Solved By Sanaullah F16-029

sana armani

AZRA NAHEED MEDICAL COLLEGE

Zeeshan

DEPARTMENT OF OPHTHALMOLOGY

CLASS TEST (RETINA) MBBS 4TH YEAR MCQ

Ibtasam Baloch

TIME ALLOWED: 10 MINUTES

DATED: 23-04-2020

**TOTALMARKS: 10** 

Q1. A sixty five years old male attended the eye opd with complaints of decreased vision in both eyes for last one month, on examination the fundus shows dilated, tortuous veins, with retinal and macular edema, hemorrhages all over the posterior pole and cotton wool spots. What is the most likely diagnosis?

- a. Central retinal artery occlusion
- b. Macular degeneration
- (c.) Diabetic retinopathy
- d. Retinal branch vein occlusion
  - e. Central retinal vein occlusion

Q2. A seventy five years old female came to eye opd with history of decreased vision in both eyes for the last five years. She is diabetic for 20 years. Now she has developed sudden loss of vision in her righteye .On examination, anterior segment was normal, there was no view of posterior segment, and the probable diagnosis is

- a. Retinal tear
- b. Retinal detachment
- c. Age related macular degeneration
- d.) Vitreous hemorrhage
- e. Macular hole

Q3. What is the strongest predisposing factor for retinal venous occlusive disease?

- a. Hyperlipidemia
- b. Advancing age
- c. Retinal detachment
- d. Diabetes mellitus
- e. High myopia

Q4. A patient with sudden loss of vision was diagnosed with central retinal artery occlusion, the most common cause of CRAO is?

- a. Giant cell arteritis
- b. Cardiac embolism
- c. Atherosclerosis related thrombosis
  - d. Carotid embolism
  - e. Vascular disorders

Q5. The most routinely used instrument in opd to detect any abnormality in the fundus is

- a. Slit lamp alone
- b. Direct ophthalmoscope
- c. Retinoscope
- d. Slit lamp with tonometer
- (e.) Indirect ophthalmoscope

Q6. A sixty yrs old male presented in opd with sudden loss of vision .On fundus examination there are multiple hemorrhages with tomato splash appearance. What is the most common cause of this disease?

- a. Diabetic retinopathy
- (b.) Hypertension
- c. Giant cell arteritis
- d. Leukemia
- e. Thrombocytopenia

Q7. A 20 yrs old male developed sudden loss of vision with a curtain like shadow in front of right eye since last two days. There is no history of trauma or medication. He wears myopic glasses since childhood.what is the most probable diagnosis?

- Rhegmatogenous retinal detachment
  - Tractional retinal detachment
  - Exudative retinal detachment c.
  - Vitreous Hemorrhage d.
  - Subhyaloid Hemorrhage e.

Q8. A 22 yrs old male presented with night blindness. Anterior Segment is normal and on fundus examination there is waxy pale disc and bony spicules. What is the most probable diagnosis?

- vitamin A deficiency a.
  - **Best Disease** b.
  - Retinitis pigmentosa c.
  - Retinal detachment d.
  - Posterior vitreous detachment e.

Q9. A 3 yrs old child presented with loss of vision and leukoria in right eye for few months Other eye is normal. No history of prematurity or oxygen incubation. what is the most probable diagnosis?

- a. Retinitis pigmentosa
- b. Retinopathy of prematurity
- (c.) Retinoblastoma
- d. Vitreous hemorrhage
- e. Stargadts disease

Q10. A 60 yrs old hypertensive male presented to opd for regular eye examination. Fundus shows AV nipping and copper wiring. What is the stage of hypertensive retinopathy?

- a. Stage 1
- b. Stage 2
- c. Stage 3
- d. Stage 4
- e. No hypertensive disease

Solved By Sanaullah F16-029

#### AZRA NAHEED MEDICAL COLLEGE

#### DEPARTMNT OF OPHTHALMOLOGY

# Class Test MBBS 4th year

(Glaucoma+Uveitis)

Dated: 26-03-2020

ptos

(Gladesma C verus)

Multiple Choice Questions Please encircle the single best answer

- A 60 year old patient came to eye OPD with acute attack of angle closure glaucoma, the treatment option for this patient would be.
  - A. Initial therapy is usually surgery.
  - B. Epinephrine eye drops 5 times a day as first treatment option.
  - C. Only topical therapy (eye drops)
  - (D) Both systemic carbonic anhydrase inhibitors and combined topical drops as initial therapy
  - E. Only tablet acetazolamide 4 times a day
- 2. An anxious mother comes to you, her baby is suffering from congenital glaucoma, what best procedure of choice would you suggest for congenital glaucoma?
  - A. Topical prostaglandins
  - B. Laser iridotomy
  - C. Systemic acetazolamide only
  - (D) Goniotomy
  - E. Cyclocryotherapy
- 3. In Buphthalmos

Leeshav

Time allowed: - 20mins

- (A.) Boys are affected more than girls
- B. It is usually a unilateral condition
- C. Common around the age of 15 years
- D. Surgery is not the treatment of choice
- E. It is also called glaucoma capsulare
- 4. A one month old baby is brought to eye OPD with complaints of photophobia and watering, on examination nasolacrimal apparatus is normal but the cornea diameters are large, most probable diagnosis of this clinical condition is:
  - A. Congenital dacryocystitis
  - B. Keratoconus
  - C. Mucopurulent conjunctivitis
  - D. Corneal foreign baby
  - (E.) Buphthalmos
- 5. In primary open angle glaucoma:
  - (A) The angle is open
  - B. Occurs in young age
  - C. There is acute increase in intraocular pressure
  - D. Long term hypertension has no role
  - E. Short term diabetes mellitus is associated with
- 6. A patient presents with red eyes, decreased visual acuity, on examination there is raised intraocular pressure and the anterior chamber is shallow. The most likely diagnosis is:
  - A. Cataract

- B. Open angle glaucoma
- C. Retinul detachment
- Acute angle closure glaucoma
- in primary congestive glaucoma the findings are:
  - A. Miesed and regular with poor reaction
  - B. Missed and irregular with poor reaction
  - O. Dilated and irregular with good reaction
  - D. Dilated and regular with poor reaction
  - (E) Mid dilated pupil with very poor reaction
- 8. Timedel is
  - A) Beta blocker
  - B. Carbonic anhydrase inhibitor
  - C. Ambibiotic
- 9. A 60 year old patient presented with gradual deterioration of vision with perception of halos around light on examination IOP is 25mmHg in right eye and 30mmHg the angle is open and there is a snow flake like material on the surface of the lens
  - A. Pigment glaucoma
  - B. Plument dispersion syndrome

  - C. Essential iris arrophy
    2 Pseudo exfoliation glaucoma
  - E. Neo vestniar gleacoma
- 10. A patient had following signs on examination, dilated congested conjunctival blood vessels, corneal edema, and shallow anterior chamber, mid dilated sluggish or unreactive pupil, shallow and narrow angle in fellow eye, what could be the most probable diagnosis?
  - A. Ocular hypertension
  - B. Chronic open angle glaucoma
  - Acute angle closure glaucoma
  - D. Monmotensive glaucoma
  - E. Chronic angle closure glaucoma
- 11. Pupil in acute anterior uveitis is
  - a) Miosed and regular with poor reaction
  - 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

- 12. A patient presented with gross decrease of vision. On torch examination there was conjunctival congestion and pupil miosed. On slit lamp examination there are cells and flare in anterior chamber, which is the most probable diagnosis?
  - (a) Anterior uveitis
  - b) Acute congestive glaucoma
  - c) Conjunctivitis
  - d) Scleritis
  - e) Foreign body
- 13. A 25 year female came to eye OPD with complaints of sudden pain in her right eye worst at night, she also complaint of excessive tearing, photophobia and watering in that eye, on examination the vison was decreased, pupil showed sluggish reaction to light .fundus appeared normal, what is the most probable diagnosis?
  - a) Traumatic iritis
  - b) Infectious endophthalmitis
  - c) Episcleritis
  - d) Acute bacterial conjunctivitis
  - (e) Acute iridocyclitis
- 14. A 50 year old female presented to ophthalmic clinic with complaints of blurred vision, floaters and pain in eyes along with redness and photophobia, on examination there were exudates around the vessels
  - a) Postoperative endophthalmitis
  - b) Pan uveitis
  - c) Traumatic endophthalmitis
  - d) Choroiditis
  - (e) Posterior uveitis
- 15. A patient had penetrating trauma to his one eye and after few years he was diagnosed bilateral granulomatous pan uveitis. This condition is known as: dalen fuchs nodules.
  - a) Endophthalmitis
  - b) Intermediate uveitis
  - c) Panophthalmitis
  - d) Chorioretinitis
  - (e) Sympathetic ophthalmitis
- 16. The most essential drug in the treatment of anterior uveitis among the following drugs is
  - (a) Atropine eye drops
  - b) Anti-allergic eye drops
  - c) Antibiotic eye drops

- d) Decongestant eye drops
- e) Anti-prostaglandin eye drops
- 17. A young mate was diagnosed with tuberculosis, he was advised detailed infidense examination. On examination he was diagnosed with uveitis in his both eyes, the structure predominantly affected in this condition is
  - ay Chenend
  - (r) fris
  - e) Retina only
  - d) Pars plana
  - (e) tris, choroid, ciliary body
- 18. Anteylosing spondylitis is most commonly associated with:
  - a) Retinitis
  - b) Scleritis
  - (c) Uveitis
  - d) Keratitis
  - e) Choroiditis
- 19.A middle aged patient presented to eye OPD complaints of floaters and decreased vision, on examination there are flare cells in anterior chamber and vitreous, in posterior chamber there is pars planitis, snowball or cotton ball opacities, this type of weekles is called:
  - a) Acute anterior uveitis
  - b) Chronic anterior uveitis
  - (c) Intermediate aveitis
  - d) Posterior uveitis
  - e) Sympathetic ophthalmitis

#### 20.In uveitis

- a) Anterior synechia may form between lens and iris
- (b) The inflammation of choroid is termed as cheroidities
- c) Visual field examination is mandatory
- d) In this condition only one eye is effected
- e) It is associated with hypertension.

Time: 20 min

Short Essay Questions

A 60 year old patient occasional headaches & discomfort in his eyes. On
examination his vision was normal, his intra ocular pressure was 30 mm Hg in right
& 28 mm Hg in left eye. On funduscopic examination; there is enlarged optic cup in
both eyes

a) What is most likely diagnosis?

b) How will you further investigate this case
c) How will you manage this condition

2. A 60 years old female patient presented in ophthalmic emergency, with severe pain in her right eye, associated with headache and projectile vomiting. On examination, there is ciliary congestion, cornea is hazy and pupil is mid-dilated, oval and non-reacting to light. She gives past history of halos and decreased vision.

a) The most probable diagnosis is?
b) How will you manage this patient?
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3.A middle aged man has come with intense pain in his left eye with decreased vision, watering and photophobia. He also complaints of lower back pain. On examination there is marked ciliary injection. Pupil is small and non-reacting to light. The eyeball is tender.

a) What is the most probable diagnosis?

b) b) What ocular and systemic workup is required in this case?

c) How will you treat this patient?

4.A young man had penetrating injury to his right eye, the primary repair was done, after few weeks the patient complaints of blurring of vision pain and photophobia in the normal left eye, on examination there are mutton fat keratic precipitates, focal infiltrates in choroid (Dalen Fuchs nodule).

a) a. What is your diagnosis?
b) b. How will you investigate this case and put differential diagnosis of this case?
c) e. What is treatment of this disease?
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# AZRA NAHEED MEDICAL COLLEGE

# DEPARTMENT OF OPHTHALMOLOGY

class Test MBBS 4th Year

25,04.19

Glaucoma & Uveitis

Please encircle the single best answer

Time: 20mins

1. A 60 Year old patient came to eye OPD with acute attack of angle closure glaucoma, the treatment option for this patient would be.

- a) Initial therapy is usually surgery
- b) Epinephrine eye drops 5 times a day as first treatment option
- c) Only topical therapy (eye drops)
- (d) Both systemic carbonic anhydrase inhibitors and combined topical drops as initial therapy
- Only tablet acetazolamide 4 times a day

### m primary open angle glaucoma:

- ( ) The angle is open Occurs in young age
- There is acute increase in intraocular pressure
- d) Long term hypertension has no role
- e) Short term diabetes mellitus is associated with
- 3. The normal range of intraocular pressure is:
  - (a) 10-20mm Hg
    - b) 2-10mm Hg
    - c) 20-50mm Hg
  - d) Below 5mm Hg
  - e) Above 60mm Hg
- 4. A 77 year old male visited OPD for the first time, his intraocular pressure was 50mm Hg, his visual fields and optic disc are difficult to observe, what is the most appropriate therapeutic approach for this patient?
  - a) Initial therapy with pilocarpine eye drops 4 times a day
  - b) Laser trabeculoplasty
  - c) Timolol eye drops 2 times a day
  - d) Latanoprost eye drops 1 drop in each eye 2 times a day
  - (e) First target is to lower the intraocular pressure and then continue with investigations and treatment plan

## 5. In primary congestive glaucoma the findings are: a) Miosed and regular with poor reaction b) Miosed and irregular with poor reaction c) Dilated and regular with good reaction d) Dilated and regular with poor reaction Mid dilated pupil with very poor reaction 6. Pupil in acute 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 Intermediate uveitis refers to the inflammation of: a) Iris b) Sclera

- c) Cornea
- @ Pars plana (ciliary body)
- 8. A patient presented with gross decrease of vision. On torch examination there was conjunctival congestion and pupil miosed. On slit lamp examination there are cells and flare in anterior chamber, which is the most probable diagnosis?
  - (a) Anterior uveitis
  - b) Acute congestive glaucoma
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  - d) Scleritis
  - e) Foreign body
- A 50 year old female came to eye opd with c/o of blurred vision, floaters and pain in eyes with redness and photophobia, on examination there were exudates around retinal vessels
  - a) Postoperative endophthalmitis
  - b) Pan uveitis
  - c) Traumatic endophthalmitis
  - d) Choroiditis
  - (e) Posterior uveitis
- 10. Mutton fat keratic precipitates are the pathognomonic sign of:
  - (a) Granulomatous uveitis
  - b) Non Granulomatous uveitis
  - c) Intermediate uveitis only
  - d) Viral uveitis
  - e) Acute anterior uveitis

- 11. A young male diagnosed with tuberculosis, was advised detailed fundus examination. On examination he was diagnosed with uveitis in his both eyes. The structure predominantly affected is a) Choroid b) tris

  - c) Retina only
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    - a) Acute anterior uvertis
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  - a) Endophthalmitis
  - b) Intermediate uveitis
  - c) Panophthalmitis
  - d) Chorioretintis
  - (e) Sympathetic ophthalmitis
- 20. A 25 year old male gives history of redness, pain and diminution of vision for past 5 days. There is also history of low backache for the past one year. On examination there is circumcorneal congestion, cornea has few keratic precipitates on endothelium, there are 2+ cells in anterior chamber and intraocular pressure is within the normal limits
  - (a.) Acute anterior uveitis
  - b. Chronic anterior uveitis
  - c. Endophthalmitis
  - d. Panophthalmitis
  - e. Panuveitis