

07 

STATION NO



Foreign body, congestion of conjunctiva,

QUESTIONS

- 1) Explain the photograph
- 2) How will you manage?
- 3) What can happen if it is left as such?
- 4) How will this patient present to you?
- 5) What serious mishap can occur during its removal?

*Foreign body + congestion of conjunctiva*

Photophobia, lacrimation

Corneal damage, lens rupture

corneal ulcerations

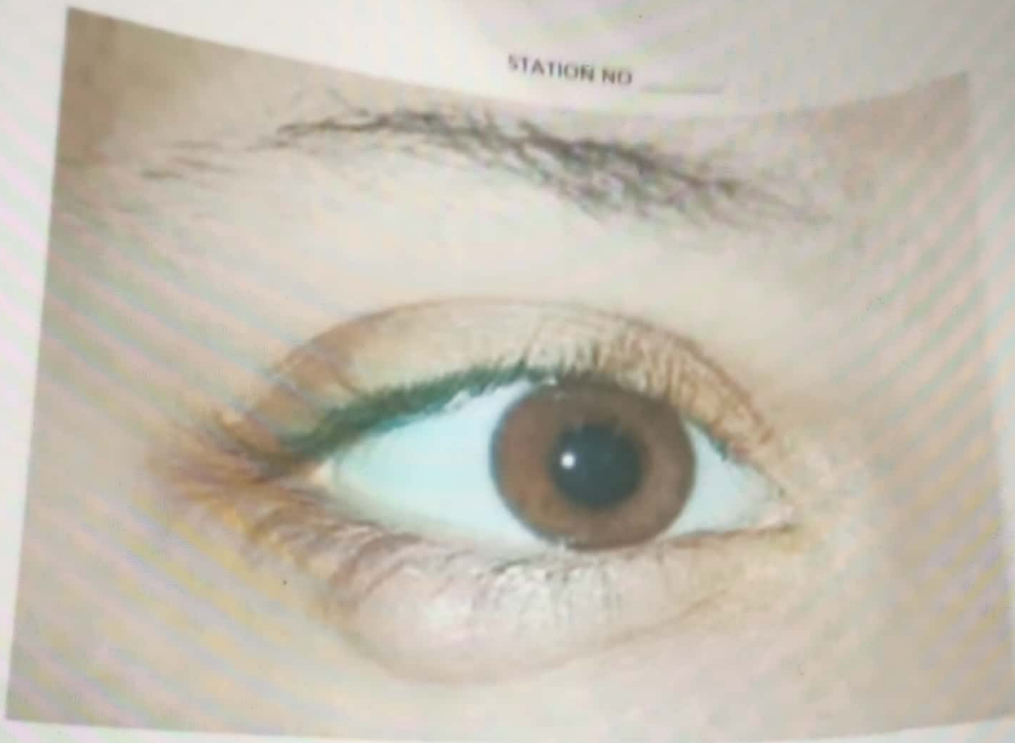
- 2) topical anesthetic
- eyelids separation
- irrigation with saline
- cotton tipped applicator
- fb spud hypodermic needle
- magnet for metallic

*Iris - P...  
Posterior capsule  
rupture*

5) cornea can be mechanically damaged during its removal  
bleeding if vessel ruptured

Station No. 02

STATION NO



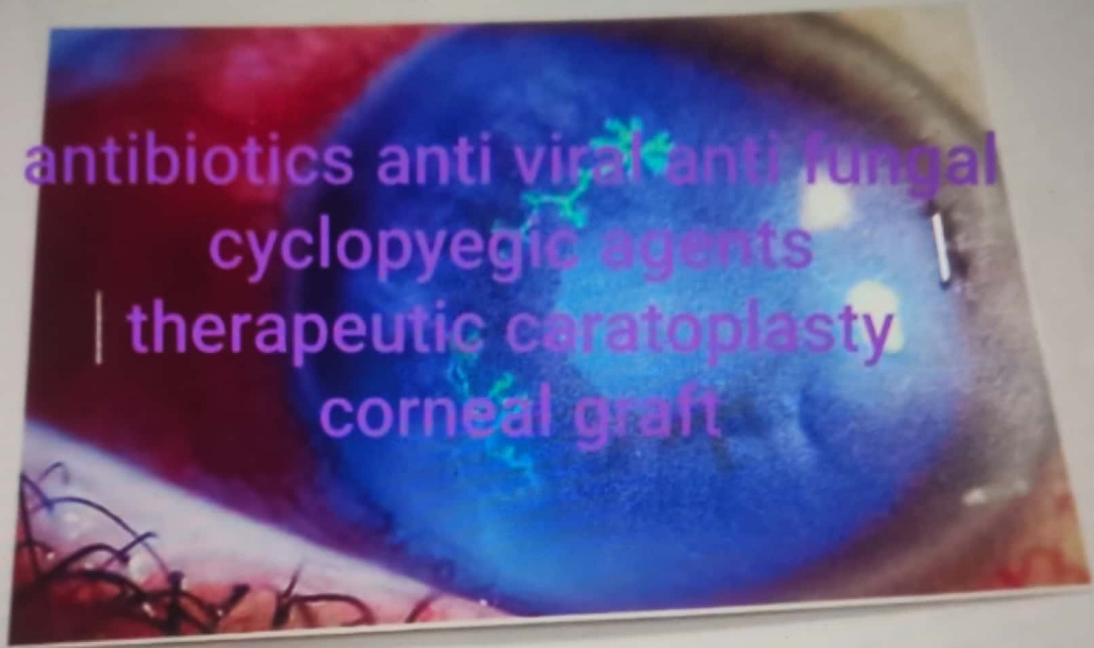
A 20 year old female presented with a swelling in her left lower lid which is painless and came 3 weeks ago.

- 1) What is the most likely diagnosis ?
- 2) What are the differential diagnoses ?
- 3) What is the usual associated condition ? → *blepharitis*
- 4) How will you manage ?
- 5) What is your concern if it recurs after treatment ? ✓

- 1 chalzion
- 2 styne hordeulum internnum
- 3 blepharitis
- 4 hot fermentation I and D
- 5 sebaceous cell carcinoma

This 22 years old man presented to ophthalmologist with mild pain, irritation and watering of left eye for 5 days.

Look at this picture and answer the following question.



antibiotics anti viral anti fungal  
cyclopyegic agents  
| therapeutic caratoplasty  
corneal graft

1. What are clinical findings? (2.0)

② what is your diagnosis — ① (1.0)

3. What stain has been used? (1.0)

3/4 What is specific treatment of this condition? (2.0)

dentritis coreneal ulceration in  
herpes zoster

43

1. What are clinical findings? (2.0)

a. Dendritic corneal ulcer (1.0)

b. Conjunctival congestion (1.0)

2. What stain has been used? (1.0)

a. Florescein (1.0)

3. What is specific treatment of this condition? (2.0)

a. Topical antiviral (Acyclovir) (2.0)

STATION # \_\_\_\_\_

# REGURGITATION TEST

44

INTERACTIVE STATION # \_\_\_\_\_

Marks 5

TASK

- A. Perform Regurgitation test on (RT) side of this patient.(2)  
(Consent, introduction, check the area with torch, performs correctly). ✓
- B. Why do we perform this test?(1) ✓  
(To check the patency of lacrimal passage) ✓
- C. Classify causes of watery Eye? (1) ✓  
(Epiphora and lacrimation)
- D. To which other department you will refer patient with epiphora for opinion if you think that lacrimal passage is patent? (1) ✓  
(ENT- to Exclude any nasal pathology)



# • Pterygium

1) fibrovascular connective tissue overgrowth from conjunctiva to cornea

QUESTIONS

1) What does the photo show?

2) What are the differential diagnoses?

3) What is the most likely diagnosis?

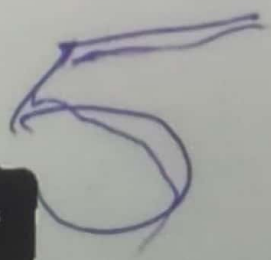
pterygium  
pseudopterygium  
pingula

4) What are its parts?

• Cap neck and body

5) What are the indications for surgery?

• Astigmatism and cosmetics and vision disturbance





A 1 year old child presented to you with above appearance.

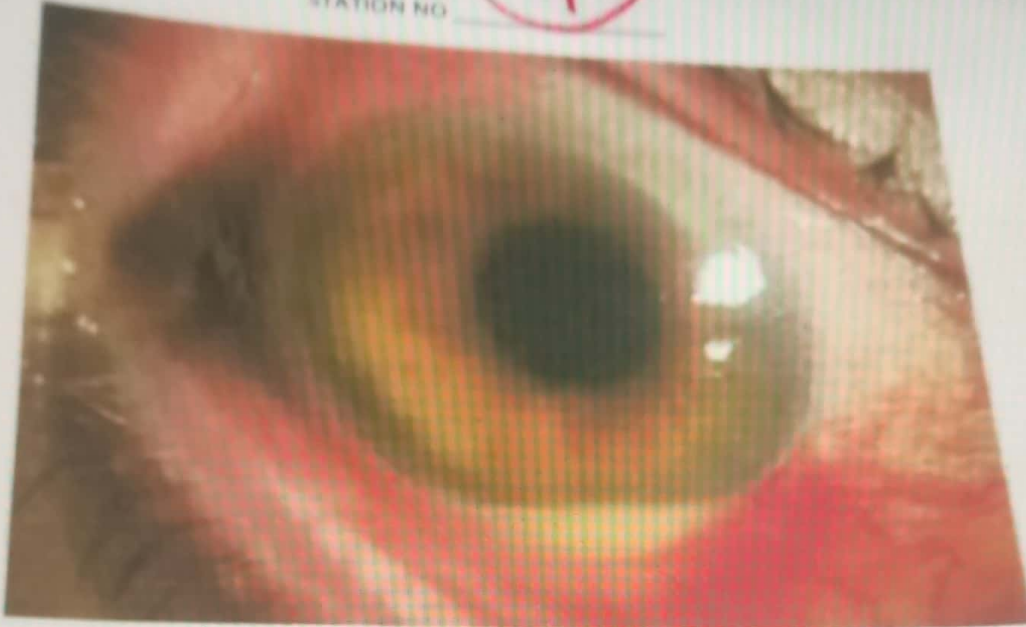
- 1) What are the findings ?
- 2) What are the differential diagnosis ?
- 3) What is the most likely diagnosis ?
- 4) Which investigation would you like to do ?
- 5) What is the most definitive test for diagnosis ?

## Dermoid cyst

- 1) Swelling at the superiolateral aspect of right orbit.
- 2) dermoid cyst, sebaceous cyst, lacrimal gland mass.
- 3) dermoid cyst (a benign cystic teratoma) (choristoma).
- 4) CT scan.
- 5) Biopsy

STATION NO

9



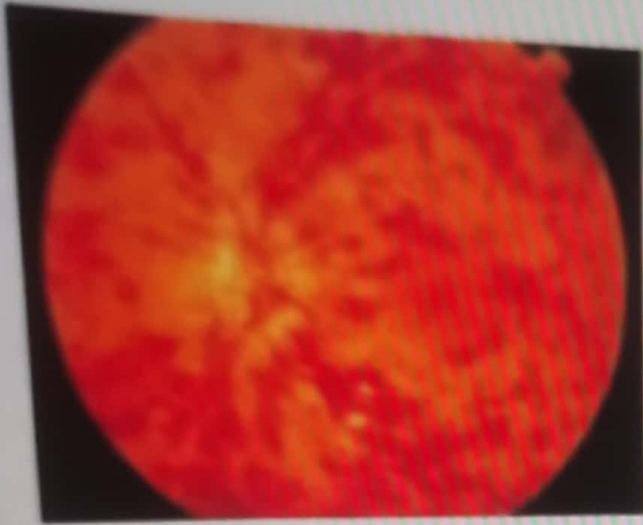
A patient with a history of cataract surgery 1 week ago presents to you with this clinical picture.

- 1) What are the findings in this photograph?
- 2) Give differential diagnoses?
- 3) What is the most probable diagnosis?
- 4) How will you manage?
- 5) How is the prognosis with treatment?

endophthalmitis  
redness  
hypopion  
toxic anterior segment syndrome  
ulceritis

intravitreal antibiotics





1. What are findings in this picture? (2)
2. The other eye is normal, patient is non-diabetic, what is your diagnosis? (2)
3. What are the treatment options?(1)

*central retinal occlusion*

1) disc oedema  
engorge Ven  
hemorrhage  
2) CRVO

3) treat the cause of systemic  
ocular..anti VGF intravitral triamcinolone acetamide  
intravitral

PRP  
cryotherapy in case of Hazy media

STATION #



**This is a mass which is slowly progressive and associated with pain and increasing vascularity.**

- 1-What is your immediate concern?**
- 2-How will you confirm its diagnosis?**
- 3-What will happen if you left him untreated?**

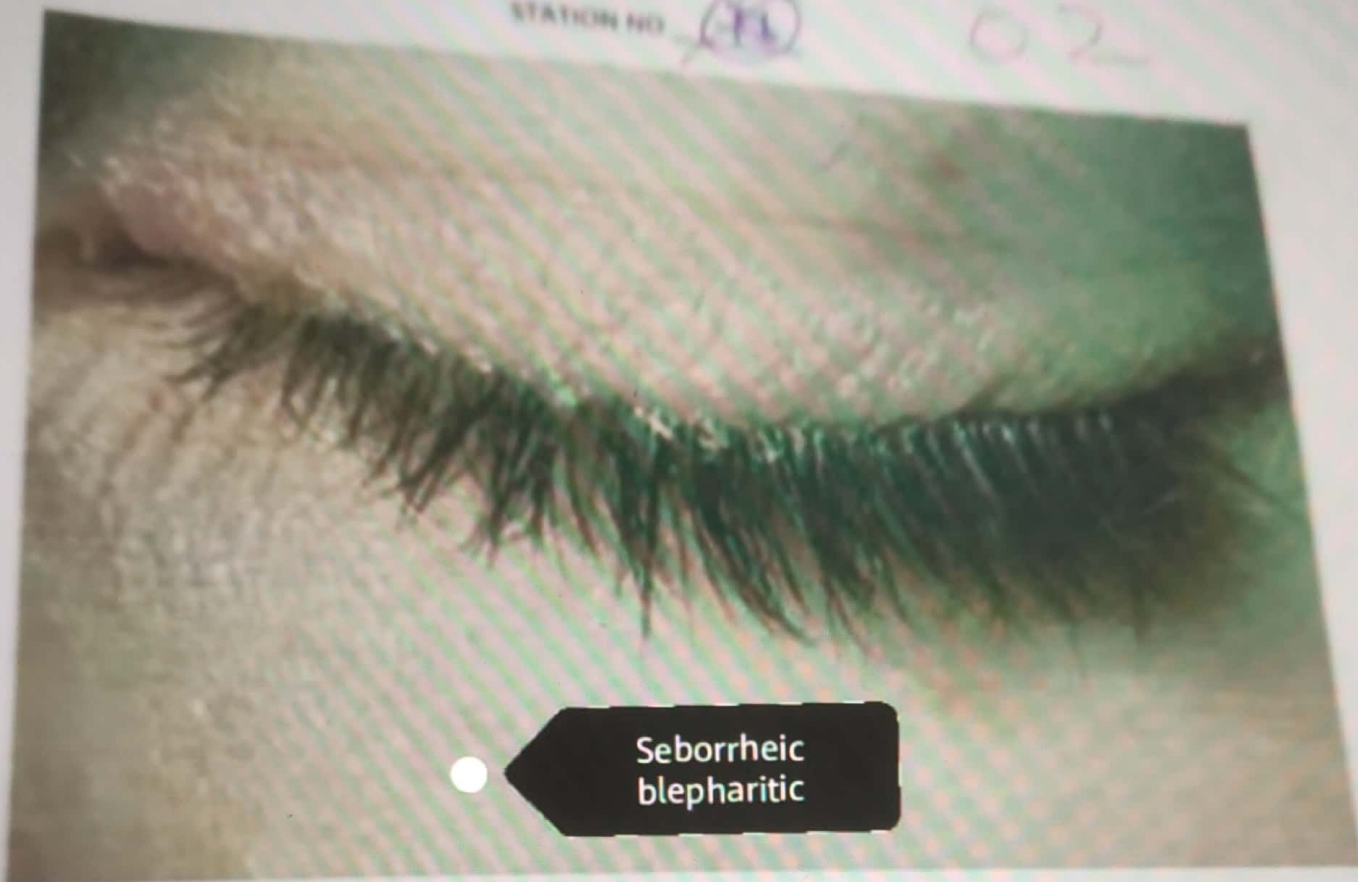
**Key**

- 1-Malignant tumor
- 2-excisional biopsy for histopathology
- 3-spread to cornea and surrounding structures

STATION NO

01

02



Seborrheic blepharitic

A 22 year old male presented to Eye clinic with irritation and watering from both eyes from last 02 months. He also has dandruff in his hair.

- 1) What does the photo show? *Da*  
2) What is your diagnosis? *Blepharitis*

*deposition of whitish material on the lid margin*

3) How will you treat?

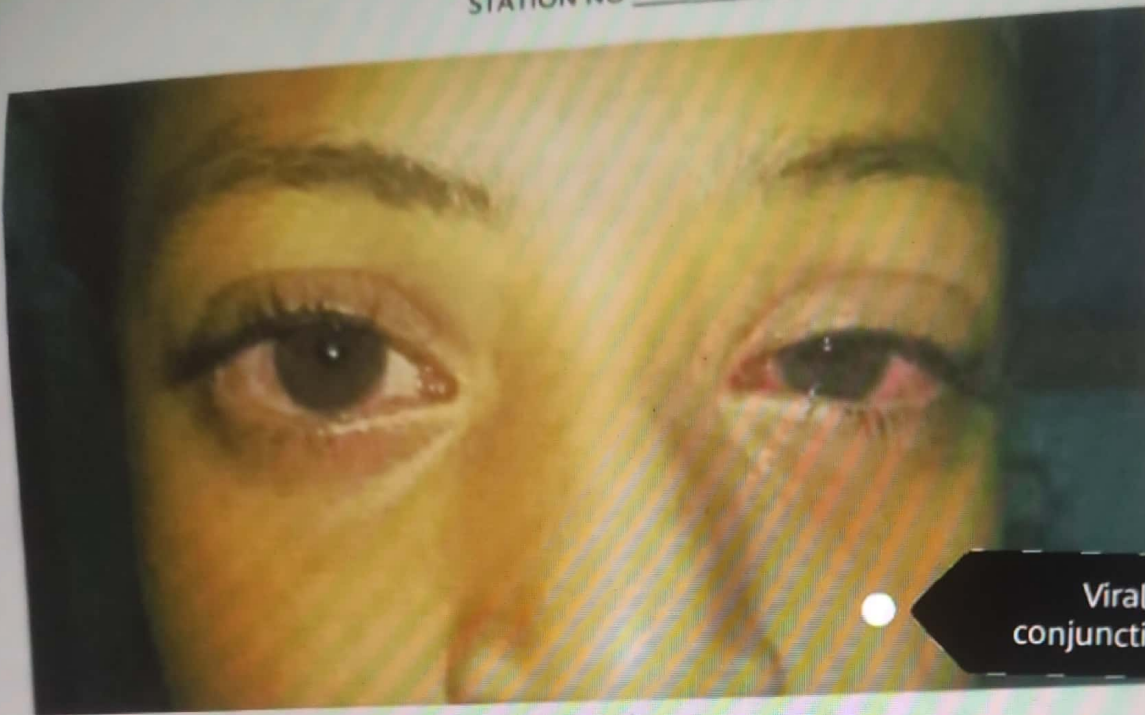
Selenium sulphide, drops or ointment, hygiene of lid

4) Is it a curable disease?

5) What are the complications of this disease?

Madarosis, trichiasis

conjunctivitis  
tear film instability



Viral conjunctivitis

A 10 year old girl got this presentation since 2 days. She says that one of my school friend was also having this problem.

- 1) What is/are the finding(s)?
- 2) What are your differential diagnoses?
- 3) What is your most probable diagnosis?
- 4) What systemic clinical feature may be present in this patient?
- 5) How will you treat?

Pink conjunctiva, watering, edema of lid

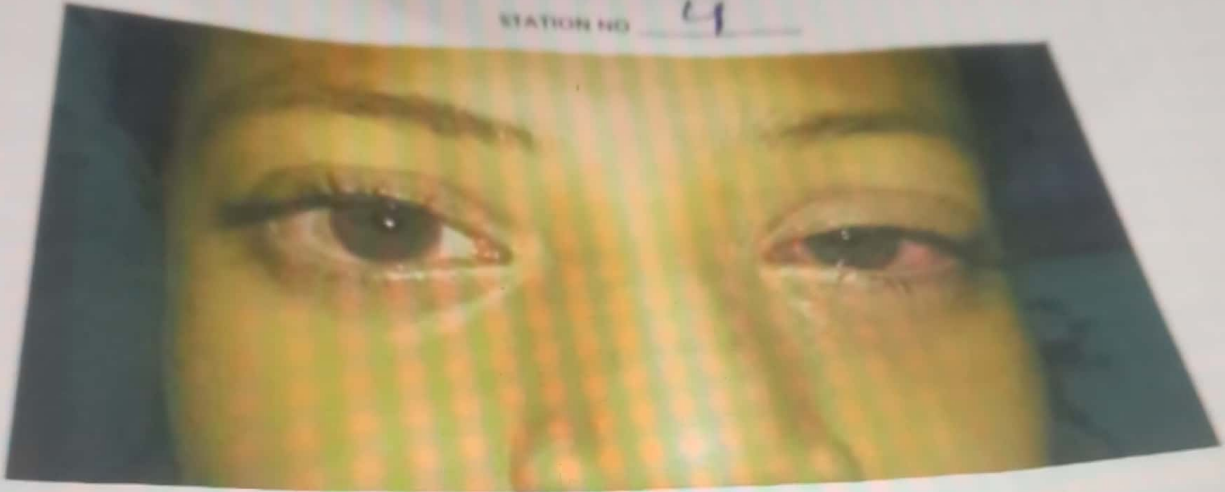
Scleritis, congestive galaucoma, uveitis

Sore throat, rhinitis

Cold compress, antiviral agents

STATION NO

4



A 10 year old girl got this presentation since 2 days. She says that one of my school friend was also having this problem.

- 1) What is/are the finding(s)?
- 2) What are your differential diagnoses?
- 3) What is your most probable diagnosis?
- 4) What systemic clinical feature may be present in this patient?
- 5) How will you treat?

**adeno viral conjunctivitis**  
**trichoma**



1. What is your diagnosis? (1)
2. What laboratory investigations are done preoperatively? (1)
3. What different types of surgeries are performed for this disease? (2)

④ Name one Intraoperative Complication that can lead to blindness - (1)

⑤ How you will treat Endophthalmitis? (1)

1- ~~Cataract~~

2- CBC, Blood sugar, PT, PTT  
 axial profile

3- a. Intracapsular

b. Extra capsular

c. Pars plana lensotomy

Phacoemulsification

Small excision

④ Hemorrhage

⑤ Antibiotic

# EXTRAOCULAR MOTILITY EXAM

Check extraocular movements of this patient

## STEPS

- 1) Introduction
- 2) Consent
- 3) Checks gross visual acuity of both eyes separatively
- 4) Checks VERSIONS in all nine diagnostic positions.
- 5) Checks DUCTIONS in all nine diagnostic positions.
- 6) Checks CONVERGENCE
- 7) Checks DIVERGENCE



# VISUAL FIELD EXAM

Examine visual fields of this patient by confrontation method

54

## STEPS

- 1) Introduction
- 2) Consent
- 3) Checks gross visual acuity of both eyes separately (Covering one eye alternatively)
- 4) Asks patient whether he or she can see examiner's face completely or there is missing part.
- 5) Asks patient to close one eye and also closes his/her opposite eye
- 6) Asks patient to look into his/her open eye
- 7) Asks patient that I will bring my wiggling fingers from outside to inside, you have to say YES when you see the fingers whole looking into my open eye.
- 8) Brings wiggling fingers from 4 quadrants (supero-temporal, inferotemporal, superonasal and superonasal)
- 9) Checks the blind spot
- 10) Repeats the same steps for the other eye.

## STEPS

- 1) Introduction
- 2) Consent
- 3) Checks gross visual acuity of both eyes separately (Covering one eye alternatively) *one arm distance & should be at same level*
- 4) Asks patient whether he or she can see examiner's face completely or there is missing part.
- 5) Asks patient to close one eye and also closes his/her opposite eye *↳ central scotoma*
- 6) Asks patient to look into his/her open eye *→ or ask for metamorphia.*
- 7) Asks patient that I will bring my wiggling fingers from outside to inside, you have to say YES when you see the fingers whole looking into my open eye.
- 8) Brings wiggling fingers from 4 quadrants ( *infero* supero-temporal, inferotemporal, superonasal and *super*onasal)
- 9) Checks the blind spot *if he says in middle x see*
- 10) Repeats the same steps for the other eye.

STATION NO 5

# COVER/UNCOVER TEST

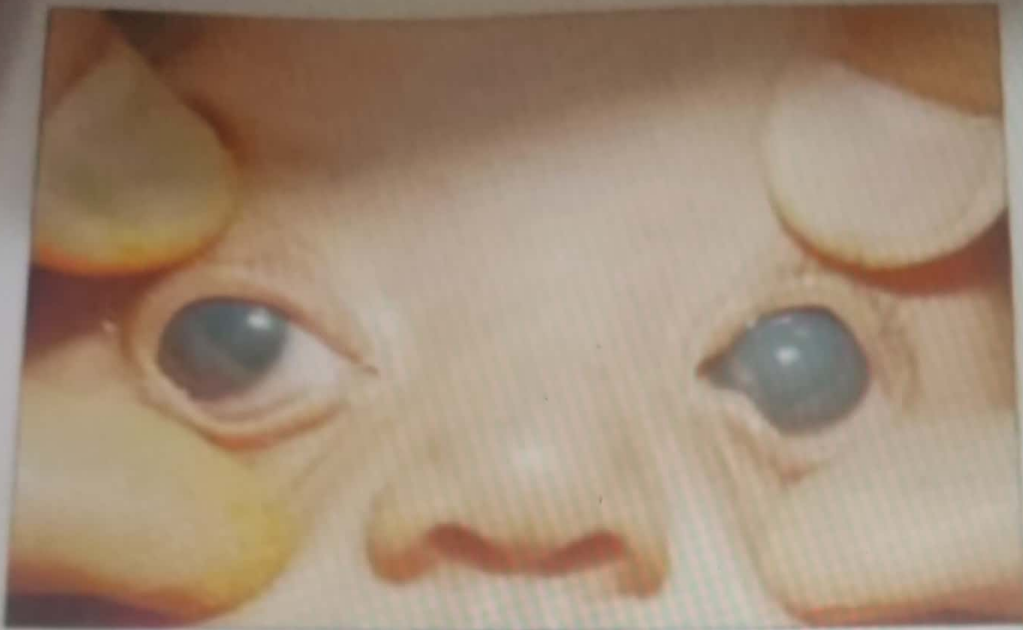
Perform cover/uncover test on this patient

55

#### STEPS

- 1) Introduction
- 2) Consent
- 3) Checks gross visual acuity by showing fingers to count
- 4) Gives a distant straight away target to patient
- 5) Covers one eye and look for movement in the other eye of patient
- 6) Repeats the same for second eye
- 7) Now **UNCOVERS** one eye and look for movement in the uncovered eye
- 8) Repeats the same for other eye
- 9) Now **Alternatively** covers/uncovers each eye and looks for any movement in either eye
- 10) Repeats/mentions to repeat the above all steps for NEAR target

STATION # 9



- 1-What abnormal finding you can see in this little child Junaid.  
Name only two
- 2-How will you examine such a child
- 3-If his vision is poor, what will you do?
- 4-Junaid father is very much concerned about his only child in the family. How will you consell his parents about his ocular condition

**KEY**

- 1-enlarged hazy cornea,
- 2-eua, refraction, fundoscopy, iop, corneal diameter
- 3-treat the cause of poor vision. like refractive error, glaucoma, hazy cornea
- 4-it is a serious condition. early treatment is very fruitful. you need to follow your doctor instructions strictly. drug compliance and any other remedy should be followed as directed.

S# (11)

(3)



21

A 70 year old male, known diabetic and hypertensive, presented to you with sudden loss of vision in his right eye. Look at the above figure and answer the following.

- 1) What are the findings? ✓
- 2) What is the most likely diagnosis? ✓
- 3) What are the differential diagnosis? ✓
- 4) What are the common causes of your most likely diagnosis in this age group? ✓
- 5) How will you manage? ✓

1) White appearances of retina  
cherry spot

2) CRAO

3) BRAO, metabolic disease,

4) thrombosis and embolism

5) relieve the spasms

dislodged and disintegrate any emboli

reduction of retinal oedema

reduction of IOP

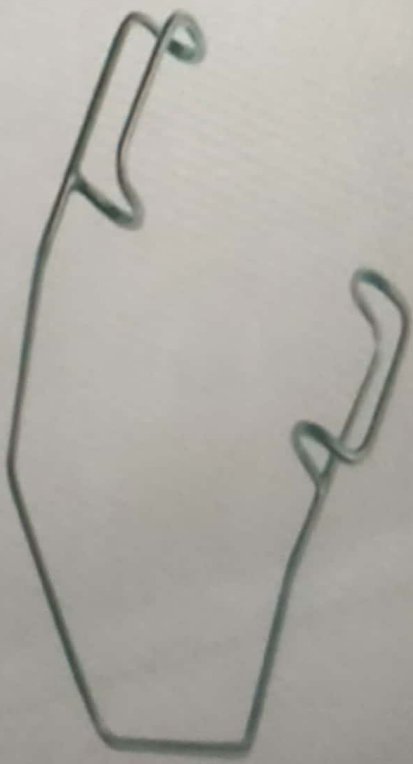
ocular massage

transluminal yag laser

KEY

- 1) Eye lid speculum
- 2) To separate the eyelids during various ocular and intraocular surgeries
- 3) Yes
- 4) Yes
- 5) It can damage the eyelids causing ptosis.

STATION NO \_\_\_\_\_

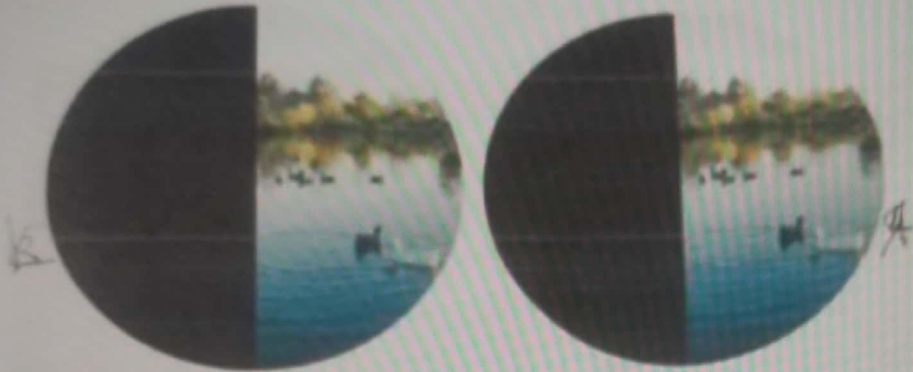


- 1) Name the instrument.
- 2) For what purpose is it used?
- 3) Are different sizes available?
- 4) Are different types available?
- 5) What complication(s) can it cause?



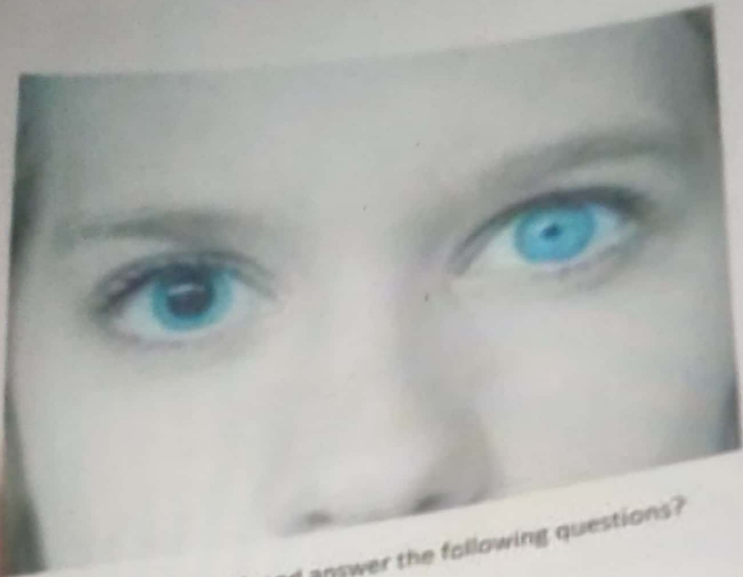
STATION #

②



You are House Officer with your professor in eye OPD, MR JADOON came to you complaining of missing things when he look at a scene as shown in the picture

- 1-What is your most probable diagnosis
- 2-How will you manage MR JADOON
- 3-Which side is affected



Look at the photograph and answer the following questions?

1. What are your findings? (2)
2. What are the different types of pupil reflexes? (1)
3. What are the causes of anisocoria? (2)