- 1. A 60 year old man presents with a 10 day history of left periorbital and facial erythema and edema but no orbital signs. Visual acuity is 20/20 OU, and extraocular motility is full. There is no relative afferent papillary defect. The history is negative for previous trauma, recent insect bite, and inciting event. What is the most appropriate next step of action? b. Orbital ultrasongraphy
 - a. Steroids
 - c. Computed tomography (CT) d. Topical antibiotics
- 2. A 4-year old child presents with lytic bony changes on CT and a superotemporal orbital mass. Histologic examination of the tissue shows fibrous connective tissue and an infiltrate of eosinophils and histiocytes. What systemic condition is most likely to be associated with these findings?
 - a. Diabetic melilitus b. Growth hormone deficiency
 - c). Absence of the septum pellucidum d. Diabetic insipidus
- 3. What technique is usually needed to repair a large lower eyelid defect involving more than 50% of the eyelid?
 - a. Primary closure
 - b. Spontaneous granulation
 - c. Cutler-Beard procedure
 - d. Modified Hughes procedure
- 4. What is the most crucial step in successful external DCR?
 - a. use of general anaesthesia
 - b. biopsy of the lacrimal sac
 - c. osteotomy through the lacrimal sac fossa and into the nose
 - d. suturing of posterior mucosal flaps
- 5. If all the nerves passing through the annulus of Zinn were transacted, what nerve would continue to function?
 - a. Superior division of cranial nerve III
 - b. Cranial nerve IV
 - c. Nasociliary branch of cranial nerve V (Vi)
 - d. Optic nerve
- 6. What is the ratio of optic nerve axons that cross at the optic chiasm to those the not cross at the optic chiasm?
 - a. 67:33 b. 50:50 d. 53:47 c. 30:70

7. Mutations in the rhodopsin gene are associated with what inherited ocular disease?

- a. Juvenila glaucoma b. Leber glaucoma c). Retinitis pigmentose d. Stargadt disease
- 8. Mitochondrial inheritance is transmitted by what route? b. Maternal mitochondria a. Paternal mitochondria
 - d. De novo mitochondria c). Acquired mitochondria
- 9. What options most accurately describes the immunoglobulin(s) that can be found in the tear film?

a. IgA only	b. IgA and IgG only	
c). IgG and IgM only	d.IgA, IgG, IgM, and IgD	D

D

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D

- 10. What is the principal structural protein in the Descemet membrane?
 - a. Type I collagen
 - c). Type III collagen d. Type IV collegen

11. What pigment within the retinal pigment epithelium is responsible for the signal generated in fundus auto fluorescence imaging?

b. Type II collegen

- b. Lipofuscin a. Melanin
- c). Rhodopsin d. Lutein

12. What is a clinically important property of brimonidine

- a. Brimonidine is a selective a 1- adrenergic agonist
- b. Brimonidine is more lipophilic than apraclonidine
- c. Brimonidine has been associated with tachycardia and hyperventilation when used in infants.
- d. Rates of tcahyphylaxix and allergic reaction are higher in brimonidine than in apraclonidine.
- 13. A Placido disk- based corneal topographer uses what technology?
 - a. Scanning slit beam of light swept across the cornea.
 - b. Laser reflected off the retina and captured by a lenslet array
 - c. Image of a series of concentric rings reflected off the cornea
 - d. Ultrasonic image of the corneal surface.
- 14. Prior to refractyive surgery, how long should patients be advised to avoid use of rigid contact lenses?
 - a. 1 week b. 3 week
 - c). 6 week d. 12 week
- 15. What is the mechanism of action of presbyopic inlays?
 - a. Induced multifocality b. Pinhole effect
 - c). Increased corneal thickness d. Reduced corneal refractive power

16. What vitamin is responsible for generation of singlet oxygen in corneal cross linking?

- a. Thiamine(B1) b. Niacin (B₂)
- d. Pantothenic acid (B12) c). Riboflavin (B2)
- 17. A patient presents with nuclear cataracts in both eyes. He has a history of a bilateral 16incision RK procedure with a 3- mm optical zone. His vision is limited to m20/60 best distance vision in both eyes related to the cataracts, and the undergoes cataract surgery and IOL implantation. At this 2- week postoperative visit , his vision is corrected to 20/25+ with a measured refractive error of $+1.50 - 0.50 \times 120$. He is very unhappy with his uncorrected vision, as he had hoped for either an emmetropic or a slight myopic outcome. What is the next best option for this patient?
 - a. Perform an IOL exchange, as it appears the choice of IOL power was incorrect, leaving him hyperopic. D
 - b. Plan surface ablation to correct his hyperopic outcome.
 - c. Inform him that this is a typical outcome in RK eyes and that there is nothing more than can be done and glasses are the best option.
 - d. Assure him that with time and as the swelling of the cornea resolves, the hyperopia may lessen, requiring follow- up and monitoring.







С



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18.	The	develo	pment	of the	lens	of the	eye?

- a. Begins at the 3rd week of gestation triggered by interaction between surface ectoderm and optic vesicle.
- b. Begins at 4th week triggered by interaction between mesoderm and optic vesicle.
- c. Begins at 5th week due to stimulus from the optic stalk
- d. Begins at 3rd week of gestation due to stimulus between mesoderm and the optic vesicle.

Α

19. Presistant papillary membrane represents a. Remanants of hyaloids system of vessels В b. Remanants of iris- vascular system c. Degenerative fibres of iris- stroma d. Exudative membrane in the papillary region after treatment 20. All is true of problems of aphakic spectacle corrections except a. An image magnification of 30% b. Spherical aberration producting pin- cushion effect D c. A jack in the box ring scotoma from prismatic effect at lens edge d. Enlarged visual field 21. Paralysis of accommodation may be seen in all the given except a. Syphilis D b. Diphtheria d. Neurofibromatosis c). Diabetes 22. Increase of blood sugar in diabetics leads to a. Increase in myopia b. Increase in hypermetropia Α c). Increase in presbyopia d. Decrease of myopia 23. The anisokenia in a uniocular aphake using contact lens is b. 33% a. 0% С d. 50% c). 7-8% 24. The mannitol used for intravenous purposes in case of glaucoma С b. 10% a. 5% c). 20% d. 50% 25. Electrolysis for misdirected cilia involves the use of a current of strength? b. 10 ma a. 2 ma Α d. 500 ma c). 100 ma 26. Drooping of the upper lid margin below its normal position is called as ? a. Lid lag b. Blepharoptosis В d. Blepharophimosis c). Lagophthalmos 27. The orbital part of the main lacrimal gland placed in the frontal bone has got ducts running to open into lateral fornix. The number of these ducts is? a. 2 – 4 b. 4 - 6 D c). 8 – 10 d. 10 - 12 28. Occlusion of the canaliculus may result from? a. Foreign body b. Prolonged use of IDU (Idoxyuridine) D c). Eyelash

d. All of the above

29. Dacryocystorhinostomy is contraa. Rhinosporodiasis of sacc). Tuberculosis of sac	b. Syphilis	D
 30. One of the commonest causes of o a. Spread of infection from adjace b. Deep injuries c. Retinoblastoma's d. Melanomas 		Α
31. Periostitis is a inflammation of the a. Injuryb. Extension of inflammation from c. TB or syphilisd. All of the above	C C	D
32. Amyloidosis of the conjunctiva isa. Part of a systemic secondary asb. Part of a systemic primary amyc. Occurs often unassociated withd. All of the above	myloidosis	C ody?
33. Watering of the eye in a new borna. Conjuctivitisb. Absence of naso-lacrimal ductc. Trachomad. Absence of lacrimal glands	is due to?	Α
34. Irrespective of etiological diagnosa. Corticosteriodc). Antibiotics	is of corneal ulcer one drug is always i b. Atropine d. Antifungal	ndicated?
35. Dendritic ulcer is characteristic of a. Fungalc). Parasitic	f? b. Bacterial d. Viral	D
36. Refractive index of cornea is?a. 1.3375c). 1.654	b. 1.756 d. 1.376	D
37. Early loss of corneal sensation occa. Bacterial ulcerc). Viral ulcer	urs in? b. Fungal ulcer d. Traumatic ulcer	С
38. Increased corneal diameter in Toc a. Myopiac). Glaucoma	ldlers may indicate? b. Hypermetropia d. Tumours	С
39. Broad based posterior synechiae isa. Non granulomatous uveitisc). Heterochromic cyclitis	s a feature of? b. Granulomatous d. Choroiditis	В

40. Acute glaucoma can be distingua. Dilated pupilc). Ciliary congestion	ished from acute uveitis by? b. Shallow anterior chamber d. Sector iris atrophy	Α
41. The usual normal intra0ocular to a. 8 to 10 mmHg	ension is? b. 10 to 12 mmHg	С
c). 15 to 22 mmHg42. The angle of anterior chamber ca	d). 22 to 25 mmHg an be visualized by?	
a. Gonioscope c). Ophtalmoscope	b. Specular microscope d. Tonometer	Α
43. Aphakic glaucoma may result fr a. Pupillary block		
b. Peripheral anterior synechiaec. Epithelialization of anterior ofd. All of the above		D
	tion of glaucoma should be done at the	age of?
a. 30 years c). 50 years	b. 40 years d. 60 years	В
45. The blind spot corresponds to? a. Fovea centralis	b. Macula	
c). Equatorial	d. Optic disc	D
46. Prolonged use of local corticoste a. Cataract	eroids drops may lead to? b. Glaucoma	[]
c). Cataract and glaucoma	d. Retinal detachment	C
47. Posterior capsular cataract is du a. Uveitis	e to?	
b. Persistance of posterior partc. Concussional injury	of vascular sheath of the lens	D
d. Perforating injury		В
48. A cataract with a typical polychr a. Cataract associated with dial		
b. Complicated cataractc. Senile cataract		В
d. Morgagnian cataract		
 49. The best choice for a 10 year old a. Extra capsular surgery with a b. Intra/Extra capsular surgery c. Extra capsular surgery with a d. Intracapsular surgery with capsular surgery 	r with spectacles Intra ocular lens	due to injury is?
50. Diabetic mellitus cause the follo a. Cataract	wing in the eye? b. Episcleritis	
c). Neuroparalytic keratitis	d. Band shaped keratopathy	A

- 51. Which of the following nerves is located outside of the cavernous sinus?
 - a. Opticb. Oculomotorc). Abducensd. Oculosympathetic
- 52. Visual evoked potential (VEP) testing is most helpful in the diagnosis of which condition?
 - a. Glaucoma b. Compressive optic neuropathy
 - c). Demyelinating optic neuropathy d. Cone dystrophy
- 53. What is the best predictor for the future risk of multiple sclerosis (MS) in a patient after a first episode of optic neuritis?
 - a. Enhancement of the optic nerve on orbital MRI
 - b. Periventricular white matter lesions on brain MRI
 - c. Oligoclonal bands in the cerebrospinal fluid
 - d. Worsening of vision with exercise (Uhthoff phenomenon)
- 54. What symptoms should suggest arteritic anterior inchemic optic neuropathy in a patient with an acute optic neuropathy?
 - a. Sudden vision loss
 - b. Pain that accompanies eye movements
 - c. Prior transient monocular visual loss
 - d. Severe color vision deficit
- 55. What is the term for the illusion of an object that moves in an elliptical path rather than a straight line following a bout of demyelinating optic neuritis.
 - a. Riddoch phenomenon
 - b. Pulfrich phenomenon
 - c. Palinopsia
 - d. Optic ataxia
- 56. Anisocoria that is greater in the light than in the dark that does not respond to pilocarpin 1% is most likely due to what condition?
 - a. Physiologic anisocoria
 - b. Pharmacologic papillary dilation
 - c. Adie pupil
 - d. CN III palsy
- 57. A 61- year old taxi driver reports contracted vision in both eyes, which has caused difficulty while driving for almost 2 months. Visual acuity is normal, and kinetic perimeter shows a diffuse generalized constricted visual field with a 10 degree central island in both eyes. Tangent screen tests at 1 and 2 meters do not show any change in the size of the defect. What is the most likely cause of constricted visual fields
 - a. Retinitis pigmentosa
 - b. Glaucoma
 - c. Bilateral occipital lobe stroke
 - d. Nonorganic vision loss



В











- 58. A 48-years old women suddenly develops painful vision loss in her right eye. Two weeks later, she develops similar symptoms in her left eye. Her examination shows visual acuity when counting fingers with the right eye and hand motion with the left eye, no relative afferent papillary defect but sluggish pupils, normal dilated examination in the right eye and mid ONH edema in the left eye. MRI shows bilateral enhancement of the optic nerves. After treatment with IV methyprednisolone, she experiences only minimal vision recovery. What underlying condition is the most likely cause of her bilateral vision loss?
 - a. MS
 - b. Neuromyelitis optic
 - c. Giant cell arteritis
 - d. Adverse effect of fingolimod treatment

59. Langhans giant cells are typically observed in histologic specimens obtained from patients with what disorders?

- a. Bacterial infection
- b. Lymphoma
- c. Sarcoidosis
- d. Orbital pseudotumor
- 60. Commotio retinae corresponds to what histologic change?
 - a. Presence of subretinal fluid (localized neurosensory detachment)
 - b. Disruption in the architecture of the inner and outer segments of the photoreceptors
 - c. Ischemia of the nerve fiber layer
 - d. Disruption of myelin in the nerve fiber layer(NFL)

D	В
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С

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