Neurology of Vision

1. Lens develops from
   a. Neural ectoderm
   b. Surface ectoderm
   c. Optic vesicle
   d. All of the above

2. Retina develops from
   a. Surface ectoderm
   b. Mesoderm
   c. Optic vesicle
   d. Embryonic fissure

3. Muscles controlling pupil arise from
   a. Mesoderm
   b. Ectoderm
   c. Endoderm
   d. None of the above

4. The avascular structure of eye is
   a. Choriod
   b. Lens
   c. Conjunctiva
   d. Ciliary body

5. Aqueous humor is secreted by
   a. Angle of anterior chamber
   b. Choriod
   c. Ciliary body
   d. Iris

6. Optic disc is also known as
   a. Macula lutea
   b. Blind spot
   c. Fovea
   d. Rods and cones

7. Superior oblique muscle is supplied by the
   a. Optic nerve
   b. Third cranial nerve
   c. Fourth cranial nerve
   d. Sixth cranial nerve

8. The sensory nerve supply of the eye is by the
   a. Optic nerve
   b. Third cranial nerve
   c. Fifth cranial nerve
   d. Seventh cranial nerve
9. Optic nerve contains
   a. Pigment layer
   b. Ganglion cell layer
   c. Nerve fibre layer
   d. All of the above

10. The junction of cornea and sclera is known as
    a. Angle of anterior chamber
    b. Ciliary body
    c. Pupil
    d. Limbus

11. Tarsal plate is situated in
    a. Eyebrow
    b. Eyelid
    c. Lacrimal apparatus
    d. Conjunctiva

12. Optic nerve head swelling is associated with:
    a. Neuritis
    b. Ischemic neuropathie
    c. Glaucoma
    d. Intracranial hypertension

13. Lamina cribrosa is present in
    a. Choroid
    b. Ciliary body
    c. Sclera
    d. Retina

14. Suspensory ligament extends between lens and
    a. Iris
    b. Ciliary body
    c. Choroid
    d. Limbus

15. Oculomotor nerve palsy features include all, EXCEPT
    a. Facial weakness
    b. Divergent squint
    c. Dilated fixed pupil
    d. Absent accommodation

16. The normal trichromatic colours vision consist of following colours
    a. Red, blue, yellow
    b. Red, blue, green
    c. Red, blue, white
    d. Red, green, yellow

17. The trichromatic theory of colour vision has been propounded by
    a. Schiotz
b. Von Graefe
c. Young-Helmholtz
d. None of the above

18. The intraorbital length of the optic nerve is
   a. 1 mm
   b. 5 mm
   c. 10 mm
   d. 25 mm

19. The total length of the optic nerve is
   a. 2.5 cm
   b. 3 cm
   c. 4.5 cm
   d. 5 cm

20. The neuron of the 1st order in the visual pathway lies which layer of retina
   a. Inner plexiform
   b. Outer plexiform
   c. Optic nerve fibre
   d. None of the above

21. Lesion of the optic tract causes
   a. Homonymous hemianopia
   b. Bitemporal hemianopia
   c. Binasal hemianopia
   d. Ipsilateral blindness

22. Scotopic vision is due to
   a. Cones
   b. Rods
   c. Both
   d. None

23. Visual acuity is a record of
   a. Light sense
   b. Form sense
   c. Contrast sense
   d. Colour sense

24. Visual centre is situated in
   a. Parietal lobe
   b. Frontal lobe
   c. Midbrain
   d. Occipital lobe

25. Optic nerve extends up to
   a. Optic chiasma
   b. Optic tracts
   c. Lateral geniculate body
d. Optic radiations

26. Visible spectrum extends from
   a. 100-300 nm
   b. 300-650 nm
   c. 400-700 nm
   d. 720-920 nm

27. Vortex vein drain
   a. Iris and ciliary body
   b. Sclera
   c. Uveal tract
   d. Retinal

28. Highest visual resolution is seen in
   a. Macula lutea
   b. Fovea centralis
   c. Optic disc
   d. Ora serrata

29. Second neuron in the optic pathway is present in
   a. Superior colliculus
   b. Retina
   c. Medial geniculate body
   d. Lateral geniculate body

30. Bitemporal hemianopia is seen with
   a. Pituitary tumors
   b. Temporal SOL
   c. Frontal SOL
   d. Retinoblastoma

Examination Methods of the Eye

1. Ciliary congestion is most marked at the
   a. Sclera
   b. Fornix
   c. Bulbar conjunctiva
   d. Limbus

2. Superficial vascularisation of cornea has all the following features, EXCEPT
   a. Irregular and tortuous vessel
   b. Rich dendritic branching
   c. Vessels continuous with conjunctival vessel
   d. Vessels lie deep to Browman’s membrane

3. Corneal thickness is measured by
   a. Keratometer
   b. Vernier scale
c. Pachymeter
d. None of the above

4. Keratometry is used in the measurement of
   a. Lenth of eyeball
   b. Curvature of cornea
   c. Diemeter of cornea
   d. Thickness of cornea

5. Corneal sensations are reduced
   a. Hypopyon ulcer
   b. Phylctenular keratitis
   c. Herpes simplex
   d. Arcus senilis

6. Corneal staining is done by following vital stains
   a. Iodine
   b. Fluorescein
   c. Carbolic acid
   d. Silver nitrate

7. All of the following result in loss of corneal sensation EXCEPT
   a. Acute congestive glaucoma
   b. Absolute glaucoma
   c. Dendritic ulcer
   d. Senile mature cataract

8. The normal depth of anterior chamber is
   a. 1 mm
   b. 2,5 mm
   c. 3 mm
   d. 3,5 mm

9. Anterior chamber is shallow in
   a. Buphthalmos
   b. Open angle glaucoma
   c. Closed angle glaucoma
   d. Aphakia

10. Dilated pupil is seen in all of the following EXCEPT
    a. Pontine haemorrhage
    b. Optic atrophy
    c. Acute glaucoma
    d. Papillitis

11. Tremulousness of iris is seen in
    a. Chronic iridocyclitis
    b. Closed angle glaucoma
    c. Aphakia
    d. None of the above
12. Pupil is pinpoint in
   a. Optic atrophy
   b. Absolute glaucoma
   c. Atropine
   d. Iritis

13. White papillary reflex is seen in
   a. Retinoblastoma
   b. Congenital cataract
   c. Complete retinal detachment
   d. All of the above

14. In a frightened man, the pupil shall
   a. Dilate
   b. Constrict
   c. Remain unaltered
   d. First dilate an then constrict

15. In aphakia there is absence of following Purkinje-Sanson´s images
   a. 1st and 2nd
   b. 3rd
   c. 4th
   d. 3rd and 4th

16. The normal intraocular pressure is (Schiotz)
   a. 10-15 mm Hg
   b. 10-20 mm Hg
   c. 25-30 mm Hg
   d. Less than 10 mm Hg

17. The most accurate method of measuring IOP is
   a. Digital
   b. Applanation
   c. Schiotz
   d. Gonioscopy

18. Near vision is recorded at a distance of
   a. 10 cm
   b. 25 cm
   c. 35 cm
   d. 50 cm

19. Distant vision is recorded at a distance of
   a. 1 m
   b. 2 m
   c. 3 m
   d. 6 m

20. Normal field of vision extends on the nasal side to
a. 40º  
 b. 50º  
 c. 60º  
 d. 70º  

21. Peripheral field of vision is tested by  
 a. Bjerrum’s screen  
 b. Snellen’s chart  
 c. Lister’s perimeter  
 d. Indirect ophthalmoscopy  

22. Central field of vision is limited up to  
 a. 20º  
 b. 30º  
 c. 40º  
 d. 50º  

23. Distant direct ophthalmoscopy is done at a distance of  
 a. 1 m  
 b. 6 m  
 c. 22 cm  
 d. Close to the face  

24. In indirect ophthalmoscopy the image is  
 a. Inverted, real, magnified  
 b. Erect, real, magnified  
 c. Erect, virtual, magnified  
 d. None of the above  

25. In direct ophthalmoscopy the image is  
 a. Virtual, erect, magnified  
 b. Virtual, inverted, condensed  
 c. Real, inverted, magnified  
 d. Real, erect, condensed  

26. Periphery of retina is best visualized with  
 a. Direct ophthalmoscopy  
 b. Indirect ophthalmoscopy  
 c. Retinoscopy  
 d. USG  

27. “A” wave in ERG correspond to activity in  
 a. Rods  
 b. Pigment epithelium  
 c. Inner retinal layer  
 d. Nerve bundle layer  

28. Campimetry is used to measure  
 a. Squint  
 b. Angle of deviation
c. Pattern of retina

d. Field charting

29. Angle of anterior chamber is studied with
   a. Indirect ophthalmoscopy
   b. Gonioscopy
   c. Retinoscopy
   d. Amblyoscope

30. Direct ophthalmoscopy magnification of image in comparison to indirect type (+13D lens) is - time in emmetropes
   a. 2
   b. 3
   c. 5
   d. 6

Errors of Refraction

1. Temporal crescent is seen typically in
   a. Astigmatism
   b. Hypermetropia
   c. Myopia
   d. None of above

2. Blurring of vision for near work occurs in
   a. Hypermetropia
   b. Presbyopia
   c. Both of the above
   d. None of above

3. Optical conditions of aphakia include all EXCEPT
   a. Loss of accommodation
   b. Astigmatism against rule
   c. Enlargement of retinal image
   d. Myopia

4. Unilateral aphakia can be treated by
   a. Contact lens
   b. Intraocular lens implant
   c. Both
   d. None

5. Standard power of posterior chamber intraocular lens is
   a. + 20 D
   b. + 10 D
   c. + 5 D
   d. +15 D

6. Cylindrical lenses are prescribed in
a. Presbyopia  
b. Astigmatism  
c. Myopia  
d. Squint

7. A newborn is invariably  
a. Hypermetropic  
b. Myopic  
c. Astigmatic  
d. Aphakic

8. Astigmatism is a type of  
a. Axial ametropia  
b. Index ametropia  
c. Curvature ametropia  
d. Spherical aberration

9. Hypermetropia causes  
a. Divergent squint  
b. Convergent squint  
c. Both of above  
d. None of above

10. In retinoscopy using a plane mirror, when the mirror is tilted to the right the shadow in the pure moves to the left in  
a. Hypermetropia  
b. Myopia more than – 1 D  
c. Emmetropia  
d. Myopia less than – 1 D

11. Optical condition of the eye in which the refraction of the two eyes differs is  
a. Mixed astigmatism  
b. Irregular astigmatism  
c. Anisometropia  
d. Compound astigmatism

12. Latent hypermetropia is detected when following mydriatic is used  
a. Adrenaline  
b. Phenilephrine  
c. Cyclopentolate  
d. Atropine

13. Radial keratotomy is useful in  
a. Myopia  
b. Hypermetropia  
c. Presbyopia  
d. Aphakia

14. Incident parallel rays come to focus posterior to the light sensitive layer of retina in  
a. Aphakia
b. Hypermetropia  
c. Both of the above  
d. None of the above

15. The complications of myopia include all EXCEPT  
a. Vitreous degeneration  
b. Retinal detachment  
c. Cataract  
d. Closed angle glaucoma

16. Indistinct distant vision is seen in  
a. Presbyopia  
b. Myopia  
c. Hypermetropia  
d. None of the above

17. The type of lens used for correction of regular astigmatism includes  
a. Biconvex lens  
b. Biconcave lens  
c. Cylindrical lens  
d. None of the above

18. Pseudopapillitis is seen in  
a. Hypermetropia  
b. Myopia  
c. Presbyopia  
d. None of the above

19. Contact lenses may be useful in treatment of all EXCEPT  
a. Keratoconus  
b. Refractive anisometropia  
c. Fuch´s endothelial dystrophy  
d. Severe keratoconjunctivitis sicca

20. Prisms are used in ophthalmology to measure and to treat  
a. Heterophoria  
b. Heterotropia  
c. Both  
d. None

21. Hard contact lens is made up of  
a. HEMA  
b. PMMA  
c. PVP  
d. PVC

22. Biconvex lens is used in all EXCEPT  
a. Aphakia  
b. Presbyopia  
c. Astigmatism
23. In compound hypermetropic astigmatism
   a. Both the foci are in front of retina
   b. Both the foci are behind of retina
   c. One focus is in front and one focus is behind the retina
   d. None of the above

24. Determination of the refraction is done by all EXCEPT
   a. Retinoscopy
   b. Refractometer
   c. Keratometer
   d. Perimeter

25. Retinoscopy is done in a dark room at a distance of
   a. 1 m
   b. 2 m
   c. 3 m
   d. 6 m

26. Drug of choice for papillary dilatation in children is
   a. Atropine
   b. Homatropine
   c. Scopolamine
   d. Cyclopentolate

27. Out of the following which is the shortest acting mydriatic
   a. Tropicamide
   b. Homatropine
   c. Cyclopentolate
   d. Atropine

28. Frequent change of presbyopic glasses is an early symptom of
   a. Closed angle glaucoma
   b. Open angle glaucoma
   c. Senile cataract
   d. After cataract

29. Accommodation is maximum in
   a. Childhood
   b. Adulthood
   c. Middle-age
   d. Old age

30. Treatment of choice in aphakia is
   a. Spectacles
   b. Contact lens
   c. Anterior chamber IOL
   d. Posterior chamber IOL
The Conjunctiva

1. All the following are serous acinous glands EXCEPT
   a. Krause’s glands
   b. Meibomian glands
   c. Lacrimal glands
   d. Salivary gland

2. Natural protective mechanisms of conjunctiva include
   a. Low temperature
   b. Flushing due to tears
   c. Blinking of eyelids
   d. All of the above

3. Follicles are not seen in which of the following
   a. Spring catarrh
   b. Trachoma
   c. Adenovirus conjunctivitis
   d. Streptococcal conjunctivitis

4. Angular conjunctivitis is caused by
   a. Staphylococcus
   b. Pneumococcus
   c. Virus
   d. Morax-Axenfeld bacillus

5. Eyes should not be bandaged in
   a. Corneal ulcer
   b. Purulent conjunctivitis
   c. Glaucoma
   d. Retinal detachment

6. Blood vessels in a trachomatous pannus lie
   a. Beneath the Descement’s membrane
   b. In the stroma
   c. Between Bowman’s membrane and stroma
   d. Between Bowman’s membrane and epithelium

7. Cobblestone appearance of the conjunctiva is seen in
   a. Spring catarrh
   b. Angular conjunctivitis
   c. Eczematous conjunctivitis
   d. Trachoma

8. The HP inclusion bodies in trachoma are
   a. Intranuclear
   b. Intracytoplasmic
   c. Both
   d. None
9. Sequelae of trachoma include
   a. Pseudoptosis
   b. Cicatricial entropion
   c. Trichiasis
   d. All of the above

10. The pathognomonic features of trachoma are all EXCEPT
    a. Follicles
    b. Papillae
    c. Herbert’s pits
    d. Pannus

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

12. Promising treatment of epidemic keratoconjunctivitis is by
    a. Oxytetracycline
    b. Sulphacetamide 30%
    c. Chloramphenicol
    d. Adenine arabinoside

13. As a complication of acute mucopurulent conjunctivitis, the corneal ulcers that develop as
    a. Marginal
    b. Central
    c. Anywhere on cornea
    d. No where

14. True membranous conjunctivitis is caused by
    a. Trachoma
    b. Morax-Axenfeld bacillus
    c. Virus
    d. Diphtheria

15. Phlyctenular conjunctivitis is due to
    a. Pneumococcus
    b. Pseudomonas pyocyanea
    c. Allergy to endogenous protein
    d. Allergy to exogenous protein

16. Concretions are due to accumulation of epithelial cells and mucus in
    a. Zeis’s gland
    b. Meibomian gland
    c. Moll’s gland
    d. Henle’s gland
17. Pinguecula is due to the infiltration of
   a. Hyaline
   b. Lipid
   c. Calcium
   d. Fatty acids

18. Bitot’s spots are associated with
   a. Vitamin A deficiency
   b. Vitamin D deficiency
   c. Vitamin E deficiency
   d. All of the above

19. Most common conjunctival cyst is due to
   a. Dilatation of lymph spaces
   b. Implantation cyst
   c. Retention cyst
   d. Hydatid cyst

20. The association of keratoconjunctivitis sicca with rheumatoid arthritis is
   a. Reiter’s syndrome
   b. Sjögren’s syndrome
   c. Stevens-Johnson syndrome
   d. Mikulicz’s syndrome

21. The treatment of angular conjunctivitis is
   a. Oxytetracycline ointment
   b. Zinc oxide
   c. Both
   d. None

22. Bilateral fat-like nodular area on nasal side is described as
   a. Pinguecula
   b. Pterygium
   c. Phlycten
   d. Pemphigoid

23. Dryness of eye is seen in all EXCEPT
   a. Vitamin A deficiency
   b. Trachoma stage IV
   c. Keratoconjunctivitis sicca
   d. Homer’s syndrome

24. The following are the features of conjunctival concretions EXCEPT
   a. Calcification
   b. Palpebral location
   c. Age related
   d. Corneal abrasion

25. Deficiency of vitamin A can cause all EXCEPT
   a. Xerosis
b. Keratomalacia  
c. Night blindness  
d. Dermoid  

26. Herbert’s pits are seen in  
a. Trachoma  
b. Herpetic conjunctivitis  
c. Ophthalmia neonatorum  
d. Spring catarrh  

27. Trantas nodules are seen in  
a. Blepharoconjunctivitis  
b. Vernal conjunctivitis  
c. Phlyctenular conjunctivitis  
d. Herpes keratitis  

28. All is true about Sjögren’s syndrome EXCEPT  
a. Occurs in males  
b. Polyarthritis  
c. Dryness of eyes  
d. Dryness of mouth  

29. Most common cause of blindness in India is  
a. Cataract  
b. Glaucoma  
c. Trachoma  
d. Vitamin A deficiency  

30. Organism causing ophthalmia neonatorum is  
a. Neisseria gonorrhoeae  
b. Staphylococci  
c. Streptococci  
d. Neisseria meningitides  

**The Cornea**  

1. Which of the following is not a source of nutrients to cornea  
a. Air  
b. Aqueous humor  
c. Perilimbal capillaries  
d. Vitreous  

2. Following pathogens can invade normal intact corneal epithelium EXCEPT  
a. Pneumococcus  
b. N. gonorrhoeae  
c. N. meningitides  
d. C. diphteriae  

3. Treatment of impending perforation of corneal ulcer includes all EXCEPT
a. Contact lens  
b. Acetazolamide (diamox)  
c. Therapeutic corneal graft  
d. Cautery

4. Ulcus serpens is caused in adults by  
a. Mycobacterium tuberculosis  
b. Pneumococcus  
c. Corynebacterium  
d. All of the above

5. The ectatic cicatrix in which iris is incarcerated is called  
a. Adherent leucoma  
b. Anterior synechia  
c. Prolapse of iris  
d. Anterior staphyloma

6. Central corneal ulceration may be associated with  
a. Herpes virus  
b. Bacteria  
c. Fungus  
d. All of the above

7. Hypopyon corneal ulcers results in following complications EXCEPT  
a. Perforation  
b. Panophthalmitis  
c. Secondary glaucoma  
d. Corneal anaesthesia

8. The most common organism responsible for hypopyon corneal ulcer is  
a. Staphylococcus  
b. Pneumococcus  
c. Pseudomonas  
d. Candida albicans

9. Symptoms of corneal ulcer are following, EXCEPT  
a. Mucopurulent discharge  
b. Pain in the eye  
c. Redness of the eye  
d. Watering

10. Steroids are contraindicated in  
a. Iritis  
b. Corneal ulcer  
c. Optic neuritis  
d. Phlyctenular conjunctivitis

11. The dendritic corneal ulcer is typical of  
a. Varicella zoster  
b. Herpes simplex
c. Pseudomonas

d. Aspergillus

12. Satellite nodules in the cornea are caused by
   a. Bacteria
   b. Virus
   c. Fungus
   d. Rickettsia

13. The following is not used for cautery of corneal ulcer
   a. Trichloracetic acid
   b. Iodine
   c. Carbolic acid
   d. Mercurochrome

14. Atheromatous corneal ulcer is
   a. Purulent
   b. Degenerative
   c. Allergic
   d. None of the above

15. Hudson-Stahli lines in cornea are
   a. Red
   b. Yellowish red
   c. Yellowish brown
   d. Yellow

16. Hutchinson´s triad comprise all EXCEPT
   a. Flat nose bridge
   b. Interstitial keratitis
   c. Hutchinson´s teeth
   d. 8th nerve deafness

17. Salmon patches´are seen in
   a. Haemorrhage into the cornea
   b. Interstitial keratitis
   c. Retinitis pigmentosa
   d. Phlyctenular keratitis

18. Cornea is thinned in
   a. Keratoconus
   b. Fuchs´ dystrophy
   c. Keratoglobus
   d. All of the above

19. The deposits seen in arcus senilis is
   a. Lipid
   b. Calcium
   c. Hyaline
   d. None of the above
20. Which of the following chemicals is not used for tattooing of corneal opacity
   a. Gold chloride
   b. Silver chloride
   c. Platinum chloride
   d. Hydrazine hydrate

21. The pigment deposited in Kayser-Fleischer ring is
   a. Melanin
   b. Haemosiderin
   c. Copper
   d. None of the above

22. Band-shaped keratopathy is due to
   a. Calcareous degeneration
   b. Hyaline degeneration
   c. Fatty degeneration
   d. Elastotic degeneration

23. Munson’s sign is seen in
   a. Episcleritis
   b. Chalcosis
   c. Keratoconus
   d. Retinal detachment

24. Common cause of non-healing corneal ulcer
   a. Chronic dacryocystitis
   b. Raised intraocular pressure
   c. Diabetes mellitus
   d. All of the above

25. Antiviral drugs include the following EXCEPT
   a. Acyclovir
   b. Ketoconazole
   c. Iodo-deoxyuridine
   d. Trifluorothymidine

26. The earliest symptom to occur in corneal ulcer is
   a. Pain
   b. Photophobia
   c. Loss of sensation
   d. Diminished vision

27. Fascicular ulcer is present in
   a. Mooren’s ulcer
   b. Neuroparalytic keratitis
   c. Herpes zoster
   d. Marginal ulcer

28. Rupture of Descement’s membrane is seen in
a. Keratoconus  
b. Rubella  
c. Glaucoma  
d. Retinoblastoma  

29. Bullous keratopathy involves  
a. Descement’s membrane  
b. Epithelium  
c. Endothelium  
d. Bowman’s membrane  

30. In case of central dense leukoma (5 mm) treatment of choice  
a. Penetrating keratoplasty  
b. Lamellar keratoplasty  
c. Tattooing  
d. Enucleation  

**The Sclera**  

1. The thickness of sclera is  
a. 0.5 mm  
b. 0.1 mm  
c. 1 mm  
d. 2 mm  

2. The vena vorticosa exit from sclera  
a. At the equator  
b. 4 mm behind the equator  
c. 4 mm in front the equator  
d. At posterior pole  

3. In which of the following there is intense itching  
a. Mucopurulent conjunctivitis  
b. Episcleritis  
c. Scleritis  
d. Spring catarrh  

4. Symptom differentiating scleritis from episcleritis is presence of  
a. Cornea and uveal involvement  
b. Ulceration  
c. Secondary glaucoma  
d. All of the above  

5. The optic nerve pierces the sclera  
a. Anteriorly  
b. Posteriorly  
c. At the equator  
d. 4 mm behind the equator
6. The classical features of episcleritis include all EXCEPT
   a. Circumscribed nodule, 2-3mm from limbus
   b. Conjunctiva moves freely over it
   c. Hard, movable and tender
   d. Cornea and uveal tract involvement

7. Episcleritis and scleritis are common in
   a. Woman
   b. Allergic reaction to endogenous toxin
   c. Associated with collagen disease
   d. Cornea and uveal involvement

8. The complications of scleritis include all EXCEPT
   a. Annular scleritis
   b. Ciliary staphyloma
   c. Posterior staphyloma
   d. Sclerosing keratitis

9. The following conditions are associated with blue sclerotics
   a. Deafness
   b. Fragilitas ossium
   c. Both
   d. None

10. Common causes of staphyloma include
    a. Increased IOP
    b. Scleritis
    c. Injury
    d. All of the above

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

12. Anterior staphyloma occurs due to
    a. Perforating corneal ulcer
    b. Penetrating corneal injury
    c. Secondary glaucoma
    d. All of the above

13. Scleritis is often associated with
    a. Polyarteritis nodosa
    b. SLE
    c. Dermatomyositis
    d. All of the above

14. Treatment of episcleritis includes EXCEPT
a. Corticosteroids  
b. Anti-inflammator
c. Anagesics  
d. Atropine

15. Features of scleritis include  
a. Pain  
b. Thining of sclera  
c. Associated with connective tissue disease  
d. All of the above

The Lens

1. Diameter x thickness of lens is  
a. 9mm x 4mm  
b. 7mm x 3mm  
c. 10mm x 5mm  
d. 9mm x 2mm

2. Congenital cataract is associated with all EXCEPT  
a. Toxoplasmosis  
b. Syphilis  
c. Rubeola  
d. Glycogen storage disease

3. Diminished vision in daylight is seen in  
a. Central cataract  
b. Peripheral cataract  
c. Zonular cataract  
d. None of the above

4. Cataracts are found in association with  
a. Parathyroid deficiency  
b. Myotonic dystrophy  
c. Dinitrophenol toxicity  
d. All of the above

5. White pupillary reflex is seen in all EXCEPT  
a. Optic atrophy  
b. Retinoblastoma  
c. Total retinal detachment  
d. Cataract

6. Postoperative flat anterior chamber may be due to  
a. Pupillary block  
b. Leaking wound  
c. Choroidal detachment  
d. All of the above
7. Expulsive (subchoroidal) haemorrhage may occur following
   a. Blunt injury with hyphaema
   b. Perforating injury
   c. Lens extraction
   d. Panophthalmitis

8. The etiology of complicated cataract includes all EXCEPT
   a. Disciform keratitis
   b. Iridocyclitis
   c. Retinitis pigmentosa
   d. Retinal detachment

9. Displaced lens is seen in all, EXCEPT
   a. Marfan's syndrome
   b. Marchesani's syndrome
   c. Haemophilia
   d. Homocystinuria

10. The most common complication in pseudoexfoliation of the lens capsule is
    a. Iritis
    b. Conjunctivitis
    c. Glaucoma
    d. Optic neuritis

11. Ideal site for intraocular lens implantation is
    a. In the anterior chamber
    b. Transfix in the pupillary margin
    c. In the posterior chamber inside capsule
    d. Behind the posterior lens capsule

12. Attack of acute congestive glaucoma (acute angle closure) can occur in
    a. Incipient stage of cortical cataract
    b. Intumescent stage
    c. Hypermature stage
    d. Mature stage

13. Secondary cataract is
    a. Posterior capsule opacification
    b. Cataract after uveitis
    c. Cataract after trauma
    d. Cataract after intraocular tumor

14. Which of the following congenital or developmental cataract can also be acquired
    a. Corronary
    b. Posterior Polar
    c. Suture
    d. Coralliform

15. Lens derives its nourishment from
    a. Air
b. Aqueous humour  
c. Vitreous  
d. Perilimbal capillaries

16. Hard artificial intraocular lenses are generally made of  
a. Prolene  
b. PMMA-polymethylmetacrylat  
c. HEMA  
d. silicone

17. Rosette – shaped cataract is a feature of  
a. Traumatic cataract  
b. Diabetic cataract  
c. Coronary cataract  
d. Complicated cataract

18. YAG laser capsulotomy is made in  
a. Diabetic retinopathy  
b. Open angle glaucoma  
c. Secondary cataract  
d. Retinal detachment

19. After cataract operation, lenses are prescribed radiation is  
a. 1 week  
b. 2 weeks  
c. 6 weeks  
d. 3 months

20. Most common type of cataract following radiation is  
a. Anterior subcapsular  
b. Posterior subcapsular  
c. Nuclear cataract  
d. Corticonuclear cataract

**The Vitreous**

1. Vitreous is attached to the following structure EXCEPT  
a. Retina  
b. Lens  
c. Ciliary epithelium near ora serrata  
d. Optic disc

2. Which of the following is not a source of nutrient to cornea  
a. Air  
b. Aqueous humour  
c. Perilimbal capillaries  
d. Vitreous humour

3. Asteroid hyalitis is
Clinically symptomless
Bilateral unusually
Crystalline spherical bodies
All of the above

Synchysis scintillans is seen in eye which have suffered
Trauma
Inflammatory disease
Both
None

The caused of vitreous degeneration include
Myopia
Cyclitis
Amyloidosis
All of the above

Subhyaloid hemorrhage occurs between
Retina and vitreous
Within vitreous
Behind retina
None of the above

The treatment of vitreous hemorrhage includes all EXCEPT
Bed-rest with elevation of head
Photocoagulation
Lensectomy
Vitrectomy

The complications of vitreous bands and membranes are
Retinal oedema
Retinal hole formation
Retinal detachment
All of the above

Clinical features of vitreous loss include
Aphatic glaucoma
Updrawn pupil
Macular oedema
All of the above

Vitreous abscess is commonly due to all EXCEPT
Penetrating injures
Postoperative infection
Hordeolum internum
Septicaemia

Common caused of vitreous haemorrhage include all EXCEPT
Trauma
Eale’s disease
c. Diabetic retinopathy
d. Choroiditis

12. Synchysis scintillans is due to
a. Asteroid bodies
b. Muscae volitantes
c. Cholesterol crystals
d. Amyloid degeneration

13. Vitrectomy is indicated in
a. Vitrious loss during cataract surgery
b. Retinal detachment associated with traction bands
c. Endophthalmitis
d. All of the above

14. Features of asteroid bodies in vitreous include
a. Clinically innocuous
b. Calcium crystals
c. Usually bilateral
d. All of the above

15. The vitreous contains
a. Hyaluronic acid
b. Plasma protein and collagen
c. A dilute solution of salts
d. All of the above

---

**Glaucoma**

1. Aqueous humor formation occurs by all means EXCEPT
a. Ultrafiltration
b. Active secretion
c. Passive diffusion
d. De novo synthesis

2. Large haemangioma of lids and cheek along with glaucoma is seen in
a. Von Recklinghausen’s disease
b. Sturge-Weber syndrome
c. Von Hippel-Lindau disease
d. None of the above

3. Glaucoma may be secondary to all the following EXCEPT
a. Iritis
b. Dislocation of lens
c. Hyphaema
d. Occlusion of short ciliary artery

4. Regarding buphthalmos, which is correct
a. Boys are affected more than girls
b. Bilateral  
c. Trabeculotomy is the treatment of choice  
d. All of the above  

5. Rainbow halo around light is seen in  
a. Early stages of closed angle glaucoma  
b. Early stages of cataract  
c. Acute mucopurulent conjunctivitis  
d. All of the above  

6. Primary acute congestive glaucoma manifests as  
a. Hyphaema  
b. Miotic pupil  
c. Low vision with pain in eye  
d. All of the above  

7. The drug which is NOT used as antiglaucoma drug  
a. Carboanhydrate inhibitors  
b. Corticosteroids  
c. Beta adrenergic blocker  
d. Prostaglandin analogs  

8. Shallow anterior chamber is seen in  
a. Adherent leucoma  
b. After trabeculectomy  
c. Closed angle glaucoma  
d. All of the above  

9. Glaucoma after cataract extraction may results from  
a. Pre-existing glaucoma  
b. Development of peripheral anterior synechiae  
c. Pooling of fluid behind the anterior hyaloids membrane  
d. All of the above  

10. Hypermetropia is mostly seen in:  
a. Neovascular glaucoma  
b. Open angle glaucoma  
c. Closed angle glaucoma  
d. Glaucoma capsulare  

11. All of the following field defects are characteristic of glaucoma EXCEPT  
a. Arcuate scotoma  
b. Ring scotoma  
c. Central scotoma  
d. Quadrant scotoma  

12. Which of the following is contraindicated in primary glaucoma  
a. Atropine  
b. Pilocarpine  
c. Adrenaline
13. Coloured halos are not seen in
   a. Accommodation
   b. Narrow angle glaucoma
   c. Steroid induced glaucoma
   d. Phakogenic glaucoma

14. Stony hard eye is seen in
   a. Infantile glaucoma
   b. Chronic open angle glaucoma
   c. Absolute glaucoma
   d. None of the above

15. Treatment of malignant glaucoma is
   a. Timolol maleate
   b. Pilocarpine
   c. Corticosteroids
   d. Vitreous aspiration-vitreoretinal surgery

16. Laser is used in
   a. Angle-closure glaucoma
   b. Open angle glaucoma
   c. Retinal detachment
   d. All of the above

17. Cupping of the disc is not a feature of
   a. Megalocornea
   b. Chronic open angle glaucoma
   c. Chronic angle-closure glaucoma
   d. Buphthalmos

18. Optic nerve head topography and retinal nerve fibers examination is performed except:
   a. OCT – optic coherent topography
   b. USG- ultrasonography
   c. HRT-Heidelberg retinal tomography
   d. GDx- polarimetry

19. Most common presenting feature of a patient with primary open angle glaucoma is
   a. Eyeache
   b. Headache
   c. Coloured halos
   d. Chronic deterioration of vision

20. Drugs used in primary open angle glaucoma include
   a. Timolol maleate
   b. Atropine
   c. Steroids
   d. None of the above
21. Clinical features of absolute glaucoma include all EXCEPT
a. Completely blind eye
b. Pain
c. Shallow anterior chamber
d. Preserved visual field

22. Peripheral anterior synechia occurs in
a. Open angle glaucoma
b. Closed angle glaucoma
c. Neovascular glaucoma
d. None of the above

23. Provocative test for angle-closure glaucoma is
a. Dark room test
b. Water drinking test
c. Venous congestion test
d. All of the above

24. Eyes prone to angle closure have all the following characteristics EXCEPT
a. Hypermetropic
b. Shallow anterior chamber
c. Large lens
d. Wide angle

25. Trabeculoplasty to reduce intraocular pressure in primary open angle glaucoma is done
a. Nd:YAG laser
b. Argon laser
c. CO2 laser
d. a.+b.

26. Iridocorneal angle examination is
a. Goniotomia
b. Gonioskopia
c. Goniovision
d. Goniolysis

27. Ocular hypertension is associated with
a. Higher intraocular pressure
b. Visual field defects
c. Optic nerve head cupping
d. All of the above

28. Increased ocular pressure in Buphthalmos causes all the following EXCEPT
a. Stretching of sclera
b. Corneal vascularisation
c. Corneal curvature prominence
d. Rupture of Descemet’s membrane

29. Pain in absolute glaucoma is relieved by
a. Analgesics
b. Retrobulbar injection of alcohol
c. RTG antidolorose therapy
d. All of the above

30. In acute angle-closure, prophylactic treatment of choice for the other eye is
a. Nd:YAG laser, iridotomy
b. Peripheral iridotomy
c. Pilocarpine instillation
d. Retrobulbar alcohol injection

31. Treatment of choice for congenital glaucoma is
a. Drugs
b. Goniotomy, trabeculotomy
c. Cyclodialysis
d. Trabeculectomy

32. Treatment of choice in primary open angle glaucoma is prime
a. Cyclodialisis
b. Iridectomy
c. Cyclodiathermy
d. Medical

The Retina

1. Amsler grid is used for examination of:
a. Peripheric visual field
b. Exophthalmus
c. Macula
d. Cornea

2. Retinal detachment is associated with
a. Malignant melanoma
b. High myopia
c. Diabetic retinopathy
d. All of the above

3. Retinoblastoma is
a. Most common in adults
b. Usually bilateral
c. Treated by evisceration
d. All of the above

4. Most frequently used therapy of rhegmatogenous retinal detachment is
a. Urgent pars plana vitrectomy
b. Retinal panphotocoagulation
c. Parenteral application of hyperosmotic solutions
d. Positioning of head of patient with delayed pars plana vitrectomy
5. Diabetic retinopathy is characterised by
   a. Superficial haemorrhage
   b. Perivasculitis
   c. Microaneurysms
   d. A-V crossing changes

6. Toxoplasmosis usually affects
   a. Iris
   b. Ciliary body
   c. Macula
   d. Ora serrata

7. Retinal detachment
   a. Is always accompanied by visual acuity decrease
   b. Is a disease when neuroepithelium is detached from retinal pigment
   c. Caused by tumor is called rhegmatogenous
   d. Is caused by macular hole

8. Flame-shaped haemorrhages are seen commonly in the retinopathy of
   a. Diabetes
   b. Hypertension
   c. Retinitis pigmentosa
   d. All of the above

9. Rhegmatogenous retinal detachment is due to
   a. Tumour
   b. Retinal break
   c. Vitreous traction
   d. Proliferative retinopathy

10. The most common intraocular tumour in children is
    a. Malignant melanoma
    b. Retinoblastoma
    c. Diktyoma
    d. Medulloepithelioma

11. Causes of secondary detachment are all EXCEPT
    a. Intraocular tumour
    b. Macular hole
    c. Exudative choroiditis
    d. Haemorrhage between retina and choroidea

12. Wet form of Age Related Macular Degeneration is accompanied by symptoms
    a. Tunnel vision
    b. Curved vision
    c. „Flashes“
    d. Macropsy

13. Retina after death becomes
    a. Transparent
b. White
c. Black
d. Red

14. The pathology of snow blindness involves the
a. Cornea
b. Iris
c. Retina
d. Optic disc

15. Laser panphotocoagulation
a. Is performed by Argon laser
b. Is a treatment of macular hole
c. Is performed by YAG laser
d. Is concentrated on macula

16. Central serous chorioretinopathy
a. Is accompanied by macular edema
b. Is more common in men
c. Is a disease of unknown ethiology
d. All of the above

17. The central retinal vein occlusion commonly occurs in person with
a. Arterosclerosis
b. Atherosclerosis
c. Orbital cellulitis
d. All of the above

18. Risk factor of rhegmatogenous retinal detachment is
a. Lattice degeneration
b. Pigment cells hyperplasia
c. Synchisis scintillans
d. Microaneurysm

19. The cardinal feature of stage 4 hypertensive retinopathy is
a. Arteriovenous crossing changes
b. Flame-shaped haemorrhage
c. Papilloedema
d. Soft exudates

20. Typical signs of retinal detachment are
a. Macropsy
b. Curved vision
c. “Floaters and flyes”
d. Scotoma and flashes

The Optic Nerve

1. The optic nerve extends up to
a. Optic chiasma
b. Optic tract
c. Lateral geniculate body
d. Optic radiation

2. Sudden loss of vision occurs in the following EXCEPT
a. Retrobulbar neuritis
b. Papilloedema
c. Central retinal artery block
d. Central retinal vein occlusion

3. The characteristic sign of retrobulbar neuritis is
a. Hyperaemia of the optic disc
b. Ill–sustained pupillary reaction
c. Ciliary congestion
d. Optic atrophy

4. Consecutive optic nerve atrophy is secondary to
a. Papilloedema
b. Papillitis
c. Diseases of retina and choroid
d. Glaucoma

5. Blind spot
a. Is a corresponding site of optic disc in visual field
b. Is called Bierrum’s scotoma
c. Is a corresponding site of macula in visual field
d. Is typical for glaucoma disease

6. Vessel emerging from optic disc is
a. Central retinal artery
b. Central retinal vein
c. Both
d. None

7. Select a false statement about optic nerve
a. Optic nerve is a protrusion of white cerebral matter
b. Its orbital part has shape of „S“
c. Is covered by myelin
d. Has ability of regeneration

8. Intracranial hypertension can be accompanied by
a. Yellowish waxy optic disc
b. Descendent atrophy of optic disc
c. Optic disc edema
d. All of the above

9. Excavation of the optic disc is typical for
a. Glaucomatous optic nerve atrophy
b. Postneuritic atrophy
c. Mechanical injury of optic nerve
d. Toxic damage of optic nerve

10. Blurring of the disc margin is seen typically in
a. Pseudoneuritis
b. Papillitis
c. Malignant hypertension
d. All of the above

11. The normal cup:disc ratio is
a. 1:2
b. 1:3
c. 1:4
d. 2:4

12. The toxic agent in methyl alcohol poisoning is
a. Formaldehyde
b. Cyanide
c. Ethanol
d. None of the above

13. The immediate treatment of methylalcohol poisoning includes
a. Ethylalcohol
b. Vitamin B₁, B₆ and B₁₂
c. Antibiotics
d. Vasodilatators

14. Yellowisch waxy disc is seen typically in
a. Retinal detachment
b. Retinitis pigmentosa
c. Primary optic atrophy
d. Postneuritis optic atrophy

15. Optic nerve is
e. 2nd head nerve
f. 1st head nerve
g. 4th head nerve
h. 3rd head nerve

16. Select a false statement about optic nerve
a. Has 4 parts
b. In chiasma both optic nerves connect and part of the fibres crosses
c. Is 1st head nerve
d. Is covered by dura mater, pia mater, arachnoidea

17. Optic nerve is covered by
a. Dura mater
b. Pia mater
c. Arachnoidea
d. All of the above
18. Select possible cause of papilloedema
   a. Intracranial tumour
   b. Grade 4 hypertensive retinopathy
   c. Subdural hematoma
   d. All of the above

19. All is true about papilloedema EXCEPT
   a. Vascular engorgement
   b. Disc oedema
   c. Transient blurring of vision
   d. Sudden complete loss of vision

20. Treatment of methyl alcohol poisoning includes
   a. Ethylalcohol
   b. Gastric lavage
   c. Alkali administration
   d. All of the above

Injuries of the Eye

1. The most serious danger to vision is
   a. A blow to the eyeball
   b. Fracture through optic foramen
   c. Monocular proptosis
   d. Horner s syndrome

2. Most important complication of traumatic hyphaema is
   a. Iridocyclitis
   b. Iridodialysis
   c. Blood staining of cornea
   d. Siderosis bulbi

3. Bleeding into anterior chamber of the eye is called
   a. Hyphema
   b. Hemophthalmus
   c. Hematocornea
   d. None

4. For double eversion of the eyelid we use
   a. Annel’s
   b. Glass stick
   c. Na-fluorescein
   d. Desmarres spatule

5. Complication of penetrating eye injury with later onset is
   a. Subluxation of lens
   b. Ocular haemorrhage
   c. Sympathetic ophthalmitis
d. Iridocyclitis

6. Lenticular rosette cataract formation is unusually associated with
   a. Contusion cataract
   b. Complicated cataract
   c. Diabetic cataract
   d. Congenital cataract

7. Closed globe injury
   a. Laceration of the eye globe
   b. Perforation of the eye globe
   c. Contusion of the eye globe
   d. Penetration of the eye globe

8. Visualisation of corneal erosion can be provided by
   a. Atropinum
   b. Eyelid eversion
   c. Na-florescein
   d. None of the above

9. A 16-year-old male comes with injury to the eye by a tennis ball, the following can be seen except
   a. Hypopyon
   b. Hyphaema
   c. Subluxation of lens
   d. Subconjunctival haemorrhage

10. Eye burning e.g. by vapour
    a. Can cause coagulation necrosis
    b. Conjunctival sac can be reconstructed by transplantation of buccal mucosa
    c. Lamellar keratoplasty can replace a destroyed part of the cornea
    d. All of the above

11. First aid in chemical injury of the eye
    a. Immediate application of antidotum
    b. Immediate lavage of conjunctival sac under running water
    c. Application of antibiotics
    d. All of the above

12. Infrared radiation
    a. Effects mainly lens
    b. Can cause complicated cataract
    c. Can cause posterior lens opacification (cataracta scutellaris)
    d. All of the above

13. Pain and light-sensitivity can be caused by impairment of the corneal layer
    a. Descemets membrane
    b. Epithelium
    c. Stroma
    d. Endothelium
14. Following are inert foreign bodies in eye EXCEPT
   a. Gold
   b. Silver
   c. Copper
   d. Platinum

15. Berlins oedema results due to
   a. Syphilis
   b. Toxocara
   c. Cavernous sinus thrombosis
   d. Trauma of eye

16. Foreign intraocular body
   a. Enters the eye during contusion of eye globe
   b. Can enter the eye during strong wind
   c. Is very often of metal
   d. Can cause coagulation necrosis of cornea

17. Foreign intraocular body
   a. Is an emergency in ophthalmology
   b. Can cause endophthalmitis
   c. Needs to be confirmed by X-rays or ultrasonography of the orbit
   d. All of the above

18. Injuries with closed eye globe are
   a. Foreign intraocular body
   b. Contusion of the eye globe
   c. Perforation of the eye globe
   d. Laceration of the eye globe

19. In penetrating eye injury
   a. General and local antibiotics are always necessary
   b. Colliquation corneal necrosis is present
   c. Immediate application of Mesocain is necessary
   d. All of the above

20. Contusion of the eye globe can be accompanied by
   a. Haemophthalmus
   b. Hyphema
   c. Luxation of the lens
   d. All of the above

**Strabismus**

1. All of the four recti originate from
   a. Common annular tendon around optic foramen
   b. Floor of orbit
   c. Roof of orbit
d. Equator of eyeball

2. The 3rd cranial nerve supplies all muscles EXCEPT
   a. Inferior oblique
   b. Inferior rectus
   c. Superior oblique
   d. Superior rectus

3. Concomitant squint distinguished from paralytic squint by all of the following EXCEPT
   a. There is no limitations of ocular movement
   b. Head tilting is rare
   c. Diplopia is rare
   d. The angle of deviation depends upon which eye is fixing

4. In a paralytic squint deviation of the eye is present
   a. Upwards
   b. Inwards
   c. Outwards
   d. In different directions of gaze

5. In Weber’s syndrome there is a
   a. 3rd cranial nerve palsy
   b. 4th cranial nerve palsy
   c. 5th cranial nerve palsy
   d. 7th cranial nerve palsy

6. Alternating divergent squint is a form of
   a. Concomitant squint
   b. Paralytic squint
   c. Apparent squint
   d. Latent squint

7. Concomitant squint has a better prognosis if the onset is
   a. Very early in life
   b. Childhood
   c. At birth
   d. Late in life

8. Anisophoria is the condition in which the deviation of the eyeball is
   a. Upwards
   b. Outwards
   c. Downwards
   d. Variable according to direction of gaze

9. The type of miner’s nystagmus is
   a. Rotator
   b. Lateral
   c. Vertical
   d. None of the above
10. The vertical recti form an angle with the optical axis
   a. 45°
   b. 23°
   c. 51°
   d. 67°

11. The term “intorsion” implies
   a. Upper pole of cornea moves temporally
   b. Upper pole of cornea moves nasally
   c. Lower pole of cornea moves temporally
   d. Lower pole of cornea moves nasally

12. In the primary position, the primary action of the superior rectus muscle is
   a. Depression
   b. Adduction
   c. Elevation
   d. Intorsion

13. “Synergist muscles” are the extraocular muscles which act
   a. “in pair”
   b. Suffer inhibition
   c. Both
   d. None

14. There are following cardinal positions of gaze
   a. 9
   b. 6
   c. 7
   d. 8

15. Binocular single vision requires all factors for its development EXCEPT
   a. Clear vision in both eyes
   b. Ability of the brain to cause fusion of two images
   c. Accurate conjugate movements of the eyeball
   d. Defective efferent pathway

16. Diplopia is characteristic feature of
   a. Unocular concomitant squint
   b. Alternating concomitant squint
   c. Paralytic squint
   d. Apparent squint

17. In Worth’s four do test the patient has diplopia if he sees
   a. Only two red lights
   b. Only two green lights
   c. Green and red lights alternately
   d. Two red and three green lights

18. Hess screen is record of
a. Primary and secondary deviation  
b. Heterophoria  
c. Fusion  
d. Retinal correspondence  

19. Total ophthalmoplegia is condition in which there is paralysis of  
a. All the extrinsic muscle of eyeball  
b. All the extrinsic and intrinsic muscle of the eyeball  
c. The optic nerve and extrinsic muscle of the eyeball  
d. None of the above  

20. In concomitant squint  
a. The centre and afferent pathways are intact  
b. The efferent pathway is intact  
c. The efferent pathway is defective  
d. None of the above  

21. Ptosis is typically caused in the paralysis of  
a. 3rd nerve  
b. 4th nerve  
c. 6th nerve  
d. 7th nerve  

22. Concomitant convergent squint is seen in all EXCEPT  
a. Hypermetropia  
b. Opacities in the media  
c. Congenital myopia  
d. Paralysis of lateral rectus muscle  

23. Different grades of binocular vision include all EXCEPT  
a. Stereopsis  
b. Simultaneous macular perception  
c. Divergence  
d. Fusion  

24. Treatment of esophoria includes  
a. Correction of error of refraction  
b. Convergence exercises  
c. General improvement of health and nutrition  
d. All of the above  

The Eyelids  

1. Outrolling of the conjunctiva of the eyelid is called  
a. Coloboma  
b. Pterygium  
c. Ectropion  
d. None of above
3. Distichiasis is
   a. An extra row of eyelashes
   b. Central fusion of eyelid
   c. White coloured lashes
   d. Absence of lashes

3. Chalazion is a chronic inflammatory granuloma of
   a. Meibomian gland
   b. Zeis gland
   c. Moll’s sweat gland
   d. Wolf ring gland

4. A semilunar fold of skin, situated above and sometimes covering the inner canthus is known as
   a. Coloboma of lid
   b. Epicanthus
   c. Cryptophthalmos
   d. Microblepharon

5. Hordeolum externum is an inflammation of
   a. Lid margin
   b. Tarsal plate
   c. Meibomian gland
   d. Zeis gland

6. 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. None of the above

7. Tylosis is
   a. Hypertrophy and thickening of eyelid margin
   b. Inversion of eyelid
   c. Senile eversion of eyelid
   d. Distortion of cilia

8. Skin grafting of upper lid should be done ideally from
   a. A split skin draft
   b. A full-thickness graft from behind the ear
   c. A full-thickness graft from forehand
   d. Forehead rotation flap

9. Regarding lagophthalmos which is correct
   a. Incomplete closure of palpebral aperture
   b. Seen in extensively ill or morbid patients
   c. Cornea is exposed and keratitis sets in
   d. All of the above

10. Paralytic ptosis is due to
a. Complete or partial 3rd nerve palsy
b. 4th nerve palsy
c. 6th nerve palsy
d. 7th nerve palsy

11. Blepharitis is an inflammation of
   a. Lid  
   b. Eyelashes  
   c. Lid margin  
   d. Moll’s gland

12. The most common complication of lagophthalmos is
   a. Suppurative conjunctivitis  
   b. Exposure keratitis  
   c. Entropion  
   d. Trichiasis

13. Surgery of choice in cases where multiple ptosis operations have failed and levator action is poor
   a. Fascia lata sling surgery  
   b. Skin muscle resection  
   c. Levator resection  
   d. Fasanella-Servat operation

14. The term “madarosis” means
   a. Absence of eyelashes  
   b. Extra row of eyelashes  
   c. Misdirected eyelashes  
   d. None of the above

15. Internal hordeolum is an acute suppurative inflammation of
   a. Zeis’s gland  
   b. Meibomian gland  
   c. Moll’s gland  
   d. None of the above

16. The common causes of cicatricial entropion include
   a. Trachoma stage IV  
   b. Ulcerative blepharitis  
   c. Burns  
   d. All of the above

17. Sling surgery should be avoided in cases of ptosis with
   a. Very poor levator action  
   b. Poor Bell’s phenomenon  
   c. Weak Muller’s muscle  
   d. Multiple failed surgery

18. The term “symblepharon” means
   a. Adhesion of the margin of the two lids
b. Narrow palpebral aperture  
c. Adhesion of the lid to the globe  
d. Incomplete closure of the palpebral aperture  

19. Synkinetic ptosis is typically seen in  
a. Marcus Gunn phenomenon  
b. Bell’s phenomenon  
c. Myasthenia gravis  
d. Maldevelopment of levator muscle  

20. Pseudoptosis is seen in  
a. Phthisis bulbi  
b. Enophthalmos  
c. Both of the above  
d. None of the above  

21. The clinical features of symblepharon include  
a. Diplopia  
b. Lagophthalmos  
c. Disfigurement  
d. All of the above  

22. Levator palpebrae superiors muscle is supplied by  
a. 3rd nerve  
b. 4th nerve  
c. 5th nerve  
d. 7th nerve  

23. Treatment of trichiasis includes  
a. Epilation  
b. Electrolysis  
c. Skin muscle resection  
d. All of the above  

24. Ectropion can be treated by all of the following procedures EXCEPT  
a. V-Y operation  
b. Skin muscle resection  
c. Kuhnt-Szymanowski operation  
d. Skin graft  

25. The compensatory changes in severe bilateral ptosis include  
a. Elevation of the eyebrow  
b. Wrinkled skin of the forehead  
c. Head is tilted backwards  
d. All of the above  

26. Most common type of lid carcinoma is  
a. Adenocarcinoma  
b. Melanoma  
c. Basal cell carcinoma
d. Squamous cell carcinoma

27. Blaskovics operation is done for
   a. Proptosis
   b. Ptosis
   c. Lagophthalmos
   d. Entropion

28. Congenital moles are most common
   a. Near limbus
   b. At outer canthus
   c. On palpebral conjunctiva
   d. At lid margin

29. Generalized neurofibromatosis occurs in
   a. Sturge-Weber syndrome
   b. Von Recklinghausen’s disease
   c. Von Hippel disease
   d. Marfan’s syndrome

30. The term ankyloblepharon means
   a. Absence of lid
   b. Adhesion of lid margin
   c. Narrow palpebral aperture
   d. Adhesion of lid to globe

The Lacrimal Apparatus

1. Epiphora occurs in
   a. Iritis
   b. Trachoma
   c. Chronic dacryocystitis
   d. Acute congestive glaucoma

2. The syndrome consisting of symmetrical enlargement of lacrimal and salivary glads is
   a. Sjögren’s syndrome
   b. Mikulicz’s syndrome
   c. Sturge-Weber syndrome
   d. Vogt-Koyanagi syndrome

3. All the following are serous acinous glands except
   a. Lacrimal gland
   b. Glands of Krause
   c. Meibomian gland
   d. Salivary gland

4. Occlusion of caniculus commonly occurs due to
   a. Prostaglandin eyedrops in glaucoma patients
   b. Mydriatic eyedrops
c. Scarring
d. Myotic eyedrops

5. During sleep, the tear production is
a. Maximum
b. Minimum
c. No tears production
d. Same as during the waking

6. The most common tumour of the lacrimal gland is
a. Basal cell carcinoma
b. Squamous cell carcinoma
c. Mixed tumour
d. Malignnt melanoma

7. The acessory lacrimal glands are
a. Glands of Krause
b. Glands of Wolfring
c. Both
d. None

8. The tear film has
a. Mucous layer
b. Aqueous layer
c. Lipid layer
d. All of the above

9. The nasolacrimal duct opens in the nase at
a. Superior meatus
b. Middle meatus
c. Inferior meatus
d. Nasal septum

10. The sequela of chronic dacryocystitis includes
a. Lacrimal abscess
b. Atonic sac
c. Panophthalmitis
d. All of the above

11. All are mucin–deficiency diseases except
a. Vitamin A deficiency
b. Steven-Johnson syndrome
c. Trachoma
d. Exposure keratitis

12. Pleomorphic adenoma of the lacrimal gland
a. May undergo squamous metaplasia
b. Biopsy is taken before deciding treatment
c. May require exenteration
d. All of the above
13. The choice of treatment of congenital dacryocystitis is
   a. Syringing and probing
   b. Dacryocystectomy
   c. DCR (dacryocystorhinostomy)
   d. None of the above

14. Tears are produced in the newborn after
   a. 1 day
   b. 2 weeks
   c. 3 weeks
   d. 4 weeks

15. The treatment of dry eye is
   a. Artificial tears
   b. Vitamin A
   c. Gelatin plugs into lacrimal punct
   d. All of the above

16. Patency of the lacrimal points respectively. channels can be improved by:
   a. Dilatation and probing
   b. Surgical discision of lacrimal sac
   c. Exenteration of the orbit
   d. Contrast examination of the paranasal sinuses

17. Hydropssaccilacrimalis means
   a. Also narrowing of the lacrimal sac
   b. Also the extension of the lacrimal sac
   c. Tears accumulate in the bottom of the orbit
   d. It never becomes purulent

18. Tears contain
   a. Lysozyme and it follows their bacteriostatic effect
   b. Amylase and it follows their bacteriostatic effect
   c. Albumin and it follows their bacteriostatic effect
   d. Mineral salts and it follows their bacteriostatic effect

19. The simplest way to examine the patent lacrimal ducts is
   a. X-ray paranasal sinuses
   b. Putting eyedrops of Na-fluorescein into the conjunctival sac
   c. Putting solution of Na-fluorescein into the nose
   d. Schirmer's test

20. Tumors of the lacrimal glands appear in the form of nodules
   a. In the inner and lower edge of the orbit
   b. The outer and upper edge of the orbit
   c. The inner and upper edge of the orbit
   d. The outer and lower edge of the orbits
The Orbit

1. Exophthalmometry is used
   a. To measure intraocular pressure
   b. To measure the forward protrusion of the eye
   c. By Hertl exophthalmometer we measure the degree for forward displacement of the eye in case of exophthalmos which is under 16 mm
   d. By Hertl exophthalmometer we measure the degree for forward displacement of the eye which is in normal condition up to 20 mm temporal margin of the orbit

2. If we assume a tumor mass in the orbit we have to assess the results of these investigations
   a. Only Xray of paranasal sinuses
   b. OCT (optical coherence tomography)
   c. CT or MR of the orbit
   d. Ultrasound or doppler sonography only of the eyeglobe

3. Tumor in the orbit
   a. Secondary can arise from paranasal sinuses
   b. Never have correlation with tumors from paranasal sinuses
   c. Primary arise from lacrimal gland
   d. We never find a primary tumor in the orbit, because all of the orbital tumors primary arise from the eyeglobe

4. Which of the following characterizes the exophthalmos
   a. It is a part of the Basedow disease
   b. It may be a first sign by retinoblastoma
   c. Is never found in patients after strumectomy
   d. Cornea dries in regard of the upper eyelid ptosis and lower eyelid ectropia

5. Exenteration of the orbit is indicated
   a. By malignant uveal melanoma in stage T1
   b. By malignant uveal melanoma in stage T2
   c. By basal cell carcinoma of the eyelid in stage T4
   d. By basal cell carcinoma of the eyelid in stage T2

6. Complete paralysis of extraocular muscles occur in
   a. Orbital cellulitis
   b. Panophthalmitis
   c. Cavernous sinus thrombosis
   d. None of the above

7. The condition which is first unilateral but soon becomes bilateral
   a. Orbital cellulitis
   b. Panophthalmitis
   c. Cavernous sinus thrombosis
   d. All of the above

8. The common cause of unilateral proptosis in a child is
   a. Retinoblastoma
b. Varicose orbital vein
c. Hyperthyroidism
d. None of the above

9. The causes of pseudoproptosis include
   a. Buphthalmos
   b. High axial myopia
   c. Retraction of the upper lid
d. All of the above

10. The term enophthalmos means
    a. Absence of eyeball
    b. Forward displacement of eyeball
c. Inward displacement of eyeball
d. Atrophic bulbi

11. Orbital cellulitis may occur in
    a. Penetrating injuries of orbit
    b. Facial erysipelas
    c. Septicaemia
d. All of the above

12. The most dangerous complication of orbital cellulitis is
    a. Abscess formation
    b. Proptosis
c. Diplopia
d. Cerebral involvement

13. Swelling behind the ear is diagnostic of
    a. Cavernous sinus thrombosis
    b. Orbital cellulitis
c. Unilateral proptosis
d. Bilateral proptosis

14. Pulsating proptosis is seen in
    a. Orbital varicose vein
    b. Arteriovenous aneurysm
c. Cavernous sinus thrombosis
d. Thyrotoxicosis

15. The important investigations of proptosis include all EXCEPT
    a. CT scan
    b. Exophthalmometer
c. Magnetic resonance imaging
d. Electroretinogram

16. The average volume of the orbit is
    a. 6 cm³
    b. 12 cm³
c. 18 cm³
d. 24 cm³

17. All the following structures are located in the lateral wall of cavernous sinus EXCEPT
   a. Oculomotor nerve
   b. Trochlear nerve
   c. Optic nerve
   d. Abducens nerve

18. Chondrosarcoma of the orbit
   a. Mainly affects patients under 2 and over 50 years of age
   b. Causes nasal obstruction an exophthalmos
   c. Spreads by local extension
   d. All of the above

19. Superior orbital fissure syndrome is frequently caused by
   a. Carotid aneurysm
   b. Arachnoiditis
   c. Meningioma
   d. All of the above

20. Mucocele, encephalocele and meningocele are associated with
   a. Prolapse intraocular structures associated with optic nerve
   b. Prolapse of the soft tissues from paranasal sinuses through post-traumatic orbital wall
defects in orbit
   c. Prolapse of the soft tissues from paranasal sinuses through birth defects of the orbital
wall into orbit
   d. Treatment is essentially conservative