

Tanta UniversityFaculty of MedicineOphthalmology DepartmentDiploma exam in Ophthalmic MedicineJune 1st, 2021

Time allowed: 2 hours

Total marks: 120

Part I:

Write a short essay in the following 3 items: (60 Marks)

- 1. Thyroid eye disease; etiology, clinical picture and treatment. (20 marks)
- 2. Clinical picture, complications and treatment of fungal keratitis. (20 marks)
- 3. Diabetic retinopathy; types, clinical picture, complications and treatment (20 marks)

Part II:

20 MCQs (3 marks each): Choose only one best correct answer

- 1- On examining a patient complaining of ocular irritation, the upper tarsal conjunctiva of both eyes were hyperemic and showing follicles and papillae that were diagnosed to be caused by chlamydia trachomatis. According to MacCallan's Classification, this patient having which one of the following stages of trachoma?
 - Α. ΤΙ
 - B. TII
 - C. T III
 - D. TIV
- 2- Ocular discharge is expected to be rich in eosinophil cells in which one of the following types of conjunctivitis?
 - A. Bacterial
 - B. Viral
 - C. Ophthalmia neonatorum
 - D. Vernal

- 3- All of the following are correct regarding a true conjunctival membrane, except:
 - A. The underlying epithelium is intact.
 - B. Granulation tissue is present.
 - C. Bleeding occurs when the membrane is removed.
 - D. Fibrinopurulent exudates may occur.
- 4- Follicular conjunctivitis are typically more severe inferiorly than superiorly, *except* in:
 - A. Adult inclusion conjunctivitis
 - B. Epidemic keratoconjunctivitis
 - C. Trachoma
 - D. Medicamentosa
- 5- Severe ocular pain that is out of proportion to the clinical signs is usually associated with keratitis caused by which one of the following organisms?
 - A. Acanthamoeba
 - B. Herpes simplex
 - C. Pneumococci
 - D. Aspergillus flavus
- 6- Which one of the following types of ptosis can get worse late in the day?
 - A. Congenital
 - B. Senile
 - C. Neurogenic
 - D. Hysterical

7- Which of the following pathologies can be a manifestation of vitamin C deficiency?

- A. Nystagmus
- B. Extraocular muscles palsy
- C. Retinal hemorrhages
- D. Keratoconus

8- The visual field defect most characteristic of optic neuritis is:

- A. altitudinal
- B. central
- C. quadrantanopia
- D. arcuate

9- Which cranial nerve is most prone to injury in the cavernous sinus?

- A. 3
- B. 4
- C. 5
- D. 6

10- On examining the angle of anterior chamber of one patient, the scleral spur is seen. According to Shaffer's grading system of the anterior chamber angle, what will be the grade of the angle of this patient?

- A. One
- B. Two
- C. Three
- D. Four

11- Which one of the following is the most important risk factor associated with cataract?

- A. Diabetes.
- B. Corticosteroid use.
- C. Age.
- D. Genetic factors.

12- Which one of the following groups of anti-glaucomatous drugs act mainly by increasing uveoscleral outflow?

- A. Beta blockers
- B. Prostaglandins analogues
- C. Miotics
- D. Carbonic anhydrase inhibitors

13- Which one of the following types of glaucoma is more common in females?

- A. Primary open angle
- B. Primary closed angle
- C. Pigmentary
- D. Pesudoexfoliative

14- Which one of the following is the most common site for complicated cataract to develop?

- A. Anterior subcapsulrar
- B. Posterior subcapsular
- C. Nuclear
- D. Equatorial

15-Galactosaemia is associated with which one of the following types of cataract?

- A. Christmas tree
- B. Oil drop.
- C. Snow flake
- D. Sunflower

16-Which one of the following is a side effect of systemic acetazolamide?

- A. Paraesethia
- B. Bronchospasm
- C. Iris hyperpigmentation
- D. Heart failure

17-During angiographies, which one of the following is the best dye to assess the choroidal circulation?

- A. Indocyanine green
- B. Lissamine green
- C. Fluorescein
- D. Rose Bengal

18- Which of the following lesions causes anisocoria with normal light reflex?

- A. Horner's syndrome
- B. optic neuritis
- C. 3rd nerve palsy
- D. Unilateral application of topical mydriatics

19-Palsy of which of the following cranial nerves causes crossed double images?

- **A.** 3rd
- **B.** 4th
- **C.** 5th
- **D.** 6th

20- "Masquerade syndrome" can be caused by which one of the following pathologies?

- A. Orbital pseudotumours
- B. Behcet disease
- C. Retinoblastoma
- D. Posterior scleritis

END OF EXAM

Good luck

I anta UniversityFaculty of MedicineOphthalmology Department

Surgery April 2021

Discuss:

(20 degrees each)

- 1. Surgical management of Keratoconus.
- 2. Surgical management of congenital nasolacrimal duct obstruction.
- 3. Complications of silicone oil in retinal detachment surgery

MCQ:

(3 degrees each)

1. What mechanism of angle closure glaucoma can be treated with iridotomy?

- A. Iridocorneal endothelial syndrome.
- B. Aqueous misdirection.
- C.Neovascularization of the angle.
- D. Pupillary block.

2. A 10 months old child with a history of strabismus surgery for congenital esotropia presents with a history of a right eye that has begun to spontaneously drift upward several times a day. The most likely diagnosis is?

- A. Superior oblique paralysis.
- B. Orbital fat adherence syndrome.
- C. Consecutive hypertropia.
- D. Dissociated vertical deviation.

3. In paralytic squint:

A. Primary angle of deviation > Secondary angle of deviation.

B. Primary angle of deviation < Secondary angle of deviation.

C. Primary angle of deviation = Secondary angle of deviation.

D. None of the above.

4. A subluxated lens:

A. If visually significant may be an indication for surgery.

B. Will always progress and should be removed.

C. Is located outside the posterior chamber in the anterior chamber or vitreous compartment.

D. If removed will protect against the development of angle-recession glaucoma.

5. For retinal tear without associated retinal detachment, what course of action is indicated?

A. Laser or cryopexy treatment if chronic and asympotomatic.

B. Observation if acute and sympotomatic.

- C. Laser or cryopexy treatment if acute and sympotomatic.
- D. Observation, regardless of symptoms.

6. Dehiscence of the levator aponeurosis:

A. Is typically associated with poor levator function.

- B. Is associated with an abnormally high or indistinct upper eyelid crease.
- C. Occurs in 6% of patients after cataract surgery.
- D. May be caused by contact lens wear.

7. All the following modalities may be indicated in the treatment of retinopathy of prematurity <u>except:</u>

A. Retinal cryotherapy or laser photocoagulation.

B. Pars plana lensectomy alone.

C. Scleral buckling.

D. Vitrectomy with lensectomy.

8. All of the following statements are true about anterior lamellar keratoplasty except:

A. Deep anterior lamellar keratoplasty is effective in patients with keratoconus.

B. It is used as a tectonic graft for structural support.

C. It carries a higher risk of endothelial rejection than traditional penetrating keratoplasty.

D. Complications are less serious than penetrating keratoplasty.

9. Corneal collagen cross linking should not be performed in:

A. Progressive Keratoconus.

- B. Central corneal thickness below 400 microns.
- C. Central corneal thickness above 450 microns.
- D. Steep K above 48 D.

10. Special consideration when performing penetrating keratoplasty in children includes all of the following <u>EXCEPT</u>:

A. Oversized graft

- B. Scleral support during surgery
- C. Early removal of sutures postoperative.
- D. Frequent postoperative follow up.

- III CHADED OF THE CORD REPRESENTED
- A. Ocular trauma.
- B. Diabetic eye disease.
- C. Optic papillitis.
- D. Ocular tumours.

12. Conjunctivo DCR is indicated for relief of epiphora due to:

- A. Nasolacrimal duct obstruction.
- B. Punctal agenesis.
- C. Medical lower eyelid ectropion.
- D. Common canalicular obstruction.

13. Orbital excentration involves removal of the:

- A. Eye, orbital soft tissue and periorbitia.
- B. Eye only.
- C. Contents of the globe, leaving the eye undisturbed.
- D. Bone adjacent to the orbit such as paranasal sinuses.

14. The intraoperative pathognomonic sign of sudden rupture of the posterior capsule during hydrodissection is:

- A. Rapid shallowing of the anterior chamber.
- B. Loss of red reflex.
- C. Pupil snap sign.
- D. Rapid increase in intraocular pressure.

15. Blepharophimosis, all of the following is true except

- A. Is an autosomal dominant condition
- B. Epicanthus inversus is a feature
- C. Has nasal bridge hypoplasia
- D. Has hypertelorism

E. Is associated with mental retardation

16. In a patient with laceration to the upper lid, choose correct answer:

- A. The presence of fat herniation indicates the orbital septum is penetrated
- B. The orbital septum should be resutured if penetrated
- C. In the presence of ptosis, exploration should be delayed for at least 72 hours to avoid retrobulbar haemorrhage
- D. Ptosis is usually caused by damage to the oculomotor nerve

17- With regard to laser, choose the correct answer:

- A. Xanthophll absorb green light
- B. Diode laser penetrate vitreous haemorrhage
- C. Argon blue-green is commonly used for grid laser
- D. YAG laser produces red colour
- E. Ophthalmic laser is classified as type I laser

18- Local anaesthetic injections are less painful if:

- A. The anaesthetic is cooled.
- B. They are combined with adrenaline
- C. They are given rapidly
- D. The pH is neutralized prior to administration

19- Gold weight is placed pretarsally in the upper lid in:

- A- Ankyloblepharon
- **B-** Involutional ectropion
- C- Lagophthalmos VII nerve palsy (Bell's palsy)
- D- Spastic entropion of upper lid

20- Clinical features of total 3rd nerve palsy include all of the following except:

- A. Large angle exotropia with small hypertropia and extorsion
- B. Face turn to opposite side
- C. Ptosis
- D. Dilated fixed pupil

Good luck

Tanta University

Faculty of Medicine

Ophthalmology Department



17/5/2021

Diploma exam; Medicine (All questions must be answered) (Time allowed: 3 hours)

| 1. | Discuss diagnosis and treatment of central retinal vein occlusion. | (10 marks) |
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| 2. | Discuss clinical picture and treatment of orbital cellulitis. | (10 marks) |
| 3. | Discuss clinical picture and treatment of vernal keratoconjunctivitis. | (10 marks) |
| 4. | Enumerates causes of leucokoria in children. | (10 marks) |
| 5. | Discus etiology, clinical picture and treatment of dendritic corneal ulcer. | (10 marks) |
| 6. | Discuss latent squint, definition, etiology, clinical picture and treatment. | (10 marks) |
| 7. | Discus clinical picture and treatment of anterior uveitis. | (10 marks) |
| 8. | Discuss visual field defects in primary open angle glaucoma. | (10 marks) |
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Good luck