MCQs Wri	tten Test 4" YEAR MBBS (Bloc	ck-M2 "EYF")		Date: 30	th August, 202	3	
	1000111			Roll No			
	rele the correct answer with blue): BIQUE		
	OWED: A-HOUR'S (90 MI				MARKS: 120)	
	mpt ALL questions from this se						
Q#1: A you	ing boy was presented in the ey	e clinic with blunt trauma	to	his left eye with a ball.	There was <mark>a su</mark>	perficial	
corneal ulc this young	er involving the inferotemporal	quadrant of the cornea. v	VIII	in of the following is the	: best manage	ment ioi	
	Use of antibiotic eye drops			Use of antibiotic and eye			for large
	Use of antibiotic eye ointment	e		No management require	ed and it will he		perporation
c)	Bandaged contact lens for per	forated ulcer		itself			amniotic graft
Q#2: A you	ng male of 22 years present wit	h gradual decrease of visu	ial a	cuity in both eyes and f	requent chang	ge of	
	e <mark>rror on retinoscopy</mark> there wa <mark>s h</mark> Keratoglobus	ngn irregular astigmatism. d	. Gi	Terrien marginal degen	eration		
	Keratoconus	e		Pellucid marginal deger			
c)	Buphthalmos				N 2004	- 20	
Q#3: A 20)	years old male presents with gra	adual loss of vision in his ri	ight	eye. On examination the	nere is right po	osterior	
subcapsula	<mark>r cataract. Aqueou</mark> s shows mild	I cellular reaction, small gr	ey v	white scattered K.Ps and	i vitreo is cells	Mhat is	S
	difference between two eyes.	VA right eye 6/60 and left	eye	e 6/6. His IOP is 14 mm			
	kely diagnosis?		41	Posterior uveitis	kps ,	rocnrom	nia , diffuse
	Anterior uveitis Fuchs Uveitis Syndrome.			Chronic uveitis	cataract	:: triad	
3 11 - 17 /	Intermediate uveitis		-1		amsler s		
	nother of a one and a half year	old child gives history of a	wh	<mark>ite refl</mark> ex from one eye	for the past 1	month.	
	ed tomography scan of the orb				ost likely diagr	rosis is?	
	Congenital cataract			Endophthalmitis	-) DI IDV	,	
	Retinoblastoma on the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with which we have a second control of the old infant presents with the old infant presents which we have a second control of the old infant presents which we have a second control of the old infant present o			Coats disease	e) PHPV		nn.
	s material. What is the appropr			On pressing lacinitar	sac causes rep	garginatie	,,,
	Dacryocystorhinostomy		d)	Dacryocystectomy			4
	Probing with syringing		e)				1
c)	Massage with antibiotics up to	o age of 6 months		100 to		NOW WE WANT	
Q#6: A 21 y	ears old patient presents with	gradual painless blurred	visi	on in right eye which is	associated w	ith haloe	es
around ligh	ts for the last two weeks. On e the corneal oedema along witl	examination there is centr	al z	One of stromal oedema	with keratic	precipita	ites
	the corneal bedema along with the best treatment option for th		1011	. Tou diagnosed patient	as discironni	Keratitis	
	Topical antiviral + Topical ster		d)	Topical antibiotics + 7	opical steroic	is+	
	Topical antiviral + Topical ant			cycloplegics			5 2 0
c)	Topical antiviral + Topical cyc	loplegics		Topical antibiotics +	The line of the second		T.
Q#7: A 30 y	ears old former presents with	a history of trauma to th	ie le	eft eye with a leaf 5 day	s ago now he	present	S
	photophobia and redness of th		e ha	as grey white lesion hav	ing fluffy ma	rgins wit	h
	What would be the most likely	y pathology?					
	Anterior uveitis		501703	viral keratitis Bacterial keratitis			
	Bacterial Conjunctivitis Fungal keratitis		e) bacteriai keratitis	CANT M	OVE THE	E EYE IN POST
c)	ears old female presents with	ranid onset of left propt	nsi	s lid swelling fever an	d pain along	with visu	al
impairment	for the last two days. She give	es history of penetrating	ini	ury of left upper lid thr	ee days back.	. What is	the
most likely		orbital ;;					PRESEPTAL
	Post septal Orbital cellulitis	proptosis RAPD	d	NO TRAUMA HX idiopathic orbital in	flammatory d	lisease	NO PROPTOSIS MILD FEVER
b)	Pre septal Orbital cellulitis	fever	e) Myositis			STAPH .A
7.0	Endophthalmitis	lid edema trauma					insect bite
	ear's old female presents with	decreased vision and ph					
	mutton fat K.Ps, aqueous cell					na right (eye ten
	k and corneoscleral repair wa					RAUMA	3
0.00	Vogt-Koyanagi-Harada Syndro	ome		Sympathetic Ophtl	naimitis. 2	WEEKS 7	TO 3 MONTHS
	Lyme disese		6	e) Chronic uveitis	P	ANUVEA ⁻	110
c)	sarcoidosis	mother sustained and	l i	jury to the eye follo	wing which	she do	reloped
	playing with the child the ss and intense watering fro	m that eve What is the	m	ost probable diagnosis	s of this case?)	Coper
0	Lid Tear	in that eye. What is the		Corneal ulcer	or this case:	5	
	Conjunctival Tear			d) Uveitis	e)	Blow ou	t injury
			1	1,000	-1		
		C-	_	الجنبية لمممم	000	~C-	
		20	d	nned witl	i Can	1100	anner

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? d) Viral conjunctivitis a) Trachoma CONTAGIOUS e) hypersensitivity to topical medication b) VKC c) Bacterial conjunctivitis Q#12: A 7 years old child presents with unilateral tender and red periorbital 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? d) Preseptal Cellulitis a) Acute Dacryoadeniteis. e) Rhino Orbital Mucormycosis b) Acute Dacryocystitis. c) Bacterial Orbital Cellulitis 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 1st line of treatment? d) Taping at night a) Frequent topical lubricants e) Temporary Glue tarsorrrhapy b) Permanent Lateral tarsorrhapy c) Amniotic membrane graft 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? c) ocular cicatricial phamphigoid a) Machanical ectropion d) paralytic ectropion b) Cicatricial ectropion Q#15: A 16 year female using some drug prescribed my GP in periphery for spring catarrh for last 5 years. Now she presents with posterior subcapsular cataract both eye. Which drug causes such condition? d) Topical Anti histamine Topical Sodium Chromo gylcate b) Topical Ciclosporine e) Topical antibiotic c) Topical Steroids 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 d) Excision with auto conjunctival graft **AMNIOTIC MEMBRANE** e) Excision with cryo b) Bare scleral excision **TRANSPLANT** c) Excision with mitomycin C 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? d) eximer laser a) Spectacles e) penetrating keratoplasty b) Rigid contact lenses c) corneal cross linkage 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? d) Malignant melanoma a) Squamous cell carcinoma **BCC LOWER LID** b) Basal cell carcinoma e) KAPOSI sarcoma SCC UPPER LID c) Sebaceous gland carcinoma 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? d) Fortified aminoglycoside and penicillin a) Fortified cephalosporin and fluoroquinolones b) Fortified cephalosporin and aminoglycoside e) Fortified macrolides and fluoroquinolones c) Fortified aminoglycoside and fluoroquinolones Q#21: A 60 years old patient presents with 2 days history of painful rash on right side of fore head extending down to eyelids. A vesicular skin lesion is also seen near tip of nose. Which of the following is appropriate treatment option? d) oral acyclovir 800mg 2 times a day for 10 days a) Topical Acyclovir ointment 8 times a day e) oral acyclovir 400mg 5 times a day for 10 days b) oral acyclovir 800mg 5 times a day for 10 days c) oral acyclovir 400mg 2 times a day for 10 days 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?

e) Metastatic Ewing sarcoma BLANCHES b) Neurofibroma c) Darmoid cycl **INFANCY SUPRATEMPORAL** Scanned with CamScanner

a) Rhabdomyosarcoma

OCCASIONALLY SUPRANASAL FIRM, ROUND, SMOOTH, PAINLESS d) Capillary hemangioma

PINKISH RED LESION WHICH

evamination	years old lady presents with on there are linear branching c	orneal enithelial defects	The D	HIGHT RIVES HISTORY OF	icaci and inne		
BE with her	son's finger two weeks back.	She used tobramycin eye	drops	with no improvement	. Her VA RE is 6	5/36 and	
LE 6/6. Wha	t is most likely diagnosis?						
	Corneal abrasion	punctate		erpes zoster keratitis			
	Corneal ulcer	branching geographical	e) C	orneal erosion			
c)	Herpes simplex keratitis				41-4	thur	
O#24: A 47	years old lady presents with v	vatery left eye. On examin	ation	she has red swelling o	ver medial can	inus,	
which is ter	nder on palpation. What is you	ir diagnosis?		t aland earein	com =		
a)	Acute dacryocystitis			ebaceous gland carcin	oma		
b)	Chronic dacryocystitis		e) [ounctal Stenosis			
c)	Dacrycce ¹ ?	varioular each around born	loft o	us. The left eve is red u	with some dear	ee of	
Q#25: A 72	years old male presents with ia, presumptive diagnosis of h	vesicular rasii around her	e mac	le. How you will treat t	his natient		
photophob	Oral acyclovir and topical acy	clovir	d)	Oral acyclovir	ins position		
a)	Intravenous acyclovir and top	nical acyclovir		Topical acyclovir			
	Oral famcyclovir and topical		-1	ropiciii se j			
O#26: A 60	year old woman presented w	ith the complaint of decre	eased	far vision. According to	o her she was f	irst	
Q#26: A 60	vith good near vision as she w	as now able to read Oura	n Pak	without near glasses b	ut her joy was	for just	
surprised v	as now she can't see few met	ers far Her vision is RF 6	/60 ar	d LF Counting fingers	whats the mos	st likely	
	as now she can t see few met	ers far . Her vision is the o	00 ai				
diagndsis?	B S. bassadas Catav	a et	41	Polar Cataract	MYOPIC SHIF	T	
a)	N	act		Cortical Cataract			
b)	Glaucoma rofractivo	nower ivacreaces	e)	Cortical Cataract			
c)	Nuclear Cataract refractive	power writed decreases	fuirio	n who underwent left	eve phacoemi	ulsificatio	in
Q#27: A 50	year old man presented with	pamiess mild decrease o	: VISIO	and an first past on day	it was 6/12 w	vhich	
6 weeks ag	o . it was complication free s	urgery. Pre op vision was	5/60 8	find on first post op day	o has again 6/	12 vision	
	o 6/6 after one week post op	.It was good vision for th	e next	four weeks but now i	ie nas agam o/	12 4131011	•
	e most likely diagnosis?						
	Endophthalmitis		d)	RD	CO in	are	
b)	Cystoid Macular Edema		e)	Astigmatism		утв	
c)	PCO					25 1- 41-	
Q#28: A 60	years old male patient had h	nistory of cataract surgery	in the	e camp one week ago .	His vision is 6/	36 in the	
operated e	ye with Pinhole vision becom	nes 6/9 . On slitlamp exam	inatio	on you see four interru	pted very tight	stitches	
causing inc	lentation of peripheral corne	a .cornea is clear lens in p	lace a	nd good fundus view.	what's the car	use of	1
decrease o	of vision in this patient?						
	i vision in this patient :				14		
a)				With the rule astigma			ripheral lasik
a) b)				With the rule astigma		fror	m hypermetropia to
b)	Wound dehiscence Infection Biometry error		e)	Against the rule astig	matism	fror my	m hypermetropia to opia
b) c) Q#29: A 60	Wound dehiscence Infection Biometry error Tyears old man presented wi	th decreased vision in the	e)	Against the rule astig	matism ulsification wit	fror my h foldabl	m hypermetropia to opia e
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b) c) Q#29: A 60 iol implant his Vision i like opacit a)	Wound dehiscence Infection Biometry error Dyears old man presented witwo years back the was alrigen affected eye is 6/24. His furties in posterior chamber of all Corneal edema	ht for the two years but n ndus details though hazy	e) e outd low his appea	Against the rule astignor. He had phacoemics vision is gradually dear normal. On retroillusest likely diagnosis? a	matism ulsification wit ecreased . On e umination ther) Corneal eden	fror my h foldabl examinat e are pea na	m hypermetropia to opia e ion modal point on post capsule
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b) Q#29: A 60 iol implant his Vision i like opacit a) b) Q#30: A 60 movement	Wound dehiscence Infection Biometry error I years old man presented wi two years back .he was alrig n affected eye is 6/24. His fur les in posterior chamber of al Corneal edema Endophthalmitis	ht for the two years but n ndus details though hazy nterior segment .What is diagnosed with mature ca	e) e outd low hi appea the m c) d)	Against the rule astigoor. He had phacoemics vision is gradually dear normal. On retroilluost likely diagnosis? a PCO PCR t. Her vision in the affet	ulsification witecreased. On elemination there) Corneal eden e) RD ected eye is ha	fror my h foldablexaminati e are pea na r	m hypermetropia to opia e ion modal point on post capsule putdoor; light; pupi constrict
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the		Acute Englanhthaimitic			(1)	Acute anterior Uveiti	IS .	
		Acute Endophthalmitis Chronic Endophthalmi				Acute congestive gla		
	c)	Acute Keratitis				ROBERT COLUMN TO A SECULO ARTHUR	-	· ·
Q#3	35: A 5	year old male child is bro	ought to yo	u with compla	int of s <mark>ev</mark> e	ere itching that is exace	erbated at nigh	t .You
exa	mine h	nim and find dirty grey ey	es . He is al	so not able to	open eye	<mark>s in light</mark> . What is the n	nost likely diag	nosis?
	a)	AKC			d)	Keratitis		
		Anterior Uveitis			e)	VKC photopho	obia	*
0#3	(c)	Conjunctivitis			tel - Ol		- sarnaz t	lis vision is
also	ob: A 4	<mark>5 years old labourer</mark> by pi ted. You diagnose him an	rofession co	omes to you w	oth a <mark>nesr</mark>	y growth encroaching	upon cornea.	115 (1515)
		ent plan?	o advise in	uniple treatme	ent option	s. Which of the following	ing is the best	
mai		Bare sclera technique			d	Inferior fornix rotatio	n technique	pterygi
		Beta radiation			e)		ii teemiiqae	
		Conjunctival autograft			-/	Title Control		
Q#3		5 years old farmer by pro		nes to you wit	h a fleshy	growth encroaching up	on cornea. His	vision is
		ted. You diagnose him as						
	terygi							
	a)	Astigmatism			d)	Corneal Involvement		
	b)	Conjunctival Involvement	ent		e)	UV exposure	not the featu	ire,
	c)	Cosmetic Blemish					it's the cause	9
Q#3	8: Wh	ich of the following does	not require	e emergency o	phthalmic	treatment?		
	a)	Acute Angle Closure Gl	aucoma		d)	Keratitis		
		Acute Anterior Uveitis			e)	Orbital floor fracture		
		Giant Cell Arteritis						
		years- old female is brou						
		on extraocular movemen		is 6/18 in the a	and the second second second second			A CONTRACTOR OF THE PARTY OF TH
com	npared			THE RESERVE OF THE PARTY OF THE				disease
			and in ord	er to exclude a	systemic	<mark>condition as</mark> sociated w	ith this ocular	aracusc
	order	?	and in orde	er to exclude a			ith this ocular	anscuse
	order a)	? CT Scan Brain Orbit	and i <mark>n orde</mark>	er to exclude a	d)	Orbital B scan	ith this ocular	and the second
	order a) b)	? CT Scan Brain Orbit MRI Brain Orbit	and i <mark>n ord</mark>	er to exclude a	d)		ith this ocular (and a second
you	order a) b) c)	CT Scan Brain Orbit MRI Brain Orbit OCT Macula			d) e)	Orbital B scan X ray Lumbosacral		
you Q#4	order a) b) c)	? CT Scan Brain Orbit MRI Brain Orbit OCT Macula years old girl is brought to	o the eye er	mergency with	d) e) history of	Orbital B scan X ray Lumbosacral blunt trauma to the R	E with kids pell	et gun. On
Q#4	order a) b) c) 10: 12 y	CT Scan Brain Orbit MRI Brain Orbit OCT Macula years old girl is brought to	o the eye er	mergency with	d) e) history of	Orbital B scan X ray Lumbosacral blunt trauma to the Ri chamber is half filled	E with kids pell with blood pup	et gun. On
Q#4	order a) b) c) 10: 12 y minatio	CT Scan Brain Orbit MRI Brain Orbit OCT Macula years old girl is brought to bon VA is 6/60 cornea is ha	o the eye er	mergency with	d) e) history of ct, anterior tions is no	Orbital B scan X ray Lumbosacral blunt trauma to the R chamber is half filled included in the manag	E with kids pell with blood pup gement?	et gun. On
Q#4	order a) b) c) 10: 12 y minatio tive .F a)	CT Scan Brain Orbit MRI Brain Orbit OCT Macula years old girl is brought to on VA is 6/60 cornea is he undus appears normal .V	o the eye er	mergency with	d) e) history of ct, anterio tions is not d)	Orbital B scan X ray Lumbosacral blunt trauma to the Ri chamber is half filled included in the manag Cyclopentolate drops	E with kids pell with blood pup gement?	et gun. On
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Q#4 exar reac	order a) b) c) 10: 12 y minatio ctive .F a) b) c)	CT Scan Brain Orbit MRI Brain Orbit OCT Macula years old girl is brought to on VA is 6/60 cornea is had undus appears normal .V Antibiotics drops Anti-Glaucoma drops Bed Rest	o the eye er <mark>azy</mark> but epit Vhich of the	mergency with helium is intac e following opt	d) e) history of ct, anterior tions is not d) e)	Orbital B scan X ray Lumbosacral blunt trauma to the Ri chamber is half filled included in the manag Cyclopentolate drops Steroid drops	E with kids pell with blood pup gement? hyphema	et gun. On il is
Q#4 exar read	a) b) c) 10: 12 y mination tive .F a) b) c)	CT Scan Brain Orbit MRI Brain Orbit OCT Macula years old girl is brought to on VA is 6/60 cornea is ha undus appears normal .V Antibiotics drops Anti-Glaucoma drops Bed Rest years old male child is bro	o the eye er azy but epit Vhich of the ought to yo	mergency with helium is intace of following opt ou with compla	d) e) history of ct, anterior tions is nor d) e)	Orbital B scan X ray Lumbosacral blunt trauma to the R chamber is half filled included in the manag Cyclopentolate drops Steroid drops	E with kids pell with blood pup gement? hyphema nce birth. Paren	et gun. On il is ots say that
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Q#42 his ey proces	order a) b) c) lo: 12 y minatio ctive .F a) b) c) 1: A 1 eye is h nosis? a) b) c) 2: A 2 y ye is h edure y a) b) c) : 25 ye eyelic osis? a) b) c)	CT Scan Brain Orbit MRI Brain Orbit OCT Macula years old girl is brought to on VA is 6/60 cornea is had undus appears normal .V Antibiotics drops Anti-Glaucoma drops Bed Rest years old male child is brought open during sleep as to alf open during sleep as to you will perform in this pe	o the eye er day but epit Which of the ought to you well. There datient?	mergency with thelium is intacted following option with complation is absent lid control	d) e) history of ct, anterior d) e) hint of droc rease and d) e) hint of droc rease amb d) e) lid .Now s ark 2mm d) e)	Orbital B scan X ray Lumbosacral blunt trauma to the Ri chamber is half filled included in the manag Cyclopentolate drops Steroid drops oping of right eyelid sin poor levator function. Pseudoptosis Senile Ptosis oping of right eyelid sin lyopia and poor levato Permanent Brow Susp Temporary Brow Susp the is unable to close to below the lower eyelid Senile ectropion Traumatic entropion	E with kids pell with blood pup gement? hyphema nce birth. Paren What is the more function. White pension pension pension sling he right eye furth. What is the state of the	et gun. On il is its say that ost likely its say that ich after 4 age; permanant
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Q#45: 20 years old male presented with painful swelling on the up	per eyelid for the last two weeks, continued and
edematous and tender to touch . What's the most likely diagnosis?	hardadum aytarnum
a) Chalazion	c) Stye
b) Lipoma	
Q#46: 40 years old female had a history of bells palsy six months a	igo and then she was unable to open in
Now she is able to open her eye but eye is red and watery and low	ver eye lid is rotated outwards.
likely diagnosis?	d) Senile ectropion
a) Congenital ectropion	d) Senile ectropion e) Traumatic entropion
b) Cicatricial ectropion c) Paralytic ectropion	e) Hadmatic entropion
Q#47: A 40-year-old woman presented with gradual decrease of v	ision 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	6/12 OD and 6/6 OS IOP is 28mming OD and 2000
OS. There is a red birth mark around the right eye and deep anteri	or chamber .Fundus examination reveals CD 0.7 OD
and 0.40S.whats the most likely diagnosis?	
a) POAG	d) Sec ACG
b) PACG	e) Congenital Glaucoma trauma
c) Sec OAG	
Q#48: A 45-year-old man presented with gradual decrease of vision	on for the last few months. According to him his
vision in the right eye is more decreased as compared to the left of	
the objects . His vision is 6/12 OD and 6/6 OD . IOP is 19mmhg OD	
and on fundus examination CD 0.6 OD and 0.50S. The most likely	next investigations to reach the diagnosis is?
 a) Visual Fields and OCT Optic disc 	d) OCT Optic disc and HRT central corneal thickness
b) Visual Fields and HRT	e) CCT and Gonio
c) Visual Fields and CCT	
Q#49: A 50-year-old man presented with gradual decrease of vision	
vision in the right eye is more decreased as compared to the left of	
RE and 18mmhg LE. CCT central corneal thickness is 522umRE and	
0.6RE and 0.4LE .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	d) Prostaglandin analogues latonoprost
mannitol	e) Pilocarpine
b) Beta blocker c) Calcium channel blocker	e) Priocarphie
Q#50: A 50-year-old man is a newly diagnosed patient of open an	igle glaucoma. He is a poor person labourer by
profession. His IOP is 25mmHg in RE and 23mmHg in LE. Which di	
particular patient?	tog for should start to keep for ander dentition in the
a) Alpha 2 agonist	d) Prostaglandin analogues
b) Beta blocker	e) Pilocarpine
c) Calcium channel blocker	
Q#51: A 50-year-old woman presented with painful decrease of v	vision in the right eye. He had a history of vein
occlusion in the same eye four months ago. On examination his v	
are appreciated at 9 0 clock on the iris in RE. Gonioscopy reveal c	
a) Alpha 2 agonist	d) Prostaglandin analogues
b) Beta blocker	e) Pilocarpine miosis
c) Calcium channel blocker	
Q#52: A 55-year-old woman presented with painful decrease of v	vision in the left eye. She is having uncontrolled DM
for the last 20 years. On examination his vision is CF and IOP 44m	
clock on the iris in LE. Gonioscopy reveal closed angle .On fundos	copy fu <mark>ndal view is hazy but you see vitr</mark> eous
haemorrhage and neovessels on optic disc. Which of the following	g treatment option is not recommended in its
management?	
a) Atropine mediatics are C/I	c) Pars Plana Vitrectomy
b) Aqueous suppressants	d) Photocoagulation e) Pilocarpine
Q#53: A 55-year-old woman presented with painful decrease of v	
for the last 20 years. On examination his vision is CF and IOP 44m	nmHg and on slitlamp vessels are appreciated at 9 0
clock on the iris in LE. Gonioscopy reveal closed angle .On fundos	copy fundal view is hazy but you see vitreous
haemorrhage and neovessels on optic disc. What is the most like	ly cause of this condition?
a) Carotic Cavernous Fistula	d) Proliferative Diabetic Retinopathy
b) CRVO	e) Tumor in the Eye
c) Ocular Ischemic Syndrome	
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 slittamp white fibrillary material can be apprecia	
vessels are appreciated at 9 0 clock on the iris in LE. Gonioscopy	reveal whitish material deposits as well .On
fundoscopy CD is 0.7. What is the most likely diagnosis?	
a) Angle Recession Glaucoma	d) Pseudoexfoliation Syndrome SECONDARY GLAUCOMA
b) Negvascular Glaucoma	e) True Exfoliation Syndrome
c) Pigmentary Glaucoma	

-1	Age Related Macular Degeneration	d)	Glaucoma
4)	Cystoid Macular Edema		Macular Hole
D)	Epi Retinal Membrane	-1	
C)	ear old male patient with mature cataract prese	ent to you for	surgery. On examination his VA is Hand
Q#56. 70 y	ts. Pupil is sluggish reactive. You are unable to v	icualize his fu	undus. Which investigation you will perform to
Movemen	5, Pupil is singgish reactive. Too are unable to v	isdanze ms re	and 3. Which investigation you thin per in to
	ealth of the retina?	-11	TOO
	A Scan	1 m	OCT Visual fields
	B Scan	e)	Visual Fields
c)	Keratometry		i il f. F. I
Q#57: A 70	year old man presented with the complaint of	difficulty to	recognize the faces. Fundus examination shows
	rbance in the macular area. Which one is the m		
	B-scan ultrasound		Color vision test
200	Visual fields	e)	Visual acuity
	Optical coherence tomography		
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
ame eye a	ind optic disc is swollen. What is her most prob	able diagnos	is?
a)	Optic neuritis PAPILLITIS	d)	Acute glaucoma
	Papilledema		Traumatic optic neuropathy
	Ischemic optic neuropathy	٠,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			wiking off and an far the last one month. He also
2#59: A 45	years old man presents with a history of head	ache and von	niting off and on for the last one month. He also
			undoscopy, there i <mark>s blurring of optic disc margin</mark> s
in both of	nis eyes. What is the most probable diagnosis?		
a)	Retinal detachment	d)	Ischemic optic neuropathy
b)	Papilledema	e)	Diabetic papillopathy
c)			
		h suddon nair	less loss of vision in right eve. On examination
Q#60: A 59	years old hypertensive patient presented with	n sudden pair	nless loss of vision in right eye. On examination
		is showed flai	me shaped hemorrhages all around, left fundus
	What is the most probable diagnosis?		
a)	Central retinal artery occlusion	d)	Vitreous hemorrhage
b)	Central retinal vein occlusion	e)	Hypertensive retinpathy BL
	Retinal detachment		Laborate Control (1991) 1991 (1991) 1992 (1991) 1993 (
	a-vitreal anti VEGF injections are used in all of	the following	dispases excent:
	Optic neuritis		Branch retinal vein occlusion
	Central retinal vein occlusion	e)	Age related macular degeneration
c)	Diabetic retinopathy		
Q#62: A 7	years old cardiac patient presented with sudo	ien painless l	oss of vision in his right eye. On examination, his
vision was	perception of light in right eye. There was RAP	D in right eye	e and fundus showed pale looking retina with
cherry red	spot at fovea. What is your most probable dia		
a)	Central retinal artery occlusion	d)	Branch retinal vein occlusion
b)	Central retinal vein occlusion	e)	Age related macular degeneration
	Diabetic retinopathy	-	
O#63. V m	iddle aged lady is diagnosed with retinal detac	hment in her	left eye. All the following can be other
	findings in that eye except?	milette in the	iere eter viii the following and se enter
		di	Tara Against a series
a)	Raised IOP LOW IOP		Visual field defect
			Visual field defect
	Tobacco dust in vitreous		Visual field defect Mobile retina
c)	Retinal break	e)	Mobile retina
c)	Retinal break	e)	
c) Q#64: A 45	Retinal break s years old hypertensive businessman presente	e) ed with defec	Mobile retina ctive vision in right eye and was diagnosed as a
c) Q#64 : A 45 case of bra	Retinal break is years old hypertensive businessman presente noch retinal vein occlusion in that eye. All the fo	e) ed with defect following may	Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except?
c) Q#64 : A 45 case of bra a)	Retinal break is years old hypertensive businessman presente inch retinal vein occlusion in that eye. All the fo Anti-VEGF injections	e) ed with defect ollowing may d)	Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation
c) Q#64 : A 45 <mark>case of bra</mark> a) b)	Retinal break is years old hypertensive businessman presenten inch retinal vein occlusion in that eye. All the for Anti-VEGF injections Pars-plana vitrectomy	e) ed with defect ollowing may d)	Mobile retina tive vision in right eye and was diagnosed as a be the treatment options for him except?
c) Q#64: A 45 case of bra a) b) c)	Retinal break by years old hypertensive businessman presentence retinal vein occlusion in that eye. All the formation and a street one of the street of the	e) ed with defect following may d) e)	Mobile retina tive vision in right eye and was diagnosed as a way be the treatment options for him except? Retinal photocoagulation Scleral buckling
c) Q#64: A 45 case of bra a) b) c) Q#65: All c	Retinal break by years old hypertensive businessman presente by the process of th	e) ed with defect following may d) e) chment excep	Mobile retina Itive vision in right eye and was diagnosed as a possible the treatment options for him except? Retinal photocoagulation Scleral buckling
c) Q#64: A 45 case of bra a) b) c) Q#65: All c	Retinal break by years old hypertensive businessman presentence retinal vein occlusion in that eye. All the formation and a street one of the street of the	e) ed with defect following may d) e) chment excep	Mobile retina ctive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling ot? Posterior scleritis
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a)	Retinal break by years old hypertensive businessman presente by the process of th	e) ed with defect following may d) e) chment excep	Mobile retina ctive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling ot? Posterior scleritis
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a)	Retinal break s years old hypertensive businessman presente unch retinal vein occlusion in that eye. All the for Anti-VEGF injections Pars-plana vitrectomy Vascular sheathotomy an be the causes of an exudative retinal detact Malignant melanoma	e) ed with defect following may d) e) chment except d)	Mobile retina ctive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling ot? Posterior scleritis
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a) b)	Retinal break by years old hypertensive businessman presente anch retinal vein occlusion in that eye. All the formal state of the causes of an exudative retinal detact of the formal state of the causes of the c	e) ed with defect following may d) e) chment excep d) e)	Mobile retina ctive vision in right eye and was diagnosed as a possible between the betwe
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a) b) c)	Retinal break is years old hypertensive businessman presented inch retinal vein occlusion in that eye. All the form that eye in the form that eye is the form that eye in the form that eye in the form that eye is the form that eye in the form that eye is the form that eye in the form that eye is the for	e) ed with defect following may e) chment excep d) e) following dis	Mobile retina ctive vision in right eye and was diagnosed as a possible the treatment options for him except? Retinal photocoagulation Scleral buckling ot? Posterior scleritis Posterior uveitis seases except:
c) Q#64: A 45 case of bra a) b) C) Q#65: All c a) b) C) Q#66: Intra a)	Retinal break is years old hypertensive businessman presenter inch retinal vein occlusion in that eye. All the for Anti-VEGF injections Pars-plana vitrectomy Vascular sheathotomy an be the causes of an exudative retinal detact Malignant melanoma Hypertension Diabetic retinopathy NEOVASCULARIZATION evitreal anti VEGF injection is used in all of the Optic neuritis.	e) ed with defect following may e) chment excep d) e) following dis d	Mobile retina ctive vision in right eye and was diagnosed as a possible the treatment options for him except? Retinal photocoagulation Scleral buckling ot? Posterior scleritis Posterior uveitis seases except: Diabetic retinopathy
c) Q#64: A 45 case of bra a) b) C) Q#65: All c a) b) c) Q#66: Intra a) b)	Retinal break is years old hypertensive businessman presented inch retinal vein occlusion in that eye. All the form of the following pars-plana vitrectomy Vascular sheathotomy an be the causes of an exudative retinal detact Malignant melanoma Hypertension Diabetic retinopathy NEOVASCULARIZATION witreal anti VEGF injection is used in all of the Optic neuritis. Central retinal vein occlusion	e) ed with defect following may e) chment excep d) e) following dis	Mobile retina ctive vision in right eye and was diagnosed as a posterior between the betw
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a) b) c) Q#66: Intra a) b) c)	Retinal break is years old hypertensive businessman presented inch retinal vein occlusion in that eye. All the form of the following pars-plana vitrectomy Vascular sheathotomy an be the causes of an exudative retinal detact Malignant melanoma Hypertension Diabetic retinopathy NEOVASCULARIZATION (vitreal anti VEGF injection) is used in all of the Optic neuritis. Central retinal vein occlusion Age-related Macular Degeneration	ed with defect following may d) e) chment excep d) e) following dis d)	Mobile retina ctive vision in right eye and was diagnosed as a period be the treatment options for him except? Retinal photocoagulation Scleral buckling ot? Posterior scleritis Posterior uveitis seases except: Diabetic retinopathy Macular edema
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a) b) c) Q#66: Intra a) b) c)	Retinal break is years old hypertensive businessman presented inch retinal vein occlusion in that eye. All the form of the fine occlusion in that eye. All the form occlusion in that eye. All the form occlusion in that eye. All the form occlusion is used in all of the occlusion occlusion. Retinal vein occlusion occlusion occlusion. Age-related Macular Degeneration.	ed with defect following may d) e) chment excep d) e) following dis d) e)	Mobile retina Itive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling It? Posterior scleritis Posterior uveitis Seases except: Diabetic retinopathy Macular edema Iss loss of vision in his L eye. O/E anterior segments
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a) b) Q#66: Intra a) b) Q#67: An 1 was norma	Retinal break is years old hypertensive businessman presented inch retinal vein occlusion in that eye. All the form of the fine occlusion in that eye. All the form occlusion in that eye. All the form occlusion in that eye. All the form occlusion is used in all of the occlusion occlusion. Diabetic retinopathy NEOVASCULARIZATION ovitreal anti VEGF injection is used in all of the optic neuritis. Central retinal vein occlusion occlusion. Age-related Macular Degeneration. 8 year's old myopic student presented with sulf, L fundus showed detached retina with U-share.	ed with defect following may d) e) chment excep d) e) following dis d) e)	Mobile retina Itive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling It? Posterior scleritis Posterior uveitis Seases except: Diabetic retinopathy Macular edema Its loss of vision in his L eye. O/E anterior segment of the s
c) Q#64: A 45 case of bra a) b) c) Q#65: All c a) b) c) Q#66: Intra a) b) c) Q#67: An 1 was norma	Retinal break is years old hypertensive businessman presented inch retinal vein occlusion in that eye. All the form of the fine occlusion in that eye. All the form occlusion in that eye. All the form occlusion in that eye. All the form occlusion is used in all of the occlusion occlusion. Retinal vein occlusion occlusion occlusion. Age-related Macular Degeneration.	ed with defect following may d) e) chment excep d) e) following dis d) e)	Mobile retina Itive vision in right eye and was diagnosed as a be the treatment options for him except? Retinal photocoagulation Scleral buckling It? Posterior scleritis Posterior uveitis Seases except: Diabetic retinopathy Macular edema Its loss of vision in his L eye. O/E anterior segment that is your most probable diagnosis?

	first to evaluate the retina and vitreous in such patient?	
	a) MRI	c) B-Scan U/S d) OCT e) Tonometery
	 b) CT scan Q#69: A 56 years old patient's presented with sudden loss 	of vision in his left eye associated with floaters. O/E
1	anterior segment was normal, fundus showed vitreous hemor	rhage in that eye. All of the following are risk factors for
1	vitreous hemorrhage except?	
,	a) Diabetes	c) Glaucoma
6	b) Potinal voin occlusion	d) Trauma e) Eales disease
	O#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	ch is the first suitable option for this patient?
	a) Panretinal photocoagulation	c) Cataract surgery
	b) Pars-plana vitrectomy	d) Observation e) All of the above
	Q#71: A 60 years old man presented with complaint of painful According to him, he had episode of vein occlusion one year to	pack in the same eye and vision was 6/60 after that. Now
	it is counting fingers. St. examination shows blood vessels on	the iris with corneal edema and red watery eye. What is
	your diagnosis?	
	a) Angle closure glaucoma	d) Inflammatory glaucoma
	b) Pigmentary glaucoma	e) Neovascular Glaucoma
	c) Lens induced glaucoma	the in Humantonius and Dishotis tugs II for the
	Q#72: A 60 years old male presents with sudden loss of vision last 10 years. His VA right eye is CF and left eye 6/9. Afferant	n right eye. He is rippertensive and Diabetic type in for the
1	shaped hemorrhages, Cotton wool spots and disc oedema. Lo	eft eye fundus shows NPDR. What is the most likely
	diagnosis?	cit cyc tunius snotts
+ 1	a) Hemiretinal Vein Occlusion.	 d) Non- Ischaemic Central Retinal Vein Occlusion.
	b) Impending Central Retinal Vein Occlusion.	e) Papillophlebitis.
	 c) Ischaemic Central Retinal Vein Occlusion. 	100 to 10
	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
. 1	her right eye. On fundus examination, there are fibrous bar	
1	involving the macula. What is the best treatment option for a) Good diabetic control and follow up after 6 months	d) Good diabetic control and pars-plana vitrectomy
3	b) Good diabetic control and pan-retinal	e) Good diabetic control and scleral buckling
100	photocoagulation	•
100	c) Good diabetic control and intra-vitreal anti-VEGF inj	
·	Q#74: A 28-year-old obese woman complains of transient via bent position. Examination reveals normal acuity with bila	
	a) Sleep apnea syndrome	d) Idiopathic intra-cranial hypertension
24	b) Chronic anemia	e) Intra-cranial venous sinus thrombosis
*	c) Bilateral papillitis	
		al loss of vision and mild headache for the last 3 years. O/E
		eyes. There is no past history of systemic medication. What
	is the most likely diagnosis?	
	a) Benign Intracranial Hypertension.	d) Optic Radiation Lesion.
	b) Nutritional Optic Neuropathy.	e) Pituitary Adenoma.
	 c) Occipital Cortex Infarction. Q#76: A patient presents with right ptosis and the condition 	is painful. He is recently diagnosed as DM type II O/F
		and not responding to light. VA 6/6 BE and fundi are grossly
	normal. There is no past history of trauma. What is the mos	
	 a) Aneurysm of anterior communicating artery. 	d) Aneurysm of posterior communicating artery.
^	 b) Aneurysm of middle cerebral artery. 	e) Aneurysm of superior cerebellar artery.
	 c) Aneurysm of posterior cerebral artery. 	
	Q#77:A 60-year-old man uncontrolled daibetic presented in	n-emergency with complaints of painful decrease of vision in
	left eye for one week. He had history of corona infection in re	
	he ha <mark>d red swollen left eyelids, conjunctival chemosis and black e</mark>	
_	a) Graves disease	d) Orbital tumor
	b) Mucormycosis	e) Cavernous sinus thrombosis
	c) Orbital cellulitis	Annual Control of the
		omplaints of <mark>painful decrease of visio</mark> n in left eye for one
		on examination he had red swollen left eyelids,conjunctival
		nents. His vision is 6/6 OD and 6/60 OS.He had 101F as well
	with ptosis and proptosis in the left eye?	W data and a second
	a) Graves disease	d) Orbital apex syndrome
	b) Mucormycosis	e) Cavernous sinus thrombosis
	e) Orbital cellulitis	

Q#68: A 50 years old patient is diagnosed with mature cataract and no view of retina. What investigation will you order

Scanned with CamScanner

Q#79: A 6	i-year-old male child is brought to the outdo	oor with complain	ts of decrease of vision while studying from to the television while watching cartoons. You	3
performs	retinoscopy and there is streak moving in	opposite airection.	Ability the mest and a	100
a)) Astigmatism	C)	Hyperopia Myopia e) Strabismus	
(d)	Emmetropia	th ampliants of	rontal headache and decrease of vision while	
Q#80: A 4	O year old female comes to the outdoor w	ith complaints of i	most likely diagnosis?	
	nd sewing. She can see perfectly fine at dist			
	Astigmatism		Hyperopia Myopia e <u>) Presbyopia</u>	
O#81 - Val	Emmetropia		of vision .On retinoscopy the streak moves with	
	nent Which'of the following is most likely		of vision ton rectinately we	
			Муоріа	
	Astigmatism Emmetropia	e)	Myopia greater than working distance	
	Hyperopia	e,	wyopia greater than working this was	
		r with complaints	of inward deviation of both eyes .Right more	
than left J	Parents are worried that there is limitation	s of the eves as sh	e sees the object on the right with the left eye	
and object	t on the left side with right eye so she cross	fixates .Also ther	e is inferior oblique overaction. What is the	
	y diagnosis?			
	Alternate esotropia	c)	Congenital exotropia	
	Congenital esotropia	d)	Duane type 1 e) 6 th nerve palsy	
Q#83: A 6	year old temale child is prought to the out	door with compla	ints of deviation of eyes. On examination she is	
unable to	fixate both eyes. When she fixates an object	ct with right eye le	eft eye is in exodeviation and when she fixates	
	eft eye right eye pecomes exotropic. Her vi			
a)	Alternate exotropia	d)	Cyclic exotropia	
b)	Congenitai exotropia	e)	Intermittent exotropia	
	Consecutive exotropia			
			attentive and looking near his eyes are straight	
but when	he looks far one of the eyes moves outwar	ds. That outward	deviation is more marked when he is ill fatigued	
and tired	What is the most likely diagnosis?			
a)	Alternate exotropia	d)	Intermittent exotropia	
b)	Congenital exotropia	e)	Periodic exorropia	
C)	Constant exotropia			
	Constant exotropia rears, old male patient h <mark>ad sixth nerve pat</mark>	sy two years back	and esotropia of 35PD. Now his esotropia has	-6
Q#85:60- y	years old male patient h <mark>ad sixth nerve pal</mark>		and esotropia of 35PD. Now his esotropia has ral rectus has become wasted and weak. Which	*
Q#85:60-y	years old male patient h <mark>ad sixth nerve pal</mark> to 20PD in two years and now not much in	proving .His Late	and esotropia of 35PD. Now his esotropia has ral rectus has become wasted and weak. Which	
Q#85:60- y improved to of the folio	years old male patient h <mark>ad sixth nerve pal</mark> to 20PD in two years and now not much in owing is not muscle strengthening procedu	nproving .His L <mark>ate</mark> re?	ral rectus has become wasted and weak. Which	
Q#85.60- y improved to of the folio a)	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection	nproving .His L <mark>ate</mark> re? c)	ral rectus has become wasted and weak. Which Muscle resection	
Q#85.60- y improved to of the folio a) b)	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy	pproving .His L <mark>ate</mark> i <mark>re?</mark> c) d)	Muscle Transposition e) Muscle Tucking	100 mm
Q#85:60-y improved to of the folio a) b) Q#86: A 16	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy Syear old patient have chronic irritation, ite	pproving .His L <mark>ate</mark> i <mark>re?</mark> c) d)	ral rectus has become wasted and weak. Which Muscle resection	ED and the
Q#85:60- y improved to of the folio a) b) Q#86: A 16 and redness	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy i year old patient have chronic irritation, ite is on lid margine, what is yours diagnosis?	oproving .His L <mark>ate</mark> re? c) d) ching and mild ph	Muscle resection Muscle Transposition Muscle Transposition Muscle Transposition be has small ulcer	
Q#85:60- y improved to of the folional b) Q#86: A 16 and rednes	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, its so on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis	oproving .His Late re? c) d) ching and mild ph	Muscle resection Muscle Transposition Muscle Transposition otophobia.on examination be has small ulcer Posterior blephritis	
Q#85:60-y improved to of the folio a) b) Q#86: A 16 and rednes a) b)	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy i year old patient have chronic irritation, ite is on lid margine, what is yours diagnosis? Staphyio-coccal ble; hritis Squamous blephritis	oproving .His L <mark>ate</mark> re? c) d) ching and mild ph	Muscle resection Muscle Transposition Muscle Transposition Muscle Transposition be has small ulcer	
Q#85:60-y improved to of the folional b) Q#86: A 16 and rednes a) b)	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, its is on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis Squamous blephritis Seborrheic blephritis	oproving .His Late re? c) d) ching and mild pho d) e)	Muscle resection Muscle Transposition Muscle Transposition otophobia.on examination be has small ulcer Posterior blephritis	AND
Q#85:60-y improved to of the folio a) b) Q#86: A 16 and rednes a) b) c) Q#87: Wha	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, its is on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis Squamous blephritis Seborrheic blephritis it is the gold standard treatment of orbital	oproving .His Later re? c) d) ching and mild pho d) e) dermoid cyst?	Muscle resection Muscle Transposition Muscle Transposition btophobia.on examination he has small ulcer Posterior biaphritis Mixed blephritis	ADMIN .
Q#85:60- y improved to of the folio a) b) Q#86: A 16 and rednes a) b) c) Q#87: Wha a)	years old male patient had sixth nerve pair to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, its is on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis Squamous blephritis Seborrheic blephritis it is the gold standard treatment of orbital observation	ching and mild phi d) d) ching and mild phi d) e) dermoid cyst? d)	Muscle resection Muscle Transposition Muscle Transposition ptophobia.on examination he has small ulcer Posterior biephritis Mixed blephritis antibiotic	EDWIN.
Q#85:60- y improved to of the folio a) b) Q#86: A 16 and rednes a) b) c) Q#87: Wha a) b)	years old male patient had sixth nerve pair to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, no is on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis Squamous blephritis Seborrheic blephritis it is the gold standard treatment of orbital observation aspiration	oproving .His Later re? c) d) ching and mild pho d) e) dermoid cyst?	Muscle resection Muscle Transposition Muscle Transposition btophobia.on examination he has small ulcer Posterior biaphritis Mixed blephritis	
Q#85:60- y improved to of the folion a) b) Q#86: A 16 and rednes a) b) c) Q#87: What a) b) c)	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, it is on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis Squamous blephritis Seborrheic blephritis it is the gold standard treatment of orbital observation aspiration intra-lesional triamcipolone injection	nproving .His Later re? c) d) ching and mild pho d) e) dermoid cyst? d) e)	Muscle resection Muscle Transposition otophobia.on examination be has small ulcer Posterior biephritis Mixed blephritis antibiotic surgical removal in toto	AND
Q#85:60- y improved to of the folio a) b) Q#86: A 16 and rednes a) b) c) Q#87: Wha a) b) c) Q#88: A 50	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, its is on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis Squamous blephritis Seborrheic blephritis is the gold standard treatment of orbital observation aspiration intra-lesional triamcipolone injection year old lady having an ulcer on the lower	nproving .His Later re? c) d) ching and mild pho d) e) dermoid cyst? d) e)	Muscle resection Muscle Transposition Muscle Transposition ptophobia.on examination he has small ulcer Posterior biephritis Mixed blephritis antibiotic	ADDATE:
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Q#85:60- y improved to of the folion a) b) Q#86: A 16 and rednes a) b) c) Q#87: What a) b) c) Q#88: A 50 raised bord a)	years old male patient had sixth nerve pais to 20PD in two years and now not much in owing is not muscle strengthening procedu Conjunctival resection Muscle myotomy is year old patient have chronic irritation, no is on lid margine, what is yours diagnosis? Staphylo-coccal ble; hritis Squamous blephritis Seborrheic blephritis is the gold standard treatment of orbital observation aspiration intra-lesional triamcipolone injection year old lady having an ulcer on the lower ler. What is yours diagnosis? Sepaceous gland carcinoma	ching and mild photographic distribution of the control of the con	Muscle resection Muscle Transposition otophobia.on examination be has small ulcer Posterior biephritis Mixed blephritis antibiotic surgical removal in toto ears. This lesion has a central ulceration with Keratoacanthoma	A STATE OF THE STA
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