

الفرقة الرابعة
دور ثانى
جامعة سوهاج

Sohag University

Faculty of Medicine

Community Medicine & Public Health department

Date: 24 / 9 / 2018

(دور ثانى)

Time allowed: 3 hours

Exam of Community Medicine & Public Health

Part One: Write short notes on the followings:

Question 1:

(30 Marks)

- A) Risk factors of acute respiratory infections.
- B) Congenital Rubella syndrome.
- C) Predisposing factors of Tuberculosis.

Question 2:

(30 Marks)

- A) Conditions favoring Cholera epidemics.
- B) Major modes of HBV transmission.
- C) Risk factors of Diarrheal diseases.

Question 3:

(30 Marks)

- A) Prevention of Food poisoning.
- B) Rational for Health Sector Reform.
- C) Key preventive measures of AIDS.

Question 4:

(30 Marks)

- A) Occupational Heat disorders.
- B) Steps of Water purification.
- C) Delegation of authority.

Part Two: Answer the followings:

Question 5:

True or False:

(30 Marks)

- 1- Chest X ray is the most cost-effective method of screening pulmonary TB suspects referring to health services. ()
- 2- DOTS is the most effective strategy available for controlling the TB epidemic today. ()
- 3- The presence of HBS Ag. indicates that the patient is highly infectious. ()
- 4- Pregnancy is a contraindication for receiving hepatitis B vaccine. ()
- 5- HCV is primarily parentally transmitted, sexual transmission has been documented to occur but is far less efficient or frequent than the parenteral route. ()

- 6- Generalized tetanus is an uncommon form of the disease. ()
- 7- Excluding typhoid carriers from handling food and from providing patient care is an important secondary prevention measure. ()
- 8- Canned foods are the source of infection in Staphylococcal food poisoning ()
- 9- The prophylactic antibiotic agent in case of meningococcal disease is Penicillin. ()
- 10- When an outbreak of meningococcal disease occurs, major emphasis must be placed on careful surveillance, early diagnosis and immediate treatment of suspected cases. ()

Good Luck

الفرفه الرابعه

رصد

دور ثمانين



Sohag University
Faculty of Medicine
Ophthalmology Department



Date: 19/9/2018
Time: 3 Hours

Final Ophthalmology Examination
Fourth Year Students

Question (1) (30 marks)

- (A) management of acute iridocyclitis (15 marks)
(B) Clinical picture & treatment of hypopyon ulcer (15 marks)

Question (2) (55marks)

Give a short account on each of the following:

- (a) Clinical evaluation of a case of conjunctivitis (10 marks)
(b) Fundus picture of central retinal vein occlusion (10 marks)
(c) Types and treatment of blepharitis (15marks)
(d) Types and treatment of myopia (10marks)
(e) Clinical picture of paralytic squint(10 marks)
(f) **Question (3)clinical case (20marks)**

- 1- A 45-year-old female patient presented to ophthalmology clinic with severe pain around here left eye 2days ago associated with acute loss of vision in this eye. ophthalmic Examination of her left eye revealed conjuctival congestion with ciliary flush ,IOP 50 mmhg , pupil dilated fixed and cornea is slightly edematous , here

vision was just perception of light , here right eye was within normal ophthalmic examination with shallow AC

What is your diagnosis ? (4 marks)

What is the management of this case? (4 marks)

Differential diagnosis of dilated fixed pupil (4 marks)

Differential diagnosis of ciliary flush (4 marks)

Causes of unilatéral acute loss of vision? (4marks)

QUESTION (4) MCQ (20MARKS)

1- Topical steroids are contraindicated in a case of viral corneal ulcer for fear of:

- a. Secondary glaucoma
- b. Cortical cataract.
- c. Corneal perforation
- d. Secondary viral infection

2- Advanced keratoconus is least to be corrected when treated by:

- a. Hard contact Lens,
- b. Rigid gas permeable (RGP) contact lens
- c. Spectacles.
- d. Keratoplasty.

3-the correct management of acute central artery occlusion is:

- a- Intravenous thrombolysis
- b- Intra arterial thrombolysis
- c- Heparinization
- d- Reduction in intraocular pressure

4- which of the followings are major criteria of Behcet's disease :

a-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.

b-painful oral ulcers

c-Genital ulcers

d-skin lesions (erythema nodosum ,cutaneous vasculitis)

e 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:

- a. Dacryocystorhinostomy (DCR)
- b. antibiotic eye drops.
- c- Steroid eye drops
- d. lid surgery.
- e. Probing and syringing.

6- the following are causes of band keratopathy except:

- a- Chronic iridocyclitis in adults
- b- 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.