

Tanta University Faculty of Medicine Ophthalmology Department

Master Exam. Medicine October, 2019

## Essay Qs : (80 Marks)

Time allowed 3 hours

- 1. Classify the international clinical findings of trachoma.
- 2. Discuss non-infectious keratitis.
- 3. Discuss in short retinal vasculitis.
- 4. Visual rehabilitation of a child with congenital cataract.
- 5. Enumerate side effects and contraindications of anti-glaucoma medications.
- 6. Recent advances in diagnosis of macular disorders.
- 7. Describe field changes in post-chiasmal lesions.
- 8. Different causes and manifestations of ophthalmolplegia .



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## Master Exam. Medicine Semister, October, 2019

## Essay Qs: Please discuss the following:

Marks: 210 Time allowed		wed 3 hours
1.	Discuss differential diagnosis and management of hot orb	it. 35 marks
2.	Discuss causes and diagnosis of watery eye.	35 marks
3.	Summarize the clinical approach for infective keratitis.	20 marks
4.	Discuss in short different pupillary changes in	
	neuro-ophthalmic disorders	20 marks

## MCQ: (100 Marks each 5 marks)

- 1- Allergic conjunctivitis is characterized by all the following except:
  - a. Not occurring as part of a generalized allergic reaction.
  - b. Respond to corticosteroids.
  - c. Bilateral itchy, burning, hyperemic eyes.
  - d. Often a family history of atopy.
- 2- A pterygium is similar to a pinguecula in all the following except:
  - a. It has an association with ultraviolet light.
  - b. It demonstrates elastotic degeneration of the conjunctival substantia propria.
  - c. It shows fibrovascular invasion of Bowman's membrane.
  - d. It is a degenerative process.
- 3- Mooren's ulcer is characterized by all the following except:
  - a. Circumferential and central spread of the ulcer.
  - b. peripheral ulcer with undetermined central edge of the ulcer
  - c. chronicity.
  - d. Massive Response to antibiotic.
- 4- Episcleritis:
  - a. Should be treated with topical corticosteroids or nonsteroidal anti-inflammatory agents.
  - b. Usually (>50%) is associated with a systemic disease that should be treated.
  - c. Often needs systemic corticosteroids or nonsteroids.
  - d. Is almost always a self-limited condition that, if untreated, runs its course in few days.

- 5- Giant papillary conjunctivitis is seen in all the following except:
  - a. Soft contact lens wearers.
  - b. Acrylic lens implants.
  - c. Hard contact lens wearers.
  - d. Protruding ocular sutures.
- 6- Herpetic keratitis is characterized by all the following except:
  - a. Recurrent
  - b. Central
  - c. Strictly unilateral
  - d. Shows double staining
- 7- Peters' anomaly:
  - a. Does not involve Descemet's membrane.
  - b. Is a paracentral, mid-corneal stromal defect.
  - c. May involve the crystalline lens.
  - d. Is associated with vertebral anomalies.
- 8- Which one of the following statements about age-related macular degeneration (ARMD) is true?
  - a. it is the most common cause of severe central visual loss among patients older than 50 in the United States.
  - b. the visual loss results directly from retinal pigment epithelial abnormalities.
  - c. it causes the severest visual loss in the "dry" form of ARMD.
  - d. all patients who have the "wet" form of ARMD can be successfully treated.
- 9- Which of the following is not usually associated with posterior scleritis?
  - a. Pain.
  - b. Redness and chemosis.
  - c. Blurred vision.
  - d. Chorioretinal changes.
- 10- A male child who is otherwise completely normal has leukokoria and a small eye (present at birth). The condition is probably caused by:
  - a. retinoblastoma.
  - b. persistent hyperplastic primary vitreous.
  - c. retinopathy of prematurity.
  - d. Coats' disease

11. A carotid-cavernous fistula is commonly differentiated from a dural-sinus fistula by all of the following characteristics except.

a. enopthalmosb. afferent pupillary defectc. bruitd. CN 6 palsy

- 12. A superior oblique muscle palsy is most commonly caused by
  - a. tumor
  - b. multiple sclerosis
  - c. aneurysm
  - d. trauma
- 13. Which peripheral retinal lesion has the greatest risk of a retinal detachment?
  - a. cystic retinal tuft
  - b. asymptomatic retinal hole
  - c. senile retinoschisis
  - d. lattice degeneration
- 14. The earliest sign of a macular hole is
  - a. RPE atrophy in the fovea
  - b. vitreous detachment at the fovea
  - c. yellow spot in the fovea
  - d. partial-thickness eccentric hole in the fovea

15. Reduced IOP would be most unexpected in a patient with

- a. choroidal effusion
- b. choroidal hemorrhage
- c. serous retinal detachment
- d. rhegmatogenous retinal detachment

16. Which of the following signs is the earliest to appear in the course of hypertensive retinopathy?

- a. Papilodema
- b. Soft exudates
- c. Constricted retinal arterioles
- d. Retinal hemorrhages

17.In patients with left 6<sup>th</sup> nerve palsy, diplopia is maximum on looking to:

- a. Right
- b. Left
- c. Up
- d. Down

18. Topical Carbonic anhydrase inhibitors decrease intraocular pressure by:

- a. Improving aqueous drainage.
- b. Decreasing aqueous production
- c. Reduce ocular volume
- d. Increasing uveoscleral out flow

19. In fungal keratitis, the most suitable medium for growth of the organism is:

- a. Blood agar
- b. Nutrient agar
- c. Sabaraud agar
- d. Brain heart infusion

20. Which one of the following rectus muscles is the most commonly involved in Grave's ophthalmopathy?

a. Medial

- b. Lateral
- c. Superior
- d. Inferior