AZRA NAHEED MEDICAL COLLEGE DEPARTMENT OF OPHTHALMOLOGY CLASS TEST MBBS 4TH YEAR (SEQ. 5)

CORNEA

TIME	ALLOW	ED: 50	mins
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DATED: 28-02-18

TOTAL MARKS: 30

1.	A 25 years old female presents with moderate to severe ocular pale decreased vision, discharge. On examination there is epithelial defect, straight with the likely diagnosis? Backerial cornection to the likely diagnosis?	omal adoms		
2.	A 55 years old farmer presented with severe pain in his right eye. He told i	nis uleion was all		
	right 15 days ago when he encountered a trauma while working in the field.	On punerious all		
	mere is decigated vision, eve is red and nainful spence to be and the	on examination		
	positive Function 1 1 miles (100)	scein staining is		
	a) What is your diagnosis?			
	b) What is differential diagnosis?	1		
	c) How will you manage this patient?	2		
	cy view will you manage this patient?	2		
3.	What ophthalmic investigations and management would you do in a case of corneal			
	ulcer?	5		
4.	A patient presented with redness sever ocular pain, photophobia and blurn has history of soft contact lens wear, poor contact lens hygiene using tap with lenses. On examination there are peudodendrities on cornea. a. What is the diagnosis? Prover a contact lens hygiene using tap with lenses.	rater to clean		

5. A patient had a vesicular rash history with fever and blisters . On examination there is redness, decreased vision with a linear branching epithelial ulceration on cornea.

a. What is the differential diagnosis? Vi and Keratiticias)

b. What appropriate management would you suggest for this patient?

6. A patient presented in OPD with a history of trauma with a broom stick, there is watering and redness with decreased vision. On examination there is corneal stromal grey white opacity with feathery border. fungal Keratilis (90) 1

b. How will you workup for this patient and which stains would help you diagnose?

C. Write down the appropriate treatment for this patient?

b. What is the differential diagnosis? (9,5)

c. How would you treat this patient?

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WEDICAL COLLEGE

DEPARTMENT OF OPHTHALMOLOGY

CLASS TEST MBBS 4TH YEAR (MCQ. s)

CORNEA

TIME ALLOWED: 10mins

DATED: 28-02-18

TOTAL MARKS: 10

- Q1. The layer in front of the corneal stroma is called.
 - a. Bowman's layer
 - b. Descemet's membrane
 - c. Endothelium
 - d. Epithelium
- Q2. A contact lens wearer after a swimming competition presents in eye clinic with redness and blurred vision, on examination there is mottled dendritiform appearance of corneal epithelium, the appropriate diagnosis is?
 - a. Bacterial infection of the cornea
 - b. Viral infection of the cornea
 - c. Fungal infection of the cornea
 - d. Chlamydial infection of the cornea
 - (e.) Protozoal infection of the cornea
- Q3. A patient was diagnosed with the facial palsy. On ocular examination there was exposure keratitis, the most appropriate treatment of exposure keratitis is
 - a. Antibiotic eye ointment for 2 weeks
 - b. Antibiotic drops for 1 week
 - c. Eye patching for 3 months
 - d. Artificial tears foe 3 weeks
 - Tarsorrhaphy till lagophthlmos recovers
- Q4. The reservoir of infection in herpes zoster is
 - (a.) Gasserian ganglion
 - b. Ciliary ganglion
 - Inferior cervical ganglion
 - d. Superior cervical ganglion
- Off A forty year old female came to the eye opd with complaints of sudden pain and decreased vision in right eye; on examination corneal stain was positive with hypopyon, what is your diagnosis?
 - a. Acute congestive glaucoma
 - ර්ිා Corneal ulcer
 - c. Endophthalimistis
 - d. Conjunctivituis
 - e. Hyphema

Q6. A six years old child came to eye opd with the history of trauma to his right eye, on examination the eye was red and watery. On 2% fluorescein staining coma shaped defect was seen on cornea, (staining was positive) what is the best probable diagnosis?

- a. Conjunctival laceration
- Corneal abrasion
- c. Limbal tear
- d. Foreign body o cornea
- e. Corneal opacity
- 6.7 Q6.a 45 years old male came to opd with complaints of pain and redness in left eye for 1 week. On examination visual acuity was 6/18, and anterior segment shows typical branching pattern lesion on cornea, the most possible diagnosis is?
 - a. Peripheral ulcerative keratitis
 - b. Bacterial keratitis
 - Viral keratitis
 - d. Fungal keratitis
 - e. Acanthamoeba keratitis
- Q. A fifty years old male came to eye opd with history of blunt trauma in his right eye fourth months back. His complaints were of painful decrease in vision. Visual acuity in right eye was 6/36 and left eye 6/6. Slit lamp examination showed horizontal fluorescein stained cornea. What is the possible cause of this condition?
 - a. Corneal abrasion
 - b. Conjunctivitis
 - Corneal perforation
 - d. Corneal dystrophy
 - e. Keratoconus
- A . 9 es. The true bacterial corneal pathogen is
 - Streptococcus aureus
 - Streptococcus pneumoniae
 - c. Morexalla
 - d. Gonococuss
 - e. Pseudomonas
- 10 CS. A 40 year old male welder came to eye opd with complaints of watering, severe pain and redness in his eye for last 2 hours, on slitlamp examination the conjunctiva was congested and there was some abnormality seen in comea and corneal haze was noticed, anterior chamber was clear, what is your most likely diagnosis?
 - a. Acute bacterial conjunctivitis
 - Subconjunctival hemorrhage
 - Acute angle closure glaucoma
 - Corneal foreign body
 - Acute indecyclitis