



Sohag University

Faculty of Medicine

Ophthalmology Department

الفزفه الرابعه
رمه
دور اول



Date: 4/7/2018

Time: 3 Hours

Final Ophthalmology Examination

Fourth Year Students

Question (1) (16marks)

(A) Discuss the diagnosis & prophylaxis and treatment of primary (regmatogenous) retinal detachment (8 marks)

(B) Clinical picture & differential diagnosis and treatment of acute angle closure glaucoma (8 marks)

Question (2) (35marks)

Give a short account on each of the following:

- Clinical evaluation of a case of conjunctivitis (5 marks)
- Presbyopic correction (5 marks)
- Differential diagnosis of proptosis in children (5 marks)
- Causes and treatment of congenital nasolacrimal duct obstruction (4 marks)
- Causes of complicated cataract (4 marks)
- Neurokertopathies (4 marks)
- Causes of esotropia in infants and children (4 marks)
- In a table form give the differential diagnosis of optic atrophy (4 marks)

Question (3):clinical cases(27marks)

1- A 65-year-old male patient presented to ophthalmology clinic with bilateral drooping of his both upper eye lids . Examination revealed marginal reflex distance 2 mm , high lid crease ,good levator function otherwise ,ophthalmic examination is within normal

What type of ptosis has the patient ?what is degree of the ptosis and how do you assess this degree (3)

What is the surgical treatment of this condition ? (2)

2- A70-year-old farmer presented at the eye clinic complaining of acute loss of vision in the left eye. The patient's vision had been good and he had never had any complaints about his vision before this event. He noticed this condition on waking up and he came to the eye clinic immediately He had a 10-year history of hypertension, Visual examination of the left eye showed poor light perception, and eyeball pressure was 13 mmHg. Fundusoscopic examination showed mild optic papilla redness, retinal paleness and oedema (enlarged, sausage-like vein) (and macular oedema (cherry-red spot) . The right eye visual acuity was 6/6 and ophthalmic examination was normal.

1-What is the most likely the diagnosis?(1)

2-Diferential diagnosis of acute loss of vision?(3)

3-Causes of cherry –red spot at the macula?(2)

4-What is the treatment of this case?(2)

3- A 34 year old male presented to our ophthalmic clinic with complaints of pain and redness, followed by blurring of distant vision in right eye since 1 month. Past ocular history included use of Prednisolone acetate eye drop 1% three times daily, in right eye. The patient had neither similar history in the past nor had a history of trauma. He had never worn glasses earlier, and claimed

to have had clear uncorrected vision 1 month prior to the problems. He had no other co morbidities and was not on any other medications. Presenting unaided visual acuity was 6/18 which improved to 20/20 with -1.25 D Sph/-0.50 D Cyl x 100 degrees in the right eye. Versions and ductions were full, as were pupillary response to light. Anterior segment examination using slit-lamp showed pigments in corneal endothelium, grade 2 cells and flare in the anterior chamber. The pupil was miotic. Anterior 1/3rd of vitreous had 1+ cells. Dilated indirect ophthalmoscopy findings were normal. Dilated retinoscopy with Tropicamide was +0.25/+0.75/90/180 and subjective refraction was -1.25 D Sph/-0.50 D Cyl x 100 degrees which improved the visual acuity to 6/6.

- 1- What is the diagnosis?(1)
 - 2- What type of investigations are requested to confirm your diagnosis?(2)
 - 3- What are the complications which may occur to this patient?(2)
 - 4- What are the modalities of treatment that the patient may get benefit?(2)
 - 5- What is the cause of diminution of vision in this patient?(2)
- 4- A 3-year-old child who was brought in to see the ophthalmologist because her parents noted drifting of her left eye(squint), They noted a white lesion appearing through the pupil. The anterior segment examination of both eyes was normal, but fundus exam of the left eye was difficult because of diffuse vitreous opacities.
- 1- What is most likely the diagnosis?(1)
 - 2- What investigations are requested to confirm your diagnosis?(2)
 - 3- What is the differential diagnosis of this case?(2)
 - 4- What are the options of treatment?(2)

(4)MCQ (20 marks)

- 1- Topical steroids are contraindicated in a case of viral corneal ulcer for fear of:
- Secondary glaucoma
 - Cortical cataract.
 - Corneal perforation
 - Secondary viral infection
- 2- Advanced keratoconus is least to be corrected when treated by:
- Hard contact Lens,
 - Rigid gas permeable (RGP) contact lens
 - Spectacles.
 - Keratoplasty.
- 3-the correct management of acute central artery occlusion is:
- Intravenous thrombolysis
 - Intra arterial thrombolysis
 - Heparinization
 - Reduction in intraocular pressure
- 4- which of the followings are major criteria of Behcet's disease :
- uveitis (with a symptoms of Uveitis causes redness, pain and blurred vision in one or both eyes. In people with Behcet's disease, the condition and may come and go.
 - painful oral ulcers
 - Genital ulcers
 - skin lesions (erythema nodosum ,cutaneous vasculitis)
 - All of the above
- 5- A 65-year-old male patient presented to ophthalmology clinic with watering of the Rt. eye. Examination revealed visible lower punctum without eversion. The appropriate treatment is:
- Dacryocystorhinostomy (DCR)
 - antibiotic eye drops.
 - Steroid eye drops
 - lid surgery.
 - Probing and syringing.
- 6- the following are causes of band keratopathy except:
- Chronic iridocyclitis in adults
 - Idiopathic in elderly

- c- Phthisis bulbi
- d- Old retinal detachment

7-Adult patients presenting with epiphora with complete obstruction at sac –duct junction would be expected to have

- a- Negative dye disappearance test /positive Jones 111
- b- Positive dye disappearance test/ positive Jones 1
- c- Positive dye disappearance test/ negative Jones 1
- d- Negative dye disappearance test /positive Jones 11

8- the classic slit lamp finding of staphylococcal blepharitis is :

- a-flower
- b -rosette
- c –collarettes
- d- circular

9-Which one of the following statements regarding megalocornea is false?

- a-this condition is defined as a clear normal – appearing cornea with a diameter measuring greater than 13 mm.
- b- this condition is often associated with anterior megalophthalmos, an autosomal dominant disorder .
- c-the simple form of megalocornea is usually seen bilaterally
- d-tearing and IOP are important factors in the workup .

10-One of these is not manifested by ciliary injection:

- a-Corneal ulcer
- b-Viral conjunctivitis.
- c-Acute congestive glaucoma.
- d-Acute iridocyclitis.

11-Persistent unilateral conjunctivitis is usually due to:

(5)

- a-Purulent conjunctivitis.
- b-Chronic dacryocystitis.
- c-Mucopurulent conjunctivitis.
- d-Foreign body

12-All the following can be caused by chlamydial infection except:

- a-Ophthalmia neonatorum
- b-Trachoma.
- c-Inclusion Conjunctivitis.
- d-Central corneal ulcer

13-Which is true about vernal conjunctivitis :

- a-Always unilateral.
- b-Usually occurs in young boys.
- c-Antibiotic drops are the main therapy.
- d-Main symptom is foreign body sensation

14-Pinguecula is:

- a-Fatty degeneration.
- b-Hyaline degeneration.
- c-Elastoid hyaline degeneration.
- d-Elastoid degeneration

15-Patient had a pterygium, excised since one month, and starts to see double vision, this may be due to:

- a-Medial rectus weakness.
- b-Lateral rectus paralysis.
- c-Symblepharon formation
- d-Recurrence

16-The levator palpebrae superioris is inserted into the following structures except:

- a-Skin of upper eye lid

- b-Upper border of tarsus
- c-Bulbar conjunctiva
- d-Medial orbital margin & medial palpebral ligament

17-the most important examination in case of congenital ptosis is:

- a-The state of extraocular muscles
- b-Fundus examination
- c-Amount of levator function
- d-Pupillary light reflex

18-which of the following concerning polar cataracts is correct?

- a-anterior polar cataracts usually cause more visual disturbance than posterior polar cataracts .
- b-posterior polar cataracts have been associated with remnants of tunica vasculosa lentis .
- c-both anterior and posterior polar cataracts can be sporadic or recessively inherited .
- D-posterior polar cataracts invariably progress to complete cataracts .

19-A vision threatening delayed complication of central retinal vein occlusion is

- a. macular degeneration
- b. Retinal detachment
- c. Retinal neovascularization
- d. neovascular glaucoma

20-in cataract surgery the extracted lens is replaced by an implant that is usually placed where:

- A-within the iris plane
- b. within the lens capsule
- c-within the anterior chamber of the eye
- d. -between the lens capsule and the vitreous

مع تمنياتنا لكم بالنجاح والتفوق
الا متحان العملي الساعة الواحدة با تقسم اليوم ٧/٤ لكل الدفعة من رقم ٤٠٠١ حتى ٤٠١٥ من
الساعة ٢-١ وباقي الدفعة من الساعة ٢-٣

(7)