

Solved by SanaUllah

1. **Cornea makes:**
 - a. 1/3rd
 - b. 2/5th
 - c. 1/6th
 - d. 2/3
 - e. 3/5th of the outer coat of the eye ball

2. **The vascular coat of eye ball is**
 - a. Sclera
 - b. Cornea
 - c. Choroid
 - d. Retina
 - e. conjunctiva

3. **Grey line on the lid margin has opening of**
 - a. Lacrimal gland.
 - b. Sweat gland.
 - c. Mucin gland.
 - d. Zeiss gland.
 - e. Meibomian gland.

4. **A 14 year female underwent tooth extraction, after 24 hours she developed red eye, proptosis and pain in the orbit, which increases on eye movements. The most probable diagnosis is:**
 - a. Preseptal cellulitis
 - b. Exophthalmos
 - c. Cavernous sinus thrombosis
 - d. Orbital cellulitis
 - e. Sub periosteal abscess

5. **A young boy had injury to his right orbit in road accident. After 24 hour he presents in eye OPD with reduced vision, proptosis, severe pain in eye and diplopia. This condition should be treated by:**
 - a. Analgesics only
 - b. Immediate admission and intravenous antibiotics and anti-inflammatory drugs
 - c. Anti-inflammatory are more than sufficient to control fever
 - d. Hot compresses are not useful
 - e. Observation only

6. **A girl of 15 years of age presents with a painless nodular swelling of right upper eyelid well away from lid margin for last 2 months. There is no H/O trauma. The most probable diagnosis is:**

- a. Stye
- b. Chlazion**
- c. Cyst of Moll
- d. Cyst of Zies
- e. Strawberry naevus

7. A 70 year old patient presents in OPD with watering and irritation of eyes. It's been quiet long he is using eye drops for this condition but there is temporary relief, on examination there is conjunctival congestion and rolling out of the lid margin. This condition is known as:

- a. Ectropion**
- b. Lagophthalmos
- c. Entropion
- d. Trichiasis
- e. Ptosis

8. A 65 years old man has developed moderate ptosis of left eye and mild ptosis in right eye about one year ago. He is otherwise normal. The most probable diagnosis is:

- a. Congenital ptosis
- b. Aberrant regeneration of third nerve.
- c. Third nerve palsy
- d. Senile ptosis**
- e. Mechanical ptosis

9. A mother brought her 3 months old child with complaints of epiphora since birth, she had been using drops for this but no relief. She wants a permanent solution for her child's condition. The best treatment option at this age is:

- a. Intubation of the lacrimal passages
- b. Only medical treatment will suffice
- c. massage over the lacrimal sac and topical medication**
- d. Immediate probing and syringing
- e. There is no need of any treatment at all

10. Schirmer's is performed to diagnose:

- a. Acute dacryocystitis
- b. Epiphora
- c. Corneal ulcer
- d. Dry eyes**
- e. Chronic dacryocystitis

11. Ophthalmia neonatorum is prevented by:

- a. 2.5% povidone-iodine solution**
- b. Penicillin drops
- c. Steroid drops

- d. Normal saline drops
- e. Frequent eye washes

12. **A female patient 18 years old, who is contact lens wearer for last two years, complaining of redness, lacrimation and foreign body sensation of both eyes. On examination, visual acuity was 6/6 with negative fluorescein test. The most probable diagnosis could be:**

- a. Acute anterior uveitis.
- b. Giant papillary conjunctivitis.
- c. Bacterial corneal ulcer.
- d. Acute congestive glaucoma
- e. Viral conjunctivitis

13. **A patient presented with a history of corneal ulcer. On examination there is dendritic type staining of cornea with fluorescein, and the corneal sensations are impaired. This condition is most probably caused by:**

- a. Staphylococcus aureus.
- b. Adenovirus.
- c. Aspergillus.
- d. Herpes simplex virus.
- e. Herpes zoster virus.

14. **A contact lens wearer presented in an eye clinic with redness, severe pain and blurring of vision of his right eye. He participated in a swimming competition a week before. On eye examination he was found to have a small corneal ulcer. He most probably has got:**

- a. Bacterial infection of cornea
- b. Viral infection of cornea
- c. Fungal corneal ulcer
- d. Protozoal corneal ulcer
- e. Traumatic corneal ulcer

15. **An 18 years old boy with some liver disease was referred by a physician to eye outpatient for examination of his eyes for presence of Kayser -Fleischer (KF) rings. KF rings are formed due to deposition of copper in:**

- a. Retinal layers
- b. Epithelium of cornea
- c. Lens capsule
- d. Deeper layers of cornea
- e. Iris epithelium

16. **A 13 year old boy presents with the complaints of frequent changes in glasses and history of wearing hard contact lenses on examination there is scissors reflex and positive Munson sign. This condition of cornea is called :**

- a. Myopia.

- b. Acute hydrops.
- c. Micro cornea.
- d. Megalo cornea.
- e. Keratoconus.

17. A 33 year old female patient presents with red eyes, photophobia and blurred vision, there is no active discharge, she suffered from such symptoms one year ago as well for which she used eye drops for a month, on examination there are KPs, cells and flare in anterior chamber. The most probable diagnosis is:

- a. Open angle glaucoma
- b. Giant papillary conjunctivitis.
- c. Bacterial corneal ulcer.
- d. Acute congestive glaucoma
- e. Recurrent anterior uveitis

18. Pupil in anterior uveitis is:

- a. Miosed and regular with poor reaction
- b. Miosed and irregular with poor reaction
- c. Dilated and irregular with good reaction
- d. Dilated and regular with poor reaction
- e. Mid-dilated and oval with poor reaction

19. A 25 year old female presented in eye OPD with complaints of sudden pain in her right eye ,which becomes worst at night ,she also complaints of excessive tearing , photophobia and watering in that eye. On examination the visual acuity is decreased, pupil reaction is sluggish, fundus appeared normal, what is the most probable diagnosis?

- a. Traumatic iritis
- b. Endophthalmitis
- c. Bacterial conjunctivitis
- d. Episcleritis
- e. Acute iridocyclitis

20. A 60 year old patient came to eye OPD with acute attack of angle closure glaucoma. The first line of treatment option for this patient would be:

- a. Initial therapy is usually surgery.
- b. Epinephrine eye drops 5 times a day
- c. Only topical therapy (eye drops)
- d. carbonic anhydrase inhibitors, topical anti glaucoma drops
- e. Only tablet acetazolamide 4 times a day.

21. An anxious mother brings her baby to the ophthalmic outpatient department, who is suffering from congenital glaucoma. The best treatment option for congenital glaucoma is:

- a. Topical prostaglandins
- b. Laser iridotomy
- c. Systemic acetazolamide only
- d. Trabeculectomy
- e. Goniotomy

22. The normal range of intraocular pressure is:

- a. 10-30 mmHg
 - b. 10 -20 mmHg
 - c. 20-50 mmHg
 - d. Below 20 mmHg
 - e. Above 20 mmHg
23. A patient presented in opd with complaints of gradual decrease in vision over the last 2 years period. His refraction has been done but the vision is not improving much. On examination there is posterior subcapsular cataract in both eyes. What would be the best treatment option for the cataract surgery?
- a. Laser phacolysis
 - b. Extracapsular cataract extraction
 - c. Intracapsular cataract extraction
 - d. Phacoemulsification with IOL.
 - e. Phacoemulsification without IOL
24. A baby aged 4 months was brought to eye OPD , she complaints that she sees white opacity in her child's eye since birth , she had suffered some infection in pregnancy , what is that white reflex in his eye?
- a. Retinoblastoma
 - b. Toxoplasmosis
 - c. Toxocariasis
 - d. Coats disease
 - e. Congenital cataract
25. Biometry is the procedure for:
- a. Calculation of power of intraocular lens
 - b. Determination of refractive error
 - c. Determination of curvatures of the cornea
 - d. Measuring intraocular pressure
 - e. Measuring the disc diameter
26. After cataract surgery the most appropriate site to place the intraocular lens is :
- a. Posterior to iris
 - b. Anterior to iris
 - c. Anterior capsular bag
 - d. Posterior capsular bag
 - e. Posterior chamber
27. A mother brought her 2 months old baby in outpatient department. She complains that she sees a white opacity in the eye of the baby; she further told that during pregnancy she had some infection: The reason of white reflex in this baby's eye could most probably be due to:
- a. Retinoblastoma
 - b. Congenital cataract
 - c. Congenital glaucoma
 - d. Uveitis
 - e. Coats disease

28. A female patient 60 years old, came to OPD with complaints of photopsia and flashes of light in her right eye. She is known diabetic and hypertensive for last 5 years with normal vision, on clinical examination fundus was normal except there was fibrous ring in front of optic disc. The most probable diagnosis is:
- Vitreous hemorrhage
 - Retinal breaks
 - Cystoid maculopathy
 - Posterior vitreous detachment (PVD)
 - Vitritis
29. A patient with uncontrolled diabetes and hypertension patient gives H/O two episodes of sudden visual loss in the last 8 months. He was told that he advised pars plana vitrectomy for his problem. The probable diagnosis is:
- Micro aneurysms in macular edema
 - Hypertensive retinopathy
 - Non resolving vitreous hemorrhage
 - Central retinal artery occlusion
 - Diabetic retinopathy
30. A 60 year old known diabetic for 50 years came to eye OPD, now has developed sudden loss of vision for the last 24 hours and complaints of red shower of floaters in right eye. This condition usually follows which of the following stage of diabetic retinopathy:
- Moderate non proliferative diabetic retinopathy
 - Severe non proliferative diabetic retinopathy
 - Proliferative diabetic retinopathy(PDR)
 - Vitreous haemorrhage
 - Maculopathy
31. A patient with sudden loss of vision presented in eye OPD on Examination there is cherry red spot on maculala on fundus examination, the most probable diagnosis is”
- Branch retinal vein occlusion
 - Branch retinal artery occlusion
 - Central retinal vein occlusion
 - Central retinal artery occlusion
 - Diabetic macular oedema
32. A 21 year old male presented with a curtain falling on superior half of left eye. He had history of flashes and floaters in left eye for last 3 days, on examination the vision on left eye is counting finger, on funduscopy there is a retinal tear seen in retina of left eye. The most probable diagnosis is:
- Rhegmatogenous retinal detachment
 - Exudative retinal detachment
 - Tractional retinal detachment
 - Vitreous hemorrhage

e. Traumatic retinal detachment

33. A 75 years old female presented to eye OPD with history of gradual decrease in vision in both eyes for last 5 years, she is diabetic for last 30 years, on examination the anterior segment is normal and on fundus examination there are micro aneurisms, cotton wool spots, dot and blot hemorrhages and macular edema. the most common cause of loss of vision in diabetic retinopathy is:

- a. Dot and blot hemorrhages
- b. Macular edema
- c. Microaneurisms
- d. Cotton wool spots
- e. cataract

34. A patient of 45 years age presented with acute visual and disturbance in color vision. He was diagnosed a case of optic neuritis. The most common cause of in this age is:

- a. Blunt ocular trauma
- b. Uveitis
- c. Diabetes mellitus
- d. Multiple sclerosis
- e. Herpes zoster

35. Degeneration of optic nerve is called:

- a. Papilledema
- b. Papillitis
- c. Retro bulbar neuritis
- d. Neuroretinitis
- e. Optic atrophy

36. A sixty five year female referred to eye out patient department by an endocrinologist, having acromegaly and visual field disturbances in the right half of right eye and left half of left eye. She is a diagnosed case of pituitary adenoma. This field defect is called.

- a. Binasal hemianopia
- b. Blind spot enlargement
- c. Bitemporal hemianopia
- d. Left Homonymous hemianopia
- e. Right Homonymous hemianopia

37. A 70 years old male diabetic and hypertensive presented in the eye with diplopia while looking towards left side. On examination of all extra ocular movements were normal except inability to move his left eye laterally. This condition is most likely due to paralysis of:

- a. Superior Rectus
- b. Inferior Rectus
- c. Inferior Oblique
- d. Superior Oblique
- e. Lateral Rectus

38. Which of the following organism can penetrate intact corneal

Epithelium?

- a. Strep pyogenes
- b. Staph aureus
- c. Pseudomonas aeruginosa
- d. N. gonorrhoeae

39. A child of 5 years had decreased vision and no treatment was followed by the parents, so he developed amblyopia due to anisometropia(difference in refractive state of both eyes). This is best treated by:

- a. Surgery
- b. Occlusion of the good eye
- c. Oral medication
- d. Occlusion of eye with weaker vision
- e. Refraction only

40. A state of the eye in which parallel rays after refraction meet at retina without use of accommodation is

- a. Hypermetropia
- b. Myopia
- c. Ametropia
- d. Astigmatism
- e. Emetropia

41. Timolol is:

- a. beta blocker
- b. carbonic anhydrase inhibitor
- c. antibiotic
- d. alpha blocker
- e. calcium channel blocker

42. A 34 year patient presented in eye OPD, he had complaints of decreased vision and color vision defects, and he told the doctor that he took drugs for tuberculosis, before taking these drugs his color vision was normal. This patient has developed:

- a. Toxic amblyopia
- b. Retrobulbar neuritis
- c. Pseudopapillitis
- d. Glaucomatous neuropathy
- e. Rod cone dystrophy

43. A 25 years old patient presented in the eye outpatient with C/O reduced vision and difficulty seeing in dark. On examination of his eyes he has pale discs and pigmentary degeneration of retina in both eyes. One of his elder brothers had same complaints. The most probable diagnosis is:

- a. Retinitis pigmentosa

- b. Cone dystrophy
- c. Stargardt disease
- d. Drug induced retinopathy
- e. Myopic degeneration

44. A patient with angle closure glaucoma has been advised laser iridotomy, the laser used to perform iridotomy is?

- a. Diode laser
- b. Argon laser
- c. Yag laser
- d. Excimer laser
- e. Carbon dioxide laser

45. A man while riding a motorcycle had undergone RTA and he reported in emergency department , his detailed ophthalmic examination was done, the prominent feature of orbital floor fracture is

- a) Diplopia on up gaze and downgaze
- b) Damage to supra-orbital nerve
- c) Hemoptysis
- d) Numbness of lateral canthus
- e) Haziness of ethmoidal sinus on x ray

MCQS PAPER 1 KEY

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|-------|-------|
| 1. C | 23. D |
| 2. C | 24. E |
| 3. D | 25. A |
| 4. C | 26. D |
| 5. B | 27. B |
| 6. B | 28. D |
| 7. A | 29. C |
| 8. D | 30. C |
| 9. C | 31. D |
| 10. D | 32. A |
| 11. A | 33. B |
| 12. B | 34. D |
| 13. D | 35. D |
| 14. D | 36. C |
| 15. D | 37. E |
| 16. E | 38. D |
| 17. E | 39. B |
| 18. B | 40. E |
| 19. E | 41. A |
| 20. D | 42. A |
| 21. E | 43. A |
| 22. B | 44. C |