating artery.
- b) Aneurysm of middle cerebral artery.
- c) Aneurysm of posterior cerebral artery.
- d) Aneurysm of posterior communicating artery.
- e) Aneurysm of superior cerebellar artery.

Q#77: A 60-year-old man uncontrolled diabetic presented in emergency with complaints of painful decrease of vision in left eye for one week. He had history of coronæ infection in recent past and received high dose steroids. On examination he had red swollen left eyelids, conjunctival chemosis and black eschar in the mouth. His vision is 6/6 OD and 6/60 OS?

- a) Graves disease
- b) Mucormycosis
- c) Orbital cellulitis
- d) Orbital tumor
- e) Cavernous sinus thrombosis

Q#78: A 60-year-old man presented in emergency with complaints of painful decrease of vision in left eye for one week. He had history of tooth extraction one week ago. On examination he had red swollen left eyelids, conjunctival chemosis and congestion and pain on extra ocular movements. His vision is 6/6 OD and 6/60 OS. He had 101F as well with ptosis and proptosis in the left eye?

- a) Graves disease
- b) Mucormycosis
- c) Orbital cellulitis
- d) Orbital apex syndrome
- e) Cavernous sinus thrombosis

Q#79: A 6-year-old male child is brought to the outdoor with complaints of decrease of vision while studying from white board in school. Parents also noticed that child stands very close to the television while watching cartoons. You perform retinoscopy and there is streak moving in opposite direction. What the most likely diagnosis?

- a) Astigmatism
- b) Emmetropia
- c) Hyperopia
- d) Myopia
- e) Strabismus

Q#80: A 40 year old female comes to the outdoor with complaints of frontal headache and decrease of vision while reading and sewing. She can see perfectly fine at distance. What is the most likely diagnosis?

- a) Astigmatism
- b) Emmetropia
- c) Hyperopia
- d) Myopia
- e) Presbyopia

Q#81: You perform a retinoscopy of a patient complaining of decrease of vision. On retinoscopy the streak moves with the movement. Which of the following is most likely false?

- a) Astigmatism
- b) Emmetropia
- c) Hyperopia
- d) Myopia
- e) Myopia greater than working distance

Q#82: A 6-month-old child is brought to the outdoor with complaints of inward deviation of both eyes. Right more than left. Parents are worried that there is limitations of the eyes as she sees the object on the right with the left eye and object on the left side with right eye so she cross fixates. Also there is inferior oblique overaction. What is the most likely diagnosis?

- a) Alternate esotropia
- \*b) Congenital esotropia
- c) Congenital exotropia
- d) Duane type 1
- e) 6<sup>th</sup> nerve palsy

Q#83: A 6-year-old female child is brought to the outdoor with complaints of deviation of eyes. On examination she is unable to fixate both eyes. When she fixates an object with right eye left eye is in exodeviation and when she fixates with the left eye right eye becomes exotropic. Her vision in both eyes is 6/6. What is the most likely diagnosis?

- a) Alternate exotropia
- b) Congenital exotropia
- c) Consecutive exotropia
- d) Cyclic exotropia
- e) Intermittent exotropia

Q#84: A two year boy is brought to you with complaint that when he is attentive and looking near his eyes are straight but when he looks far one of the eyes moves outwards. That outward deviation is more marked when he is ill fatigued and tired. What is the most likely diagnosis?

- a) Alternate exotropia
- b) Congenital exotropia
- c) Constant exotropia
- d) Intermittent exotropia
- e) Periodic exotropia

Q#85: 60-year-old male patient had sixth nerve palsy two years back and esotropia of 35PD. Now his esotropia has improved to 20PD in two years and now not much improving. His Lateral rectus has become wasted and weak. Which of the following is not muscle strengthening procedure?

- a) Conjunctival resection
- b) Muscle myotomy
- c) Muscle resection
- d) Muscle Transposition
- e) Muscle Tucking

Q#86: A 16 year old patient have chronic irritation, itching and mild photophobia. on examination he has small ulcer and redness on lid margin. what is yours diagnosis?

- a) Staphylo-coccal blephritis
- b) Squamous blephritis
- c) Seborrheic blephritis
- d) Posterior blephritis
- e) Mixed blephritis

Q#87: What is the gold standard treatment of orbital dermoid cyst?

- a) observation
- b) aspiration
- c) intra-lesional triamcinolone injection
- d) antibiotic
- e) surgical removal in toto

Q#88: A 50 year old lady having an ulcer on the lower lid from last 2 years. This lesion has a central ulceration with raised border. What is yours diagnosis?

- a) Sebaceous gland carcinoma
- b) Squamous cell carcinoma
- c) Basal cell carcinoma
- d) Keratoacanthoma
- e) Pyogenic granuloma

Q#89: Which of the following is the best initial treatment of chalazion?

- a) Hot compression
- b) Dark glasses
- c) Triamcinolone
- d) Antibiotic
- e) Surgery

Q#90: What is the most common site of laryngeal cancer?

- a) Subglottis.
- b) Glottis
- c) Supraglottis
- d) Inter arytenoid area
- e) Anterior commissure