Eyelids, conjunctiva, cornea & sclera

1. Distichiasis is:
   a. Misdirected eyelashes
   b. Accessory layer of eyelashes
   c. Downward drooping of upper lid
   d. Outward protrusion of lower lid

2. Band shaped keratopathy is commonly caused by deposition of:
   a. Magnesium salt
   b. Calcium salt
   c. Ferrous salt
   d. Copper salt

3. Irrespective of the etiology of a corneal ulcer, the drug always indicated is:
   a. Corticosteroids
   b. Cycloplegics
   c. Antibiotics
   d. Antifungals

4. Dense scar of cornea with incarceration of iris is known as:
   a. Leucoma adherence
   b. Dense leucoma
   c. Ciliary staphyloma
   d. Iris bombe

5. The treatment of photo-ophthalmia is:
a. Atropine  
b. Steroids  
c. Dark glasses  
d. Patching and reassurance  

6. Corneal sensations are lost in:  
a. herpes simplex  
b. Conjunctivitis  
c. Fungal infections  
d. Marginal keratitis  

7. The color of fluorescein staining in corneal ulcer is:  
a. Yellow  
b. Blue  
c. Green  
d. Royal blue  

8. Phylecten is due to:  
a. Endogenous allergy  
b. Exogenous allergy  
c. Degeneration  
d. None of the above  

9. A recurrent bilateral conjunctivitis occurring with the onset of hot weather in young boys with symptoms of burning, itching, and lacrimation with large flat topped cobble stone papillae raised areas in the palpebral conjunctiva is:
A. Trachoma  
B. Phlyctenular conjunctivitis  
C. Mucopurulent conjunctivitis  
D. Vernal keratoconjunctivitis

10. Which of the following organism can penetrate intact corneal epithelium?
A. Strept pyogenes  
B. Staph aureus  
C. Pseudomonas pyocyanaea  
D. Corynebacterium diphtheriae

11. A 12 years old boy receiving long term treatment for spring catarrh, developed defective vision in both eyes. The likely cause is;
a. Posterior subcapsular cataract  
b. Retinopathy of prematurity  
c. Optic neuritis  
d. Vitreous hemorrhage

12. A young child suffering from fever and sore throat began to complain of lacrimation. On examination, follicles were found in the lower palpebral conjunctiva with tender preauricular lymph nodes. The most probable diagnosis is:
a. Trachoma  
b. Staphylococal conjunctivitis  
c. Adenoviral conjunctivitis  
d. Phlyctenular conjunctivitis
13. Bandage of the eye is contraindicated in:
   a. Corneal abrasion
   b. Bacterial corneal ulcer
   c. Mucopurulent conjunctivitis
   d. After glaucoma surgery

14. Ten years old boy complains of itching. On examination, there are mucoid nodules with smooth rounded surface on the limbus, and mucous white ropy mucopurulent conjunctivitis discharge. He most probably suffers from:
   a. Phlyctenular conjunctivitis
   b. Mucopurulent conjunctivitis
   c. Bulbar spring catarrh
   d. Purulent conjunctivitis

15. In viral epidemic kerato-conjunctivitis characteristically there is:
   a. Copious purulent discharge
   b. Copious muco-purulent discharge
   c. Excessive watery lacrimation
   d. Mucoid ropy white discharge

16. Corneal Herbert's rosettes are found in:
   a. Mucopurulent conjunctivitis
   b. Phlyctenular keratoconjunctivitis
   c. Active trachoma
   d. Spring catarrh
17. A patient complains of maceration of skin of the lids and conjunctiva redness at the inner and outer canthi. Conjunctival swab is expected to show:

a. Slaphylococcus aureus.
b. Streptococcus viridans.
c. Streptococcus pneumonae
d. Morax- Axenfield diplobacilli

18. Tranta's spots are noticed in cases of:

a. Active trachoma
b. Bulbar spring catarrh
c. Conical phlycten
d. vitamin A deficiency.

19. A painful, tender, non itchy localized redness of the conjunctiva can be due to:

a. Bulbar spring catarrh.
b. Episcleritis.
c. Vascular pterygium.
d. Phlyctenular conjunctivitis.

20. In trachoma the patient is infectious when there is:

a. Arlt's line
b. Herbert's pits
c. Post-trachomatous concretions.
d. Follicles and papillae in the palpebral conjunctiva.
21. A female patient 18 years old, who is contact lens wearer since two years, is complaining of redness, lacrimation and foreign body sensation of both eyes. On examination, visual acuity was 6/6 with negative fluorescein test. The expected diagnosis can be:
   a. Acute anterior uveitis.
   b. Giant papillary conjunctivitis.
   c. Bacterial corneal ulcer.
   d. Acute congestive glaucoma

22. Fifth nerve palsy could cause:
   a. Ptosis
   b. Proptosis
   c. Neurotrophic keratitis
   d. Lagophthalmos

23. Topical steroids are contraindicated in a case of bacterial corneal ulcer for fear of:
   a. Secondary glaucoma,
   b. Cortical cataract.
   c. Corneal perforation,
   d. Secondary viral infection.

24. The sure diagnostic sign of corneal ulcer is
   a. Ciliary injection
   b. Blepharospasm
   c. Miosis
d. Positive fluorescein test.

25. The effective treatment of dendritic ulcer of the cornea is:
   a. Surface anesthesia
   b. Local corticosteroids
   c. Systemic corticosteroids
   d. Acyclovir ointment,

26. Herpes simplex keratitis is characterized by:
   a. Presence of pus in the anterior chamber,
   b. No tendency to recurrence
   c. Corneal hyposthesia.
   d. Tendency to perforation.

27. Bacteria, which can attack normal corneal epithelium:
   a. Neisseria gonorrhea.
   b. Staphylococcal epidermidis.
   c. Moraxella lacunata.
   d. Staphylococcal aureus.

28. Advanced keratoconus is least to be corrected when treated by:
   a. Hard contact Lens,
   b. Rigid gas permeable contact Lens,
   c. Spectacles.
   d. Keratoplasty.
29. Trantas nodules are seen in:
   a. Blepharoconjunctivitis
   b. Vernal conjunctivitis
   c. Phlyctenular conjunctivitis
   d. Herpetic keratitis

30. Organisms causing angular conjunctivitis are:
   a. Moraxella Axenfield bacilli
   b. Pneumococci
   c. Gonococci
   d. Adenovirus

31. Chalazion is a chronic inflammatory granuloma of
   a. Meibomian gland
   b. Zies's gland
   c. Sweat gland
   d. Wolfring’s gland

32. Ophthalmia neonatorum is prevented by:
   a. 1% Silver nitrate
   b. Penicillin drops
   c. Normal saline drops
   d. Frequent eye washes

33. Cornea is thinned in:
   a. Keratoconus
   b. Fuch's dystrophy
c. Bulbous lesion
d. All of the above

34. **Distichiasis is:**
a. An extra row of lashes
b. Central fusion of eye brow
c. Suturing of lashes
d. Absence of lashes
e. White lashes

35. **Dendritic ulcer causing virus:**
a. Herpes simplex
b. Herpes zoster
c. Cytomegalovirus
d. Adenovirus
e. Poxvirus

36. **Treatment of choice in angular conjunctivitis is:**
a. Penicillin
b. Dexamethasone
c. Sulphacetamide
d. Zinc oxide

37. **Herbert's pits are seen in:**
a. Trachoma
b. Herpetic conjunctivitis
c. Ophthalmia neonatorum
d. Spring catarrh
e. Phlyctenular ulcer

38. The H.P. inclusion bodies in trachoma are:
a. Intra-nuclear
b. Intra-cytoplasmic
c. Both
d. None of the above

39. Symptoms of corneal ulcer are following except:
a. Mucopurulent discharge
b. Pain in the eye
c. Redness of the eye
d. Watering

40. Hordeolum externum is a suppurative inflammation of:
a. Zeis' gland
b. Meibomian gland
c. Moll's gland
d. Gland of Krause
e. Gland Wolfring

41. Intense itching is the most common symptom of:
a. Trachoma
b. Blephritis
c. Phlyctenular conjunctivitis
d. Spring catarrh
42. Which of the following is not a source of nutrients to cornea?
   a. Air
   b. Aqueous humour
   c. Perilimbal capillaries
   d. Vitreous humour

43. Treatment of phlyctenular conjunctivitis is:
   a. Systemic Anti-TB drugs
   b. Systemic steroids
   c. Topical acyclovir
   d. Topical steroids

44. Blood vessels in a trachomatous pannus lie:
   a. Beneath the Descemet's membrane.
   b. In the substantia propria.
   c. Between Bowman's membrane & substantia propria.
   d. Between Bowman's membrane & Epithelium.

45. Dendritic ulcer is due to:
   a. Herpes simplex
   b. Fungal infection
   c. Syphilis
   d. Phlycten

46. Not causing ophthalmia neonatorum:
   a. Staphylococcus aureus
   b. Adenovirus
c. TRIC

d. Gonococcus

47. The dendritic corneal ulcer is typical of:
   a. Varicella-Zoster infection
   b. Herpes simplex infection
   c. Pseudomonas infection
   d. Aspergillus infection

48. In vernal catarrh, the characteristic cells are:
   a. Macrophage
   b. Eosinophils
   c. Neutrophils
   d. Epitheloid cells

49. Cobblestone appearance of conjunctiva is seen with:
   a. Trachoma
   b. Spring catarrh
   c. Purulent conjunctivitis
   d. Angular conjunctivitis

50. In which of the following conditions in small ulcers the bleed are seen, on removing the yellow crusts on the lid margin:
   a. Squamous blepharitis
   b. Ulcerative blepharitis
   c. Parasitic blepharitis
   d. Hordeolum internum
e. All of the above

51. In which of the following conditions, severe itching of the eye with ropy discharge in a 10 years old boy with symptoms aggravating in summer season is most likely present:
   a. Trachoma
   b. Vernal keratoconjunctivitis
   c. Acute conjunctivitis
   d. Blepharitis

52. Epidemic conjunctivitis is caused by:
   a. Adenovirus
   b. Herpes virus
   c. EB virus
   d. Papilloma virus

53. The commonest organism responsible for corneal ulcer is:
   a. Staphylococci
   b. Pneumococci
   c. Pseudomonas
   d. Candida

54. The commonest cause of hypopyon corneal ulcer is:
   a. Moraxella
   b. Gonococcus
   c. Pneumococcus
   d. Staphylococcus
55. Irrespective of the etiology of a corneal ulcer, the drug always indicated is:
   a. Corticosteroid
   b. Atropine
   c. Antibiotics
   d. Antifungal

56. Vossius ring is seen in:
   a. Cornea
   b. Retina
   c. Lens
   d. Anterior chamber

57. In case of central dense leucoma 5 mm, treatment of choice is:
   a. Penetrating keratoplasty
   b. Lamellar keratoplasty
   c. Tattooing
   d. Enucleation

58. Dense scar of cornea with incarceration of iris known as:
   a. Leucoma adherent
   b. Leucoma non adherent
   c. Ciliary staphyloma
   d. Iris Bombe
   e. Occlusion pupillae
59. Adhesion of iris margin anteriorly is known as:
   a. Intercalary staphyloma
   b. Anterior synychia
   c. Posterior staphyloma
   d. Iris Bombe

60. Intercalary staphyloma is a type of:
   a. Equatorial staphyloma
   b. Posterior staphyloma
   c. Ciliary staphyloma
   d. Anterior staphyloma

61. Cornea is supplied by nerve fibers derived from:
   a. Trochlear nerve
   b. Optic nerve
   c. Trigeminal nerve
   d. Oculomotor nerve

62. Ciliary Congestion is not seen in:
   a. Herpetic keratitis
   b. Bacterial ulcer
   c. Chronic iridocyclitis
   d. Catarrhal conjunctivitis
   e. Acute iridocyclitis

63. Not true about herpes keratitis:
   a. Steroids accelerates recovery
b. Present in trigeminal ganglia
c. Recurrent
d. Usually unilateral

64. **Leucokoria is seen in:**
a. Glaucoma
b. Cataract
c. Retinitis pigmentosa
d. Acute dacryocystitis

65. **Most of the thickness of cornea is formed by:**
a. Epithelial layer
b. Substantia propria
c. Descemet's membrane
d. Endothelium

66. **Corneal ulceration is caused by injury to the ——— cranial nerve**
a. Third
b. Fifth
c. Sixth
d. Fourth

67. **Dendritic ulcer is due to:**
a. Herpes simplex
b. Fungal infection
c. Syphilis
d. Phlyctena
68. Herpetic corneal ulcer is diagnosed by:
   a. Geimsa stain
   b. ELISA
   c. Cell culture/PCR
   d. Rose Bengal stain

69. Most common viral infection of the cornea is:
   a. Herpes simplex
   b. Herpes zoster
   c. Adenovirus
   d. Molluscum contagiosum

70. A 30 years old male presents with a history of injury to the eye with a leaf 5 days ago and pain, photophobia and redness of the eye for 2 days. What would be the most likely pathology?
   a. Anterior uveitis
   b. Conjunctivitis
   c. Fungal corneal ulcer
   d. Corneal laceration

71. Lagophthalmos occurs as a result of paralysis of:
   a. 6th cranial nerve
   b. 5th cranial nerve
   c. Levator palpebrae-superioris
   d. 7th cranial nerve

72. Hordeolum externum is inflammation of:
a. Zeis gland  
b. Tarsus  
c. Meibomian gland  
d. Lacrimal gland

73. Chalazion is the infection of:  
a. Meibomian glands  
b. Conjunctiva  
c. Cornea  
d. Uvea

74. Ptosis and mydriasis are seen in:  
a. Facial palsy  
b. Peripheral neuritis  
c. Oculomotor palsy  
d. Sympathetic palsy

Answers

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Lacrimal System

1. In DCR, the opening is made at:
   a. Superior meatus
   b. Middle meatus
   c. Inferior meatus

2. Schirmer’s test is used for diagnosing:
   a. Dry eye
   b. Infective keratitis
   c. Watering eyes
   d. Used in Horner’s syndrome

3. All are seen in Horner’s syndrome except:
   a. Miosis
   b. Ptosis
   c. Anhydrosis
   d. Exophthalmos

4. 3 months old infant with watering lacrimal sac on pressing causes regurgitation of mucopus material. What is the appropriate treatment?
   a. Dacryocystorhinostomy
   b. Probing
   c. Probing with syringing
   d. Massage with antibiotics up to age of 6 months
   e. Dacryocystectomy
Answers

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Orbit

1. Most common cause of adult unilateral proptosis
   a. Thyroid orbitopathy
   b. Metastasis
   c. Lymphoma
   d. Meningioma

2. Evisceration is:
   a. Excision of the entire eyeball
   b. Excision of all the inner contents of the eyeball including the uveal tissue
   c. Photocoagulation of the retina
   d. Removal of orbit contents

3. Lagophthalmos can occur in all of the following except;
   a. 7th cranial nerve paralysis
   b. 5th cranial nerve paralysis
   c. Thyrotoxic exophthalmos
   d. Symblepharon

4. Ultrasonography is helpful in confirming the diagnosis of:
   a. Thyroid ophthalmopathy
   b. Retinitis pigmentosa
   c. Subluxated clear crystalline lens
   d. Central retinal vein occlusion

5. The most important symptom differentiating orbital cellulitis from panophthalmitis is:
a. Vision  
b. Pain  
c. Redness  
d. Swelling  

6. Axial proptosis can be due to either of these except:  
a. Optic nerve glioma.  
b. Lacrimal gland tumour.  
c. Orbital cellulitis,  
d. Thyrotoxicosis.  

7. A patient complains of severe ocular pain in the right eye and headache. The patient is drowsy, feverish with right proptosis, lid and conjunctival edema, mastoid edema and bilateral papilledema. The diagnosis is:  
a. Endophthalmitis  
b. Panophthalmitis  
c. Orbital cellulitis  
d. Cavernous sinus thrombosis  

8. The commonest cause of bilateral proptosis is:  
a. Orbital cellulitis.  
b. Dysthyroid ophthalmopathy.  
c. Orbital emphysema.  
d. Cavernous sinus thrombosis,  

9. The most common cause of unilateral proptosis in adult is;
a. lacrimal gland tumours  
b. orbital cellulitis  
c. panophthalmitis  
d. thyroid diseases  

10. Proptosis is present in the following condition except:  
a. Homer's syndrome  
b. Orbital cellulitis  
c. Thyroid ophthalmopathy  
d. Cavernous sinus thrombosis  

11. The commonest cause of bilateral proptosis is:  
a. Orbital cellulitis  
b. Dysthyroid ophthalmology  
c. Orbital emphysema  
d. Cavernous sinus thrombosis  

12. The commonest cause of unilateral exophthalmos is:  
a. Thyroid eye disease  
b. Lacrimal gland tumour  
c. Orbital cellulitis  
d. Cavernous sinus thrombosis  

Answers  

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Uvea

1. All of the following are part of uvea except:
   a. Pars plicata
   b. Pars plana
   c. Choroid
   d. Schwalbe’s line

2. One of the earliest features of anterior uveitis includes:
   a. Keratic precipitates
   b. Hypopyon
   c. Posterior synechiae
   d. Aqueous flare

3. In anterior uveitis the pupil is generally:
   a. of normal size
   b. Constricted
   c. Dilated

4. Koeppe’s nodules are found in:
   a. Cornea
   b. Sclera
   c. Iris
   d. Conjunctiva

5. Aqueous humour is formed by:
a. Epithelium of ciliary body
b. Posterior surface of iris
c. Lens
d. Pars plana

6. **Secondary glaucoma due to acute attack of iridocyclitis can be managed by the following except;**
a. Corticosteroids
b. Beta-blockers
c. Carbonic anhydrase inhibitors
d. Miotics

7. **Aqueous humor is secreted by:**
a. Circulus iridis minor
b. Ciliary muscle
c. Ciliary processes
d. Iris crypts

8. **The differential diagnosis of acute iridocyclitis includes the following conditions except:**
a. Corneal ulcer
b. Open angle glaucoma
c. Acute conjunctivitis
d. Angle closure glaucoma

9. A middle aged female with recurrent joint pain gave past history of recurrent attacks of pain, redness and dropped vision in one eye.
Recently she complained of similar attack. The most important **diagnostic sign of activity is:**
a. Festooned pupil  
b. Aqueous flare and cells  
c. Pigmented KPs  
d. Patches of iris atrophy

10. **Marcus Gunn Pupil indicates disease of:**
a. Lens  
b. Sclera  
c. Retina  
d. Optic nerve

11. **The most diagnostic sign of anterior uveitis is:**
a. Aqueous flare  
b. Keratic precipitates  
c. Constriction of pupil  
d. Raised intra-ocular tension

12. **Amaurotic cat's eye reflex is seen in:**
a. Papilloedema  
b. Retinoblastoma  
c. Papillitis  
d. Retinitis

13. **Of the following which is the shortest acting mydriatic:**
a. Tropicamide  
b. Homatropine  
c. Cyclopentolate  
d. Atropine

14. ‘D’ shaped pupil is seen in:  
a. Iridocyclitis  
b. Iridodialysis  
c. Glaucoma  
d. Dislocation of lens

15. Uveitis is characterized by all except:  
a. Mucopurulent discharge  
b. Small pupils  
c. Moderate pain  
d. Marked tenderness

16. Small pupils are seen in:  
a. Argyll Robertson pupil  
b. Adie pupil  
c. IIIrd nerve palsy  
d. Mydriatic drops instillation

17. During accommodation all the following changes occur except:  
a. Pupil contracts  
b. Anterior chamber shallows  
c. Lens becomes thinner
d. Anterior and posterior surface of the lens become convex

e. Lens sinks down

18. Features of iritis include all of the following, except:
a. Small pupil
b. Normal pupillary reaction
c. Ciliary congestion
d. Aqueous flare
e. Loss of iris pattern

19. Commonest cause of vitreous haemorrhage in a young adult is:
a. Diabetes
b. Trauma
c. Periphlebitis reuinac
d. Central retinal vein occlusion

20. All of the following statements about the treatment of acute anterior uveitis are true except:
a. Mydriasis is important
b. Steroids should be avoided
c. It is usually not necessary to admit the patient to the hospital
d. Investigations for systemic disease are often negative

21. The earliest feature of anterior uveitis includes:
a. Keratic precipitates
b. Hypopyon
c. Posterior synechiae
22. **Dilated pupil is seen in all of the following except:**
   a. Pontine hemorrhage
   b. Optic trophy
   c. Acute glaucoma
   d. Papillitis

23. **Drug of choice for Acute Iridoyclitis is**
   a. Acetazolamide
   b. Atropine
   c. Antibiotics
   d. Aspirin

24. **Iridodialysis is:**
   a. Iris is broken from ciliary body
   b. Hole in iris
   c. Tremulousness of iris
   d. All of the above

25. **Atropine sulphate 1% drop or ointment must be used to apically in:**
   a. Acute conjunctivitis
   b. Chronic conjunctivitis
   c. Iritis
   d. Acute congestive glaucoma

26. **Commonest cause of posterior staphyloma is:**
a. Glaucoma  
b. Retinal detachment  
c. Iridocyclitis  
d. High myopia  

27. The following is a part of uvea except:  
a. Bowman's membrane  
b. Iris  
c. Ciliary body  
d. Choroid  

Answers  

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Lens

1. Which laser is used for capsulotomy?
   a. Diode laser
   b. Carbon dioxide laser
   c. Excimer laser
   d. Yag laser

2. Unilateral aphakia is likely to be corrected by any of the following except:
   a. Anterior chamber intraocular lens
   b. Posterior chamber intraocular lens
   c. Contact lens
   d. Glasses

3. Phakolytic glaucoma is best treated by:
   a. Fistulizing operation
   b. Cataract extraction
   c. Cyclo-destructive procedure
   d. Miotics and Beta blockers

4. Lens induced glaucoma least occur in:
   a. Intumescent cataract.
   b. Anterior lens dislocation,
   c. Posterior subcapsular cataract
   d. Posterior lens dislocation
5. After 48 hours of a cataract extraction operation, a patient complained of ocular pain and visual loss. On examination, this eye looked red with ciliary injection, corneal oedema and absent red reflex. 

**The first suspicion must be:**

a. Secondary glaucoma.
b. Anterior uveitis.
c. Bacterial endophthalmitis.
d. Acute conjunctivitis

6. **Treatment of choice in Aphakia is:**

a. Spectacles 
b. Contact lens  
c. Anterior chamber IOL 
d. Posterior chamber IOL

7. **The etiology of complicated cataract all, except:**

a. Disciform keratitis  
b. Iridocyclitis  
c. Retinitis pigmentosa 
d. Retinal detachment

8. **Cylindrical lenses are used in:**

a. Astigmatism  
b. Myopia  
c. Hypermetropia 
d. Presbyopia
9. Exact site where intraocular lens is commonly fitted:
   a. Capsular ligament
   b. Endosulcus
   c. Ciliary supported
   D. Capsular bag

10. Earliest visual rehabilitation occurs with:
   a. Phacoemulsification
   b. 1CCE+1OL
   c. ECCE+1OL
   d. 1CCE alone or laser

Questions:
1- d  2- d  3-b  4-c  5-c
6-d  7-a  8-a  9-d  10-a

Answers
**Glaucoma**

1. **Pneumato-tonometer is a type of:**
   a. Goniolens
   b. Tonometer
   c. Perimeter
   d. Tonography

2. **When there is intumescence of the lens causing glaucoma?**
   a. Trephining should be done
   b. Paracentesis is indicated
   c. Lens should be extracted
   d. Glaucoma should be treated medically only

3. **All the following associated OAG include all the following except:**
   a. Roenne’s nasal step
   b. Enlarged blind spot
   c. General depression of isopters
   d. Loss of central fields
   e. Tubular vision

4. **The treatment of choice for the other eye in angle closure glaucoma is:**
   a. Surgical peripheral iridectomy
   b. Yag laser iridotomy
   c. Trabeculotomy
   d. Trabeculectomy
5. **Topical atropine is contraindicated in:**
   a. Retinoscopy in children
   b. Iridocyclitis
   c. Corneal ulcer
   d. Primary angle closure glaucoma

6. **The following type of glaucoma is improved with mydriatics:**
   a. Primary open angle glaucoma.
   b. Infantile glaucoma.
   c. Phacolytic glaucoma.
   d. Pupillary block glaucoma.

7. A newly born, presented with big hazy cornea and photophobia. **His management begins with:**
   a. Electrophysiological study of the retina,
   b. Syringing of naso-lacrimal duct.
   c. Fluorescein stain to the cornea.
   d. Measuring his ocular tension.

8. **Total unilateral blindness (no PL) is a feature of:**
   a. Corneal ulcer
   b. Mature senile cataract
   c. Absolute glaucoma
   d. Macular degeneration

9. When visual deterioration in a glaucomatous patient reaches no PL **the diagnosis is:**
a. Acute congestive glaucoma  
b. Chronic congestive glaucoma  
c. Chrome open angle glaucoma  
d. Absolute glaucoma  

10. In acute angle closure glaucoma the pupil is:  
a. Rounded, irreactive and dilated  
b. Pin point constricted  
c. Oval, vertically dilated  
d. Normal sized, reactive  

11. Which of the following conditions need immediate hospitalization?  
a. Central retinal vein occlusion  
b. Open angle glaucoma  
c. Denderitic ulcer  
d. Acute angle closure glaucoma  

12. Glaucoma field changes included all the following except:  
a. Arcuate scotoma.  
b. Hemianopia  
c. Enlarged blind spot  
d. Centrocecal scotoma.  

13. In case of buphthalmos we usually find:  
a. shallow anterior chamber  
b. Large Hazy cornea > 13mm.  
c. Leukocoria
d. Occlusio pupille

14. **100 days glaucoma is seen in:**
a. Central retinal artery occlusion  
b. Central retinal vein occlusion  
c. Neovascular glaucoma  
d. Steroid induced glaucoma

15. **Neovascular glaucoma follows:**
a. Thrombosis of central retinal vein  
b. Acute congestive glaucoma  
c. Staphlococcal infection  
d. Diabetes mellitus  
e. Inference of aqueous drainage by Schlemm's canal mechanism.

16. **Early features of chronic simple glaucoma include all except:**
a. Mild headache  
b. Acute onset  
c. Frequent change of persbyopic glasses  
d. Blurred vision  
e. Clear cornea

17. **When there is intumescence of the lens causing glaucoma:**
a. Trephining should be done  
b. Paracentesis is indicated  
c. Lens should be extracted  
d. Glaucoma should be treated medically
18. Increased ocular pressure in Buphthalmos causes all of the following except:
   a. Stretching of sclera
   b. Corneal vascularization
   c. Corneal curvature prominence
   d. Rupture of Descemet's membrane

19. Treatment of choice for fellow eye in angle closure glaucoma is:
   a. Timolol
   b. Pilocarpine
   c. Yag Laser iridectomy
   d. Surgical iridectomy

20. In chronic simple glaucoma, the most common earliest field defect is:
   a. Arcuate field defect
   b. Baring of blind spot
   c. Bjerrum scotoma
   d. Siedel's sign

21. In early glaucomatous cupping, disc is:
   a. Round
   b. Oval vertically
   c. Oval horizontally
   d. Pinpoint
22. In a patient with acute glaucoma the prophylactic treatment for other eye is:
   a. Peripheral iridectomy
   b. Schele's operation
   c. Anterior sclerotomy
   d. Iridenclesisis

23. All the following anatomical changes will predispose to primary angle closure glaucoma except:
   a. Small cornea
   b. Flat cornea
   c. Anterior chamber shallow
   d. Short axial length of eye ball

24. You have been referred a case of open angle glaucoma. Which of the following would be an important point in diagnosing the case?
   a. Shallow anterior chamber
   b. Optic disc cupping
   c. Narrow angle
   d. Visual acuity and refractive error

25. Which one of the following drugs is contraindicated in the treatment of primary glaucoma?
   a. Pilocarpine
   b. Homatropine
   c. Acetazolamide
   d. Timolol
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Answers
Retina

1. Number of layers in neurosensory retina is:
   a. 9
   b. 10
   c. 11
   d. 12

2. In retinal detachment, fluid accumulates between:
   a. Layers of outer plexiform layer and inner nuclear layer.
   b. Neurosensory retina and layer of retinal pigment epithelium
   c. Nerve fiber layer and rest of retina.
   d. Between the retinal pigment epithelium and Bruch’s membrane.

3. 100 days glaucoma is seen in:
   a. CRAO
   b. BRAO
   c. CRVO
   d. BRVO

4. A young patient with sudden painless loss of vision, with systolic murmur and ocular examination reveals a cherry red spot with clear AC, the likely diagnosis is:
   a. CRAO
   b. CRVO
   c. DM
   d. BRVO
5. **Triad of retinitis pigmentosa includes:**
   a. Waxy disc pallor
   b. Arteriolar attenuation
   c. Macular hypopigmentation
   d. Bone specule pigmentation

6. **Retinitis pigmentosa most commonly presents as:**
   a. Night blindness
   b. Diplopia
   c. Scotoma
   d. Bitemporal hemianopia

7. **In CRAO, a cherry red spot is due to:**
   a. Hemorrhage at macula
   b. Increased choroidal perfusion
   c. Increase in retinal perfusion at macula
   d. The contrast between pale retina and reddish choroids

8. **The most common primarily intraocular malignancy in adults is:**
   a. Retinoblastoma
   b. Choroidal melanoma
   c. Squamous cell carcinoma of conjunctiva
   d. Iris nevus

9. **Which of the following is ideal for evaluating macular functions in a patient whose vision is only hand movement (HM)?**
a. Color perception
b. Confrontation test
c. Light projection
d. Light perception

10. Night blindness is caused by:
a. Central retinal vein occlusion
b. Dystrophies of retinal rods
c. Dystrophies of the retinal cones
d. Retinal detachment

11. A patient of old standing diabetes mellitus noticed sudden muscae volitantes. On examination, the red reflex was dim, with no details of fundus could be seen. He might have:
a. Non proliferative diabetic retinopathy
b. Cystoid macular edema
c. Vitreous hemorrhage
d. Central retinal vein occlusion

12. Occlusion of the lower nasal branch of the central retinal artery results in one of the following filed defects:
a. Lower nasal sector filed defect
b. Upper nasal sector filed defect
c. Upper temporal filed defect
d. Lower temporal sector filed defect

13. Which of the following is true of Diabetic retinopathy?
a. Always associated with hypertension  
b. Seen only in uncontrolled diabetes  
c. Incidence increases with duration of disease  
d. Determines prognosis of the disease

14. **Enlargement of blind spot is a sign of:**  
a. Avulsion of Optic nerve  
b. Papillitis  
c. Papilledema  
d. Retinal detachment

15. **Commotio retinae is seen in:**  
a. Concussion injury  
b. Papilloedema  
c. Central vein thrombosis  
d. Central artery thrombosis

16. **Simple retinal detachment is usually due to:**  
a. Tumour  
b. Choroidal haemorrhage  
c. Exudative retinitis  
d. None of the above

17. **Cherry red macula is seen in:**  
a. Acute Congestive glaucoma  
b. Uveitis  
c. Central retinal artery occlusion
18. Which is not found in papilloedema?
   a. Blurred vision
   b. Blurred margins of disc
   c. Cupping of disc
   d. None

19. Retinal change specific in proliferative diabetic retinopathy is:
   a. Microaneurysm
   b. Soft cotton wool exudates
   c. A-V shunt
   d. Neovascularization

20. Commonest lesion which hinders vision in diabetic retinopathy is:
   a. Macular oedema
   b. Microaneurysm
   c. Retinal hemorrhage
   d. Retinal detachment

21. Which of the following not found in diabetic retinopathy on fundus examination:
   a. Microaneurysms
   b. Retinal hemorrhages
   c. Arteriolar dilatation
   d. Neovascularisation
Answers

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Optic Nerve

1. Primary optic atrophy results from:
   a. Retinal disease
   b. Chronic glaucoma
   c. Papilledema
   d. Neurological disease

2. Retro-bulbar optic neuritis is characterized by:
   a. Marked swelling of the optic disc.
   b. Impaired direct light reflex in the affected eye
   c. Impaired consensual light reflex in the affected eye
   d. Normal visual acuity

3. The type of optic atrophy that follows retro-bulbar neuritis is:
   a. Secondary optic atrophy
   b. Connective optic atrophy
   c. Glaucomatous optic atrophy
   d. Primary optic atrophy

4. A male patient 30 years old with visual acuity of 6/6 in both eyes. Twelve hours ago he presented with drop of vision of the left eye. On examination, visual acuity was 6/6 in the right eye and 6/60 in the left eye. Fundus examination showed blurred edges of the left optic disc. The most probable diagnosis is:
   a. Raised intra cranial pressure
   b. Raised ocular tension
c. Central retinal artery occlusion
d. Optic neuritis

5. The type of optic atrophy that following retrobulbar neuritis is:
a. Secondary optic atrophy
b. Consecutive optic atrophy
c. Glaucomatous optic atrophy
d. Primary optic atrophy

6. Injury to optic tract produces:
a. Homonymous hemianopia
b. Bitemporal hemianopia
c. Binasal hemianopia
d. Sparing of macular vision

7. All of the following statements regarding the oculomotor nerve are true except:
a. It accommodates the eye
b. It raises the upper eyelid
c. It innervates lateral rectus
d. It constricts the pupil

8. Blurring of disc margin is found in:
a. Papillitis
b. Retrobulbar neuritis
c. Tobacco amblyopia
c. all of the above
9. In optic neuritis the best investigation to be done include:
   a. Gold perimetry
   b. Keratoscopy
   c. Ophthalmoscopy
   d. Ophthalmodynamometry

10. Elevation of the disc margin is seen in:
   a. Optic atrophy
   b. Papillitis
   c. Papilloedema
   d. None of the above

11. Optic disc diameter is:
   a. 1 mm
   b. 1.5 mm
   c. 2 mm
   d. 3 mm

12. Optic nerve function is best studied by:
   a. Ophthalmoscope
   b. Retinoscope
   c. Perimetry
   d. Goniometry

13. In optic neuritis, following are seen except:
   a. Headache and vomiting
   b. Pain on movement of eye
c. Sudden loss of vision
d. Afferent of pupillary reflex lost

14. A 25 year old lady suddenly develops unilateral loss of vision decreasing from 6/6 to 4/60 with ill-sustained reaction of the pupil. She complains of slight headache and some pain in the orbit when looking upward. The most likely diagnosis is:
   a. Acute frontal sinusitis
   b. Acute iritis
   c. Brain tumour
   d. Retrobulbar neuritis
   e. Acute congestive glaucoma

15. The test that would aid most in the diagnosis of the previous case is:
   a. X-ray of the orbit
   b. Visual field determination
   c. Tonometry
   d. Exophthalmometry
   e. Gonioscopy

16. A boy presents two weeks after an injury to his left eye. He complains of bilateral pain and watering from right. What is the probable diagnosis?
   a. Endophthalmitis
   b. Optic neuritis
   c. Sympathetic irritation
   d. Sympathetic ophthalmitis
17. All are seen in 3rd nerve palsy except:
   a. Ptosis
   b. Diplopia
   c. Miosis
   d. Outwards eye deviation

18. Homonymous hemianopia is due to lesion at:
   a. Optic tract
   b. Optic nerve
   c. Optic chiasma
   d. Retina
   e. Occipital cortex

**Answers**

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Neuro-ophthalmology

1. Optic nerve axon emerges from:
   a. Ganglion cells
   b. Rods and cones
   c. Amacrine cells
   d. Inner nuclear layer

2. Papilloedema has all the following characteristic except:
   a. Marked loss of vision
   b. Blurring of disc margins
   c. Hyperemia of disc
   d. Field defect

3. Homonymous hemianopia is the result of a lesion in:
   a. Optic chiasma
   b. Retina
   c. optic tract
   d. Optic nerve

4. Mydriasis is present in all the following except:
   a. Third nerve lesion
   b. Pontine haemorrhage
   c. Datura poisoning
   d. Fourth stage of anesthesia

5. Miosis is present in all the following except:
   a. Third nerve lesion
b. Horner's syndrome  
c. Morphine poisoning  
d. Argyll Robertson's pupil

6. The following cranial nerves are responsible for ocular motility  
except:  
a. Third nerve  
b. Fourth nerve  
c. Fifth nerve  
d. Sixth nerve

7. In complete third nerve paralysis the direction of the affected eye in  
the primary position is:  
a. Inward  
b. Outward  
c. Outward and up  
d. Outward and down

8. A patient 60 year old, diabetic for 20 years. He suffered acutely of  
drooping of the right eyelid. On manual elevation of the lid he sees  
double vision. What is your diagnosis?  
a. Diabetic sixth nerve palsy  
b. Oculomotor nerve palsy  
c. Trochlear nerve palsy  
d. Abducent nerve palsy
9. An area of reduced or absent vision within an intact visual field is called:
   a. Scotoma
   b. Homonymous hemianopia
   c. Heteronymous hemianopia
   d. Altitudinal hemianopia

10. Which of the following pupils is dilated?
   a. Pupil in Horner's syndrome
   b. Adies pupil
   c. Argyl Robertson pupil
   d. Pupil in open angle glaucoma, with a C/D of 0.3.

11. D-shaped pupil occurs in:
   a. Iridocyclitis
   b. Iridodenesis
   c. Cyclodialis
   d. Iridodialysis

Answers

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Strabismus

1. All the following are extraocular muscle of eye except:
   a. Superior rectus
   b. Ciliary muscle
   c. Inferior oblique
   d. Superior oblique

2. The action of superior rectus is:
   a. Elevation, intorsion, abduction
   b. Elevation, intorsion, adduction
   c. Elevation, extorsion, adduction
   d. Elevation, extorsion, abduction.

3. The action of inferior oblique is:
   a. Depression, extorsion, abduction
   b. Depression, extorsion, adduction
   c. Elevation, extorsion, adduction
   d. Elevation, extorsion, abduction

4. The only extraocular muscle which does not arise from the apex of the orbit is:
   a. Superior rectus
   b. Superior oblique
   c. Inferior oblique
   d. Inferior rectus

5. In paralytic squint:
a. Primary deviation > Secondary deviation
b. Primary deviation < Secondary deviation
c. Primary deviation = Secondary deviation
d. None of the above

6. In concomitant squint:
   a. Primary deviation > Secondary deviation
   b. Primary deviation < Secondary deviation
   c. Primary deviation = Secondary deviation
   d. None of the above

7. In paralytic squint, the difference between primary and secondary deviation in the gaze of direction of the paralytic muscle:
   a. Increases
   b. Decreases
   c. Remains the same

8. In grades of binocular vision; grade 2 is:
   a. Simultaneous macular vision
   b. Fusion
   c. Stereopsis

9. The best treatment for amblyopia is:
   a. Orthoptic exercises
   b. occlusion
   c. Surgery
   d. Best treat after age 10 years
Answers

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Anterior and posterior Chambers

1. Flat anterior chamber may result due to:
   a. Occlusion by pupil by exudates
   b. Seclusio pupillae
   c. Leakage after cataract operation
   d. Acute congestive glaucoma
   e. Any of the above

2. Shallow anterior chamber is seen in:
   a. High myopia
   b. Aphakia
   c. High hypermetropia
   d. All of the above conditions

3. Angle of anterior chamber is studied with:
   a. Indirect ophthalmoscopy
   b. Gonioscopy
   c. Retinopathy
   d. Amblyoscope

4. Dilator pupillae is supplied by:
   a. Postganglionic sympathetic from cervical plexus
   b. Preganglionic sympathetic from cervical plexus
   c. III Nerve
   d. Postganglionic sympathetic fibers form V nerve.
### Answers

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Miscellaneous

1. Frequent change of presbyopic glasses is an early symptom of:
   a. Closed angle glaucoma
   b. Open angle glaucoma
   c. Senile cataract
   d. Vernal catarrh

2. Chronic use of steroids may lead to:
   a. Iris atrophy
   b. Glaucoma
   c. Corneal opacity
   d. Retinopathy

3. Sudden loss of unilateral vision and pain on movement is seen in:
   a. Diabetes mellitus
   b. Retrobulbar neuritis
   c. Hypertension
   d. IIIrd nerve palsy

4. The commonest intra-ocular tumour in children is:
   a. Malignant melanoma
   b. Retinoblastoma
   c. Teratoid medulloepithelioma
   d. Diktyoma

5. Hyphema is blood in the:
a. Ant. Chamber  
b. Post. Chamber  
c. Cornea  
d. Conjunctiva  

6. **Herbert’s pits are seen on the:**  
a. Lid margin  
b. Palpebral conjunctiva  
c. Arlt's line  
d. Limbus  

7. **Biconvex lens is used in all, except:**  
a. Aphakia  
b. Presbyopia  
c. Astigmatism  
d. Hypermetropia  

8. **Most important complication of traumatic hyphema is:**  
a. Iridocyclitis  
b. Iridodialysis  
c. Blood staining of cornea  
d. Siderosis bulbi  

9. **What is Tylosis?**  
a. Hypertrophy and dropping of eye lid  
b. Inversion of eye lid  
c. Senile eversion of eye lid
d. Distortion of cilia

10. Which of the following is not seen in blunt trauma to eye?
   a. Hyphema
   b. Iridiodialysis
   c. Retinal haemorrhage
   d. Double perforation

11. Fleischer ring is found in:
   a. Keratoconus
   b. Chalcosis
   c. Argyrosis
   d. Buphthalmos
   e. None of the above

12. Intercalary staphyloma occurs at:
   a. Area extending up to 8 mm from limbus
   b. Limbus
   c. Posterior pole of eye
   d. Region of sclera which are perforated by vortex vein
   e. Equatorial region

13. Blow out fracture of orbit commonly produces:
   a. Deviation of septum
   b. Retinal haemorrhage
   c. Fracture of nasal bones
   d. Fracture of floor of orbit
14. Following are avascular except:
   a. Cornea
   b. Sclera
   c. Vitreous
   d. Lens

15. A one-month old baby is brought with complaints of photophobia and watering. Clinical examination shows normal tear passages and clear but large cornea. The most likely diagnosis is:
   a. Congenital dacryocystitis
   b. Interstitial keratitis
   c. Keratoconus
   d. Buphthalmos

16. Blindness in Vit. A deficiency is due to:
   a. Corneal involvement
   b. Retinopathy
   c. Conjunctival scarring
   d. Uveitis

17. Mydriatics drugs are the following except:
   a. Tropicamide
   b. Cyclopentolate
   c. Homatropine
   d. Pilocarpine

18. Flashing of light is an earliest sign of:
a. Cataract  
b. Glaucoma  
c. Retinal detachment  
d. Corneal opacity

19. In non-proliferation diabetes, most common cause of blindness:  
a. Sub retinal Haemorrhage  
b. Macular edema  
c. Retinal detachment  
d. Vitreous haemorrhage

20. Fixed dilated pupil is seen in:  
a. Oculomotor palsy  
b. Trochlear palsy  
c. Abducent palsy  
d. None

21. Arlt's line is seen in:  
a. Vernal keratoconjunctivitis  
b. Ocular pemphigoid  
c. Trachoma

22. A two months old child presents with epiphora and regurgitation.  
The most probable diagnosis:  
a. Mucopurulent conjunctivitis  
b. Buphthalmos  
c. Congenital dacryocystitis
d. Encysted mucocele

23. **Horner's syndrome is characterized by all of the following except:**
   a. Miosis
   b. Enophthalmos
   c. Ptosis
   d. Cycloplegia

24. **Posterior staphyloma is associated with:**
   a. Pathological myopia
   b. Retinoblastoma
   c. Acid injury
   d. Sympathetic ophthalmia

25. **Phlyctenular conjunctivitis is caused by:**
   a. Hypersensitivity to exogenous antigen
   b. Mechanical injury
   c. Hypersensitivity to endogenous antigen
   d. Extended wear contact lenses
   e. Mixed infections

26. **Distichiasis is:**
   a. An extra row of lashes present behind the greyline
   b. Dropping of the upper eye lid below the normal position
   c. Semilunar fold of skin covering the medial canthus
   d. Increased distance between the inner canthi
   e. Irregular shaped defects of lid margin.
27. Which of the following is true regarding Herpes Zoster Ophthalmicus:
   a. The condition is essentially bilateral.
   b. Dendritic ulcer is the main presentation.
   c. Periocular skin affection is always present
   d. Usually a painless condition
   e. Corneal melting is a usual finding.

28. Which of the pathogens can produce corneal infections in the presence of an intact epithelium
   a. Staphylococcus
   b. N. Gonorrhea
   c. N. Meningitides
   d. Streptococcus
   e. Pneumococcus

29. In accommodative esotropia:
   a. Surgery is the rule in its treatment
   b. High myopia is usually present.
   c. Astigmatism is usually present.
   d. Due to excessive accommodation.
   e. usually associated with amblyopia

30. Dense scar of cornea with incarceration of iris is known as:
   a. Leucoma non adherent
   b. Ciliary staphyloma
   c. Iris bombe
d. Symbleparon

e. Leucoma adherent

31. Corneal sensations are lost in:

a. Conjunctivitis
b. Marginal keratitis
c. Herpetic keratitis
d. Fungal keratitis
e. Pannus siccus

32. The colour of flourescein staining in corneal ulcer is:

a. Yellow
b. Blue
c. Green
d. Royal blue
e. red

33. Arlt's line is present in:

a. Upper palpebral conjunctiva
b. Lower palpebral conjunctiva
c. Bulbar conjunctiva
d. Limbus
e. Lid margin

34. The most common complication of lagophthalmos is:

a. Purulent conjunctivitis
b. Exposure keratitis  
c. Entropion  
d. trichiasis  
e. Chronic simple glaucoma  

35. **Main muscle responsible for lid elevation:**  
a. muller's muscle  
b. Superior rectus muscle  
c. Occipitofrontalis muscle  
d. Superior oblique muscle  
e. Levator palpebrae superioris muscle  

36. **Fundus changes in background diabetic retinopathy include:**  
a. Cotton wool spots  
b. Intraretinal microvascular abnormalities (IRMAs)  
c. Neovessels in the retina  
d. Retinitis proliferans  
e. Microaneurysms  

37. **Management of acute central retinal artery occlusion includes the following except:**  
a. Ocular massage  
b. Anterior chamber paracentesis  
c. Intravenous acetozolamide  
d. Miotics  
e. Inhalation of carbogen  

38. **Treatment of choice for angular conjunctivitis is:**
a. Vaso constrictors
b. Mast cell stabilizers
c. Zinc preparations
d. Large doses of Vitamin A
e. Antiviral drugs

39. Patient 60 year old, diabetic for 20 years. He suffered acutely of dropping of the right eyelid. On manual elevation of the lid he sees double vision. What is your diagnosis?
   a. Trigeminal nerve neuropathy.
   b. Trochlear nerve palsy.
   c. Abducent nerve palsy.
   d. Oculomotor nerve palsy.
   e. Facial nerve palsy

40. Pupillary nerve fibers pass through the optic tract to:
   a. The optic chiasma
   b. The optic radiation.
   c. The lateral geniculate body.
   d. The pretectal nuclei.
   e. The occipital cortex

41. Systemic hypertension can predispose to the following ocular problem:
   a. Rhegmatogenous retinal detachment
   b. Muscca volitans
   c. Retinal vein occlusion
   d. Retinal vasculitis
42. **Pregnant lady at 27 week gestation developed marked elevation of her blood pressure and proteinuria then developed marked diminution of vision. It is mostly due to:**
   a. Central retinal vein occlusion
   b. Rhegmatogenous retinal detachment
   c. Central retinal artery occlusion
   d. Exudative retinal detachment
   e. Tractional retinal detachment

43. **Consecutive optic atrophy is secondary to**
   a. papilloedema
   b. papillitis
   c. diseases of retina and choroid
   d. glaucoma
   e. Iridocyclitis

44. **Chronic dacryocystitis increases the risk of:**
   a. Phlyctenular conjunctivitis
   b. Vernal conjunctivitis
   c. Pneumococcal corneal ulcer
   d. Dendritic corneal ulcer
   e. Diphtheretic conjunctivitis

45. **Corneal Herbert's rosettes are found in:**
   a. Mucopurulent conjunctivitis
   b. Phlyctenular keratoconjunctivitis
c. Active trachoma
d. Spring catarrh
e. Angular Blapharo conjunctivitis

46. In acute angle closure glaucoma the pupil is:
   a. rounded, irreactive and dilated
   b. Pin point constricted
   c. Vertically oval, dilated, irreactive
   d. Normal sized, reactive
   e. D shaped pupil

47. Patient received a tennis ball hit to his eye which used to have 6/6 vision. External eye examination showed no abnormalities vision is H.M. and red reflex is normal. Possible diagnosis is:
   a. comotio retinae
   b. traumatic cataract
   c. vitreous hemorrhage
   d. secondary glaucoma
   e. Subconjunctival Heamorrhage.

48. The commonest cause of diminution of vision in a school-aged child is:
   a) Soft cataract
   b) Infantile glaucoma
   c) Errors of refraction
   d) Corneal dystrophy
   e) Retinal detachment
49. Cobble stone papillae are pathognomonic of  
a. trachoma  
b. Inclusion conjunctivitis  
c. Vernal conjunctivitis  
d. Adenoviral conjunctivitis  
e. Diphtheretic conjunctivitis

50. A scan biometry is used to calculate the power of the intraocular lens by measuring:  
a. Corneal curvature  
b. Refractive index  
c. Depth of the anterior chamber  
d. Axial length of the eye  
e. Power of the cornea

51. The sure diagnostic sign of corneal ulcer  
a. Ciliary injection  
b. Blepharospasm  
c. Miosis  
d. positive fluorescein test  
e. photophobia

52. Early stages of papilledema cause:  
a. arcuate scotoma  
b. Enlargement of the blind spot  
c. ring- shaped scotoma  
d. Siedle scotoma
e. Homonymous hemianopia

53. Cylindrical lenses are prescribed for
   a. Myopia
   b. Hypermetropia
   c. Astigmatism
   d. Athenopia
   e. Cataract

54. Temporal crescent is seen typically in
   a. Astigmatism
   b. Hypermetropia
   c. Myopia
   d. Squint
   e. Athenopia

55. Simple myopic astigmatism means
   a. One meridian is myopic and the other is emmetropic
   b. Both meridians are myopic
   c. One meridian is hypermetropic and the other emmetropic
   d. Both meridians are hypermetropic
   e. Both meridians are emmetropic

56. Ptosis in Horner's syndrome, is due to paralysis of:
   a. Riolan's muscle
   b. Horner's muscle
c. Muller's muscle
d. The levator palpebral muscle
e. Orbicularis oculi muscle

57. **Blow out fracture** Most commonly affect
a. The inferior wall of the orbit
b. The medial wall of the orbit
c. The lateral wall of the orbit
d. The roof of the orbit
e. The orbital apex

58. **Vossius ring is iris pigments deposited on**
   a. Posterior surface of the cornea
   b. Anterior surface of the lens
c. Angle of the anterior chamber
d. Posterior surface of the lens
e. Anterior surface of the cornea

59. **The sure sign of scleral rupture is**
   a. Shallow anterior chamber
   b. Decreased visual acuity
c. Prolapsed intraocular contents
d. Hypotony
e. Hyphema

60. A male patient was complaining of continuous redness of both eyes, foreign body sensation, and frequent loss of lashes. On examination, the
l $ims were hyperemic, and the lashes were matted with yellow crusts, which left painful ulcers on trying to remove. The most reliable diagnosis is:

- a. Squamous blepharitis.
- b. Cicatricial entopion.
- c. Spastic entropion.
- d. Ulcerative blepharitis.
- e. Viral Conjunctivitis

61. Which of the following is most likely to have a disastrous visual outcome if not treated immediately?

- a. Conjunctivitis
- b. Subconjunctival hemorrhage
- c. Angle closure glaucoma
- d. Iritis
- e. Photophthalmia

62. Ciliary congestion is most marked at the

- a. Sclera
- b. Fornix
- c. Bulbar conjunctiva
- d. Limbus
- e. Iris

63. Bandage of the eye is contraindicated in:

- a. Corneal abrasion
- b. Bacterial corneal ulcer
- c. Mucopurulent conjunctivitis
d. After glaucoma surgery  
e. After cataract surgery

64. Superior oblique muscle is supplied by:-
   a. Oculomotor nerve  
b. Abducens nerve  
c. Trochlear nerve  
d. Fascial nerve  
e. Trigeminal nerve

65. A patient with recent rhegmatogenous retinal detachment is presented with:
   a. Photophobia  
b. Amaurosis fugax  
c. Photopsia  
d. Neuralgic pain  
e. Red eye

66. The most characteristic in prodromal stage of acute congestive glaucoma:
   a. Coloured haloes  
b. Marked ciliary injection  
c. Persistent elevation of intraocular pressure  
d. Profuse lacrimation  
e. Profound loss of visual acuity
67. Ten years old boy complains of itching. On examination, there are mucoid nodules with smooth rounded surface on the limbus, and mucous white ropy discharge. He most probably suffers from:
   a. Phlyctenular conjunctivitis
   b. Mucopurulent conjunctivitis
   c. Bulbar spring catarrh
   d. Purulent conjunctivitis
   e. Viral conjunctivitis

68. Which of the following is used for evaluating macular functions in a patient whose vision is only hand movement:
   a. Color perception
   b. Confrontation test
   c. Light projection
   d. Light perception
   e. Ultrasonography

69. Version movements are:
   a. Binocular movements in the same direction.
   b. Binocular movements in the opposite direction
   c. Controlled by shirrington's low
   d. Controlled by oculomotor nuclei
   e. Monocular movement in a given direction

70. Cataract surgery should not be done in the presence of:
   a. Corneal nebula
   b. Herbert's pits
c. Arcus senilis
d. Chronic dacryocystitis
e. Arlt's line

71. **Rubeosis iridis** is seen in:
a. Central retinal artery occlusion
b. Central retinal vein occlusion
c. Acute iridocyclitis
d. Corneal ulcer
e. Mucopurulent conjunctivitis

72. **Diminished vision in daylight** is seen in:
a. Central cataract
b. Peripheral cataract
c. Peripheral corneal opacity
d. Peripheral retinal degenerations
e. Retinitis pigmentosa

73. One of the following signs disappear with medical treatment:
a. Pannus siccus
b. Tranta's spots
c. Arlt's line
d. Arcus senilis
e. Pterygium

74. **Primary open angle glaucoma** is not treated by:
a. Pilocarpine
b. Carbonic anhydrase inhibitors
c. Beta blockers
d. Atropine
e. Subscleral trabeculectomy

75. A 3 year old child presents with a convergent squint dating for one year. The first step management is:
   a. Proper refraction
   b. Surgical correction
c. Training on the synoptophore
d. Prism prescription
e. Examination with Hess screen

76. The primary treatment of dacryocystitis in infant, should be:
   a. Syringing
   b. Antibiotics and massage
c. Dacryocystectomy
d. Dacryocystorhinostomy
e. Antibiotics and steroid

77. Fifth nerve palsy could cause:
   a. Ptosis
   b. Proptosis
c. Neurotrophic Keratitis
d. Lagophthalmos
e. Keratoconus.
78. The earliest feature of anterior uveitis includes:

a. Keratic precipitates
b. Hypopyon
c. Posterior synechiae
d. Aqueous flare
e. Peripheral anterior synechiae

79. Accommodation is maximum in

a. Adulthood
b. Childhood
c. Middle age
d. Old age
e. Women

80. Lens induced glaucoma least occur in:

a. Intumescent cataract
b. Anterior lens dislocation
c. Posterior subcapsular cataract
d. Posterior lens dislocation
e. Hypermature cataract

81. Occlusion therapy:

a. To occlude the amblyopic eye.
b. Is mandatory in alternating squint.
c. Is effective at any age
d. Is effective in apparent squint.
e. One week for each year of patient age is the maximum period for full time occlusion

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<thead>
<tr>
<th>COLUMN ONE</th>
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<tbody>
<tr>
<td>82. Orbital excentration</td>
<td>a. Excision of the eye ball</td>
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<tr>
<td>83. Evisceration means</td>
<td>b. Evacuation of the content of the eyeball.</td>
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<td></td>
<td>c. Retraction of the globe into the orbit.</td>
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<td>d. Non specific inflammation of the orbital tissue.</td>
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<td>e. Orbital periosteum and orbital contents, lids and conjunctiva are removed.</td>
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<tr>
<td>84. Trichiasis</td>
<td>a. Permanent absence of eye lashes</td>
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<td>85. Poliosis</td>
<td>b. More than 4 lashes rubbing against the cornea.</td>
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<td>86. Orbital cellulitis</td>
<td>c. Whitening of the lashes.</td>
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<td>d. Acute suppurative inflammation of orbital soft tissue.</td>
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<td>e. Lid margin is turned outwards.</td>
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<tr>
<td>87. Dermatochalasis</td>
<td>a. Chronic inflammation of lid margin</td>
</tr>
<tr>
<td>88. Blepharitis</td>
<td>b. Acute suppurative inflammation of zeis gland and lash follicle</td>
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<td>89. Hordeolum internum</td>
<td>c. Incomplete closure of palpebral fissure</td>
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<td>d. Acute suppurative inflammation of meibomian gland.</td>
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<td>e. Redundancy of upper eye lid skin in old age.</td>
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<td><strong>90. True membranous conjunctivitis is caused by</strong></td>
<td>a. Gonococci</td>
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<tr>
<td><strong>91. The commonest cause of Mucopurulent conjunctivitis</strong></td>
<td>b. Koch week's bacillus.</td>
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<td>c. Morax Axenfield bacillus.</td>
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<td></td>
<td>d. Corynebacterium diphtheriae.</td>
</tr>
<tr>
<td></td>
<td>e. Chlamydia trachomatis.</td>
</tr>
</tbody>
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92. IOP as measured by indentation is recorded as:

A. mm Hg  
B. gm/mm²  
C. a scale from 0 to 18  
D. lb/in²  

93. A refractive error of +2.00 +2.00 X 180 would be classified as:

A. mixed astigmatism  
B. compound hyperopic astigmatism  
C. compound myopic astigmatism  
D. simple hyperopic astigmatism  

94. A male patient was complaining of continuous redness of both eyes, foreign body sensation, and frequent loss of lashes. On examination, the lid margins were hyperemic, and the lashes were matted with yellow crusts, which left painful ulcers on trying to remove. The most reliable diagnosis is:

A. squamous blepharitis.  
B. Cicatricial entropion.  
C. Spastic entropion.  
D. Ulcerative blepharitis.  

95. Best position for intraocular lens is:

A. In the anterior chamber  
B. Iris claw lens  
C. In the capsular bag  
D. Posterior to the capsule  

96. Which of the following field defects do pituitary gland tumours produce?
A. Unilateral field defect  
B. Bitemporal hemianopia  
C. Homonymous hemianopia  
D. Altitudinal field defect

97. A patient wearing glasses of +5.00 diopters is more prone to have:  
A. Open angle glaucoma  
B. Closed angle glaucoma  
C. Phacolytic glaucoma  
D. Neovascular glaucoma

98. The most accepted regimen in drug therapy of anterior uveitis can be:  
A. Corticosteroids and antibiotics  
B. Corticosteroids and miotics  
C. Corticosteroids and cycloplgics  
D. Corticosteroids and nonsteroidal anti-inflammatory drugs.

99. A female patient 18-year-old, who is contact lens wearer since two years, is complaining of redness, lacrimation and foreign body sensation of both eyes. On examination, visual acuity was 6/6 with negative Fluorescein staining, the expected diagnosis can be:  
A. Acute anterior uveitis.  
B. Giant papillary conjunctivitis.  
C. Bacterial corneal ulcer.  
D. Acute congestive glaucoma.

100. Rhegmatogenous retinal detachments are more in patients with:  
A. myopia  
B. hyperopia  
C. astigmatism  
D. presbyopia

101. Slit lamp examination of your patient reveals bulging, centrally thinned corneas. Refractometry shows an increase in astigmatism. The patient probably has:  
A. flat cornea  
B. keratoconjunctivitis  
C. keratoconus  
D. exophthalmus

102. During routine IOP measurements, you discovered a patient with an IOP of 30-mmHg & 25 mmHg. The C/D ratio was 0.4 and the field of vision showed paracentral scotoma. The angle of AC was open. What is the first line of treatment?  
A. Topical beta blockers  
B. Laser iridotomy  
C. Surgical peripheral iridectomy  
D. Subscleral trabeculectomy
103. Aqueous humour is secreted by:
   A. angle of anterior chamber
   B. choroid
   C. ciliary body
   D. iris

104. Anterior chamber is shallow in
   A. buphthalmos
   B. open angle glaucoma
   C. closed angle glaucoma
   D. aphakia

105. A female patient is complaining of watering of the right eye and photophobia. Examination showed 8 scattered rubbing lashes of the upper lid. The best treatment is:
   A. Snellen's operation
   B. Van Millingen's operation
   C. Electroysis
   D. Diathermy

106. Tremulousness of iris is seen in
   A. chronic iridocyclitis
   B. closed angle glaucoma
   C. aphakia
   D. senile immature cataract

107. White pupillary reflex is seen in
   A. retinoblastoma
   B. malignant melanoma
   C. Vitreous haemorrhage
   D. Open angle glaucoma

108. The most accurate method of measuring IOP is
   A. digital
   B. applanation
   C. air-puff non contact tonometer
   D. gonioscopy

109. A patient is presenting with ocular pain, positive fluorescein staining of the cornea with a constricted pupil, and a high intra ocular pressure. The following medication is contraindicated:
   A. Atropine
   B. Pilocaprine
   C. Carbonic anhydrase inhibitors
   D. Beta-blockers
110. Unilateral aphakia can be treated by
A. glasses
B. intraocular lens implant
C. keratoplasty
D. radial keratotomy

111. Radial keratotomy is useful in
A. myopia
B. hypermetropia
C. presbyopia
D. aphakia

112. Optical condition of the eye in which there is a significant difference in refraction between the two eyes
A. mixed astigmatism
B. irregular astigmatism
C. anisometropia
D. compound astigmatism

113. Chronic use of topical steroids may lead to
A. iris atrophy
B. glaucoma
C. corneal opacity
D. retinopathy

114. A young child suffering from fever and sore throat began to complain of lacrimation. On examination, follicles were found in the lower palpebral conjunctiva with tender preauricular lymph nodes. The most probable diagnosis is:
A. Trachoma
B. Staphylococcal conjunctivitis
C. Adenoviral conjunctivitis
D. Phlyctenular conjunctivitis

115. YAG laser is used in the treatment of
A. diabetic retinopathy
B. open angle glaucoma
C. after cataract
D. retinal detachment

116. Regarding buphthalmos, which is correct
A. shallow anterior chamber
B. bilateral
C. trabeculectomy is the treatment of choice
D. small corneal diameter (less than 10mm)
117. Treatment of choice in primary open angle glaucoma is
   A. cyclodialysis
   B. iridectomy
   C. cyclodiathermy
   D. medical

118. The optic nerve extends up to
   A. optical chiasma
   B. optic tract
   C. lateral geniculate body
   D. optic radiation

119. Consecutive optic atrophy occurs following
   A. papilloedema
   B. central retinal artery occlusion
   C. toxic amblyopia
   D. papillitis

120. 'D' shaped pupil is seen in
   A. iridocyclitis
   B. iridodialysis
   C. glaucoma
   D. dislocation of lens

121. Hordeolum externum is an inflammation of
   A. lid margin
   B. tarsal plate
   C. meibomian gland
   D. Zeis gland

122. Neovascular glaucoma can be best treated by:
   A. trabeculectomy
   B. pilocarpine
   C. panphotocoagulation of retina
   D. timolol maleate

123. Lagophthalmos is the condition of
   A. incomplete closure of the palpebral aperture
   B. drooping of the upper eyelid below its normal position
   C. lid margin rolls outwards
   D. lid margin rolls inwards

124. Paralytic ptosis is due to
   A. complete or partial 3rd nerve palsy
   B. 4th nerve palsy
C. 6th nerve palsy
D. 7th nerve palsy

125. The clinical features of symblepharon include
   A. ectropion
   B. lagophthalmos
   C. chalazion
   D. Xanthelasma

126. The most important examination in cases presenting with congenital ptosis is:
   A. The function of the levator muscle.
   B. Examination of the cornea
   C. The examination of the cranial nerves.
   D. The examination of the fundus.

127. Bandage of the eyes is contraindicated in:
   A. Corneal abrasion.
   B. Bacterial corneal ulcer.
   C. Mucopurulent conjunctivitis.
   D. after glaucoma surgery.

128. The first line of treatment in acid burns of the eye is
   A. Patching the eye
   B. Instilling a drop of oil in the eye
   C. Immediate wash with plain water
   D. Instilling a drop of surface anesthetic into the eye

129. An 8 year old girl received a tennis ball trauma to her right eye. On examination on the same day you would find
   A. Blood staining of the cornea
   B. Hyphaema
   C. Hypopyon
   D. Ghost cell glaucoma

130. In myopia which one of the following is most common?
   A. Equatorial staphyloma
   B. Posterior staphyloma
   C. Ciliary staphyloma
   D. Intercalary staphyloma

131. Distichiasis is:
   A. Misdirected eyelashes
   B. Accessory row of eyelashes
   C. Downward dropping of upper lid
   D. Outward protusion of lower lid
132. Arlt's line is present in:
   A. upper palpebral conjunctiva
   B. Lower palpebral conjunctiva
   C. Bulbar conjunctiva
   D. Cornea

133. Deep leucoma is best treated by:
   A. Tattooing
   B. Lamellar keratopasty
   C. Keratectomy
   D. Penetrating keratoplasty

134. The color of fluorescein staining in corneal ulcer is:
   A. Yellow
   B. Blue
   C. Green
   D. Red

135. Following injury to the exiting eye, sympathetic ophthalmitis begins in:
   A. In 4-6 days
   B. In 4-6 weeks
   C. 8-12 weeks
   D. After 12 weeks

136. In intracapsular cataract extraction which part of the lens capsule is left behind?
   A. Anterior lens capsule
   B. Posterior lens capsule
   C. Equatorial rim the lens capsule
   D. No lens capsule is left behind

137. When there is intumescent cataract causing glaucoma?
   A. Trephining should be done
   B. Paracentesis is indicated
   C. Lens should be extracted after control of IOP
   D. Medical treatment only

138. Laser treatment in diabetic retinopathy is indicated in:
   A. Dense vitreous haemorrhage
   B. Diffuse macular oedema
   C. Tractional retinal detachment
   D. Macular epiretinal membrane distortion

139. In retinitis pigmentosa, the pigmentation in the retina starts at:
   A. Posterior pole
   B. Anterior to equator
140. The incision size in phacoemulsification is:
   A. 1 mm  
   B. 3 mm  
   C. 5 mm  
   D. 7 mm

141. Severe congenital ptosis with no levator function can be treated by:
   A. Levator resection from skin side  
   B. Levator resection from conjunctival side  
   C. Fascia lata sling operation  
   D. Fasanella servat operation

142. In CRAO, a cherry red spot is due to:
   A. Hemorrhage at macula  
   B. Increased choroidal perfusion  
   C. Increased in retinal perfusion at macula  
   D. The contrast between pale retina and reddish intact choriocapillaris

143. The most common primarily intraocular malignancy in adults is:
   A. Retinoblastoma  
   B. Choroidal melanoma  
   C. Squamous cell carcinoma of conjunctiva  
   D. Iris naevus

144. A patient has an upper lid trichiasis with history of chronic eye irritation. The most common causes are:
   A. Stye  
   B. Trachoma  
   C. Infected chalazion  
   D. Spring catarrh

145. Chalazion is:
   A. Acute suppurative inflammation of Meibomian glands  
   B. Chronic granulomatous inflammation of Meibomian glands  
   C. Retention cyst of the Meibomian glands  
   D. Neoplasm of the Meibomian glands

146. A patient complains of maceration of skin of the lids and conjunctival redness at the inner and outer canthi. Conjunctival swab is expected to show:
   A. Staphylococcus aureus  
   B. Staphylococcus viridans  
   C. Staphylococcus pneumoniae
D. morax-Axenfield diplobacilli

147. Paralytic ectropion occurs in:
   A. Third nerve paralysis
   B. Trigeminal nerve paralysis
   C. Facial nerve paralysis
   D. Trochlear nerve paralysis
### Answers

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