Roll No.....

Paper Code: 345...

M.B.B.S. FINAL PROF. PART- I EXAMINATION, JANUARY-2013
OPHTHALMOLOGY
PAPER -SAQ

[Time allotted: Three hours] **[Max Marks: 40]**

Note: Attempt all questions. Question should be answered as per the sequence given in the question paper. Draw suitable diagrams wherever necessary.

Q. 1. Multiple choice questions – separate sheet given (½ x 16=08)

Q. 2. Problem based question: (1+3+4 =08)

A 3 years male child presented in eye OPD with lot of watering and intense photophobia in both eyes. On examination, both corneas were hazy and corneal diameter were 13.5 mm.

a. What is the diagnosis of this patient?

b What are the clinical features of this condition?

c. Discuss its management in detail.

Q. 3. Discuss aetiopathogenesis and management of senile cataract. (08)

Q. 4. Write short notes on: (4 x 2 =08)

a. Staphylloma

b. Congenital ptosis

Q. 5. Write briefly about: (2 x 4=08)

a. Irregular astigmatism

b. Papillitis

c. DBCS

d. Visco-elastics in Ophthalmology

M.B.B.S. FINAL PROF. PART- I EXAMINATION, JANUARY-2013

OPHTHALMOLOGY

PAPER - MCQ

Time allotted for MCQ – 15 minutes **SET - C**

Q. 1 Multiple Choice questions (Encircle the single best response) **(½ x 16=08)**

1. The risk factors for dry eye are:
   - **a.** Aging
   - **b.** Menopause
   - **c.** Autoimmune diseases
   - **d.** All of the above
2. Corneal thickness is measured by:
   - **a.** Pachymetry
   - **b.** Biometry
   - **c.** Keratometry
   - **d.** Perimetry
3. Only one organism of the following can invade normal corneal epithelium:
   - **a.** Pseudomonas
   - **b.** Gonococcus
   - **c.** Staphylococcus
   - **d.** Pneumococcus
4. Average central corneal thickness in an adult is:
   - **a.** 500 Microns
   - **b.** 550 Microns
   - **c.** 600 Microns
   - **d.** 450 Microns
5. Bandage of the eye is contraindicated in:
   - **a.** Corneal abrasion
   - **b.** Bacterial corneal ulcer
   - **c.** Mucopurulent conjunctivitis
   - **d.** After glaucoma surgery
6. Fleischer's ring on the corneal epithelium is seen in:
   - **a.** Keratoglobas
   - **b.** Keratoconus
   - **c.** Keratomalacia
   - **d.** Anterior staphyloma
7. Tarsorraphy is essential in:
   - **a.** Bacterial corneal ulcer
   - **b.** Viral corneal ulcer
   - **c.** Exposure keratopathy
   - **d.** Traumatic corneal ulcer
8. Munson's sign is seen in:
   - **a.** Corneal fistula
   - **b.** Corneal dystrophy
   - **c.** Keratoconus
   - **d.** Corneal facet
9. Corneal damage with trachoma is due to:
   - **a.** Trichiasis
   - **b.** Dryness
   - **c.** Lagophthalmos and exposure
   - **d.** All of the above
10. Superior tarsal muscle (Muller's muscle) is supplied by:
    - **a.** Third cranial nerve
    - **b.** Sympathetic nerve fibres
    - **c.** Parasympathetic nerve fibres
    - **d.** Seventh cranial nerve
11. The anterior and posterior lamellae of the lid can be separated at the level of the lid margin by:
    - **a.** Lash line
    - **b.** Line of meibomian gland orifices
    - **c.** Gray line
    - **d.** Mucocutaneous junction
12. Madarosis may be seen in:
    - **a.** Eyelid neoplasm
    - **b.** Chronic blepharitis
    - **c.** Hansen's disease
    - **d.** All of the above
13. Staphylococcal infection of sebaceous glands of the eye lids is called:
    - **a.** Blepharitis
    - **b.** Conjunctivitis
    - **c.** Keratitis
    - **d.** Hordeolum
14. Ectropion of the upper eyelid may be:
    - **a.** Senile
    - **b.** Paralytic
    - **c.** Congenital
    - **d.** None of the above
15. All of the following are causes of lagophthalmos EXCEPT:
    - **a.** Facial nerve palsy
    - **b.** Proptosis
    - **c.** Cicatricial ectropion
    - **d.** Third nerve paralysis
16. 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

Roll No. .....

Paper Code: 343

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2014
OPHTHALMOLOGY

[Time allotted: Three hours] [Max Marks: 40]

Note: Attempt all Questions.
Draw suitable diagrams wherever necessary.

Q. 1. Multiple choice questions- separate sheet given (½ x 16 = 08)

Q. 2. Give Reasons: (1 x 4 = 04)
- **a.** Night blindness in retinitis pigmentosa.
- **b.** Clear peripheral cornea in Arcus senilis.
- **c.** Anhydrosis of one side of the face.
- **d.** Why pupillary light reflex is spared in cortical blindness.

Q. 3. Fill in the blanks: (1 x 4 = 04)
- **a.** Curvature of the cornea is measured by.....
- **b.** Peripheral retina is visualized by .....
- **c.** Peribulbar injection is given in ..... orbital space.
- **d.** Rubella syndrome comprises of .....

Q. 4. Write in brief about: (2 x 4 = 08)
- **a.** Conventional outflow of Aqueous humour.
- **b.** Proliferative diabetic retinopathy.
- **c.** Visual pathways
- **d.** Orbital Apex

Q. 5. **(i)** Name the cycloplegic drug which is used in paediatric retinoscopy. What is its concentration and dosage? Give its duration of action. What are its toxic effects? (1+1+1+1 = 04)

Q. 5. **(ii)** Problem based question: (1 x 4 = 04)
A young patient presented with sudden painless loss of vision with systolic murmur over chest. Fundus revealed cherry red spot in macula.
- **a.** What is the diagnosis?
- **b.** Name the investigations to be done.
- **c.** Treatment of such a case.
- **d.** Prognosis of the above case.

Q. 6. Write short notes on: (2 x 4 = 08)
- **a.** Common complications of Morgagnian cataract.
- **b.** Ocular manifestations of use of steroids.
- **c.** Phylectenular keratoconjunctivitis
- **d.** Common conditions of fixed and Dilated pupil.

Roll No. .....

Paper Code: 343

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2014
OPHTHALMOLOGY
(MCQ)

Time allotted for MCQ – 20 minutes **Set - C**

Q. . Multiple Choice questions ((Darken the single best response in OMR sheet) **(½ x 16 = 08)**

1. Sympathetic ophthalmitis results due to:
   a. Penetrating injury of ciliary body
   b. Uveitis
   c. Glaucoma
   d. Trachoma
2. Medical treatment of glaucoma is by?
   a. Atropine
   b. Pilocarpine
   c. Steriods
   d. None of the above
3. Sling operation should be avoided in cases of ptosis with:
   a. Very poor LPS function
   b. Poor bell's phenomena
   c. Weak mullers muscle
   d. Multiple failed surgery
4. Ring scotoma is seen in:
   a. Retinitis pigmentosa
   b. Glaucoma
   c. Sympathetic ophthalmia
   d. Vitreous haemorrhage
5. All are features of early retinal detachment EXCEPT:
   a. Retro-orbital pain
   b. Photopsia
   c. Floaters
   d. Darkened peripheral field of vision
6. Commotio retinae is seen in:
   a. Concussion injury
   b. Papillodema
   c. Central vein thrombosis
   d. Central artery thrombosis
7. Drug of choice for acute iridocyclitis is:
   a. Steriods
   b. Acetazolamide
   c. Atropine
   d. Antibodies
8. Length of the eye ball is:
   a. 2 cms
   b. 2.4 cms
   c. 2.6 cms
   d. 3 cms
9. What continues to grow in lifetime?
   a. Cornea
   b. Iris
   c. Lens
   d. Retina
10. The distance used in direct distant ophthalmoscopy is:
    a. 10 cm
    b. 15 cm
    c. 100 cm
    d. 25 cm
11. "Fincham's test" is used to differentiate:
    a. Acute congestive glaucoma and chronic simple Glaucoma
    b. Chronic Simple Glaucoma and Iridocycyclitis
    c. Simple Glaucoma and Cataract
    d. Acute congestive Glaucoma and cataract
12. Best type of tonometry is:
    a. Electronic tonometry
    b. Indentation tonometry
    c. Applanation tonometry
    d. Non contact tonometry
13. Reiter's syndrome is characterized by:
    a. Urethritis, conjunctivitis
    b. Urethritis, conjunctivitis, iridocyclitis
    c. Urethritis, conjunctivitis, arthritis
    d. Urethritis, conjunctivitis, iridocyclitis, arthritis
14. Lens develops from:
    a. Surface ectoderm
    b. Neuro ectoderm
    c. Visceral mesoderm
    d. Paraxial mesoderm
15. Ulcer serpens is caused by :
    a. Pseudomonas pyocynaeous
    b. Pneumococus
    c. Cornybacteria
    d. Gonorrhoea niesseria
16. In human corneal transplantation, the donor tissue is:
    a. Synthetic polymer
    b. Donated human cadaver eyes
    c. Donated eyes from live human beings
    d. Monkey eyes

Regn. No. .....

Paper Code: 342

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2015
OPHTHALMOLOGY
PAPER (SAQ)

[Time allotted: Three hours] [Max Marks: 40]

Note: Attempt all Questions.
Draw suitable diagrams wherever necessary.

Q. 1. Multiple choice questions- separate sheet given **(½ x 16 = 08)**

Q. 2. **Give Reasons:** **(1 x 4 = 04)**

a. Sub-conjunctival injections are contraindicated in scleritis.
b. Posterior Chamber lens implantation is not possible in grossly subluxated lens.
c. Latonoprost is contraindicated in Uveitic glaucoma.
d. Daily sweeping of upper & lower fornix should be done in chemical injury of eye.

Q. 3. **Problem based question:** **(1 x 4 = 04)**

A thirty year old male patient presented in Eye OPD with sudden loss of vision in his right eye. On examination, there was defective pupillary reflex & color vision. His visual acuity was 6/60 and on fundus examination, there was blurring of optic disc margin.

a. What is your diagnosis?
b. What is your differential diagnosis?
c. How will you investigate this patient?
d. How will you treat this condition?

Q. 4. **Write in brief:** **(2 x 4 = 08)**

a. Ophthalmia Neonatorum
b. A section of upper lid with diagram.
c. Proliferative diabetic retinopathy with diagram.
d. Maddox-rod

Q. 5. (i) What is the etiological agent of Trachoma? What is the WHO classification of Trachoma? What are the sequels of Trachoma? What is the treatment of Trachoma? **(1+1+1+1 = 04)**

(ii) Describe the mechanical ocular injuries and their management. **(2+2 = 04)**

Q. 6. **Write short notes on:** **(2 x 4 = 08)**

a. Vision 2020.
b. Berlin's odema.
c. Irregular astigmatism
d. Complication of Intra-ocular lens

Regn. No. .....

Paper Code: 342

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2015
OPHTHALMOLOGY
PAPER (MCQ)

Time allotted for MCQ – 20 minutes **SET - C**

Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) **(½ x 16 = 08)**

1. Marcus Gunn pupil is a feature of:
   a. Optic neuritis
   b. Papilloedema
   c. Ciliary ganglion lesions
   d. Lesion of Edinger-Westphal nucleus
2. Optic nerve consists of axons of:
   a. Ganglion cells
   b. Bipolar cells
   c. Rods and cones
   d. All of the above
3. Muscle in the lid attached to posterior tarsal margin is:
   a. Levator palpebrae superioris
   b. Superior oblique
   c. Muller's muscle
   d. Superior rectus
4. The aqueous flare is best demonstrated by:
   a. Slit lamp Biomicroscope
   b. Keratoscope
   c. Pentoscope
   d. Ophthalmoscope
5. Kayser-Fleischer ring is pathognomonic of:
   a. Keratoconus
   b. Wilson's disease
   c. Lowe's syndrome
   d. All of the above
6. Amaurotic cat's eye reflex is seen in:
   a. Papilloedema
   b. Papillitis
   c. Retinoblastoma
   d. Retinitis pigmentosa
7. Which of the following is used for treatment of myopia:
   a. Nd: YAG laser
   b. Excimer laser
   c. Argon laser
   d. Holmium laser
8. Snellen's chart is used to test:
   a. Vision
   b. Refraction
   c. Presbyopia
   d. Colour blindness
9. The refractive power of an emmetropic eye is about:
   a. +50D
   b. +55D
   c. +60D
   d. +65D
10. In a normal adult person, the depth of anterior chamber in the centre is about:
    a. 2.5 mm
    b. 3 mm
    c. 3.5 mm
    d. 4 mm
11. Unilateral conjunctivitis is commonly seen in:
    a. Blepharitis
    b. Vernal conjunctivitis
    c. Dacryocystitis
    d. Trachoma
12. Kayser Fleischer ring is found in which layer of cornea?
    a. Bowman's membrane
    b. Substantia propria
    c. Descemet's membrane
    d. Endothelium
13. 'Snow ball' opacities near the ora-serrata are pathognomonic of:
    a. Fungal endophthalmitis
    b. Pars planitis
    c. Diabetic retinopathy
    d. Choroiditis
14. Cataract in newborn is:
    a. Zonular
    b. Coronary
    c. Snowflake
    d. Cortical
15. Neovascular glaucoma can occur in all except:
    a. Diabetes mellitus
    b. Hypertension
    c. CRAO
    d. CRVO
16. All of the following are causes of leukocoria except:
    a. Coloboma of choroid
    b. Coloboma of optic disc
    c. Retinopathy of prematurity
    d. Retinoblastoma

Regn. No. .....

Paper Code: 342

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2015
OPHTHALMOLOGY
PAPER (MCQ)

Time allotted for MCQ – 20 minutes

SET - B

Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) (½ x 16 = 08)

1. 'Snow ball' opacities near the ora-serrata are pathognomonic of:
   a. Fungal endophthalmitis
   b. Pars planitis
   c. Diabetic retinopathy
   d. Choroiditis
2. Cataract in newborn is:
   a. Zonular
   b. Coronary
   c. Snowflake
   d. Cortical
3. Neovascular glaucoma can occur in all except:
   a. Diabetes mellitus
   b. Hypertension
   c. CRAO
   d. CRVO
4. All of the following are causes of leukocoria except:
   a. Coloboma of choroid
   b. Coloboma of optic disc
   c. Retinopathy of prematurity
   d. Retinoblastoma
5. Marcus Gunn pupil is a feature of:
   a. Optic neuritis
   b. Papilloedema
   c. Ciliary ganglion lesions
   d. Lesion of Edinger-Westphal nucleus
6. Optic nerve consists of axons of:
   a. Ganglion cells
   b. Bipolar cells
   c. Rods and cones
   d. All of the above
7. Muscle in the lid attached to posterior tarsal margin is:
   a. Levator palpebrae superioris
   b. Superior oblique
   c. Muller's muscle
   d. Superior rectus
8. The aqueous flare is best demonstrated by:
   a. Slit lamp Biomicroscope
   b. Keratoscope
   c. Pentoscope
   d. Ophthalmoscope
9. Kayser-Fleischer ring is pathognomonic of:
   a. Keratoconus
   b. Wilson's disease
   c. Lowe's syndrome
   d. All of the above
10. Amaurotic cat's eye reflex is seen in:
    a. Papilloedema
    b. Papillitis
    c. Retinoblastoma
    d. Retinitis pigmentosa
11. Which of the following is used for treatment of myopia:
    a. Nd: YAG laser
    b. Excimer laser
    c. Argon laser
    d. Holmium laser
12. Snellen's chart is used to test:
    a. Vision
    b. Refraction
    c. Presbyopia
    d. Colour blindness
13. The refractive power of an emmetropic eye is about:
    a. +50D
    b. +55D
    c. +60D
    d. +65D
14. In a normal adult person, the depth of anterior chamber in the centre is about:
    a. 2.5 mm
    b. 3 mm
    c. 3.5 mm
    d. 4 mm
15. Unilateral conjunctivitis is commonly seen in:
    a. Blepharitis
    b. Vernal conjunctivitis
    c. Dacryocystitis
    d. Trachoma
16. Kayser Fleischer ring is found in which layer of cornea?
    a. Bowman's membrane
    b. Substantia propria
    c. Descemet's membrane
    d. Endothelium

Regn. No. .....

Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2016
OPHTHALMOLOGY
PAPER (SAQ)

[Time allotted: Three hours] [Max Marks: 40]

Note: Attempt all Questions.
Draw suitable diagrams wherever necessary.

Q. 1. Multiple choice questions- separate sheet given (½ x 16 = 08)

Q. 2. **Give Reasons:** (1 x 4 = 04)

a. Corneal edema occurs after endothelial damage.
b. Sclera looks bluish in congenital glaucoma.
c. Pupil looks jet black in aphakia.
d. Pupil becomes small in acute anterior uveitis.

Q. 3. **Problem based question:** (1 x 4 = 04)

A 50 year old hypermetroic female presented in emergency with rapid diminution of vision and red eye. This was associated with severe unilateral headache of the same side and nausea. There was history of colored halos for last few months.

a. What is your diagnosis?
b. What are the signs of this condition?
c. How will you manage this patient medically?
d. How will you manage this patient surgically?

Q. 4. **Write short notes on:** (2 x 4 = 08)

a. Facultative hypermetropia
b. Complicated cataract
c. Diabetic Retinopathy
d. Optic atrophy

Q. 5. **(i)** What is the etiological agent of ulcer serpens in cornea? Describe specific clinical features of ulcer serpens? What is the treatment of ulcer serpens? (1+1+2 = 04)

(ii) What is sympathetic ophthalmitis? What are the earliest symptom and sign of sympathetic ophthalmitis? How can we prevent it? How can we treat this condition? (1+1+1+1 =04)

Q. 6. **Write in brief about:** (2 x 4 = 08)

a. Entropion
b. Vernal Conjunctivitis
c. Acute dacryocystitis
d. Ciliary staphyloma

Regn. No. ..... Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2016
OPHTHALMOLOGY
PAPER (MCQ)

Time allotted for MCQ – 15 minutes **Set - A**

Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) **(½ x 16 = 08)**

1. The layer of cornea, once destroyed does not regenerate, is:
   a. Epithelium
   b. Bowman's membrane
   c. Stroma
   d. All of the above
2. One mm increase in axial length of the eye ball leads to myopia of:
   a. 3 D
   b. 6 D
   c. 9 D
   d. 12 D
3. Horner Tranta's spots are seen in which conjunctivitis:
   a. Vernal
   b. Phlyctenular
   c. Angular
   d. Follicular
4. Most frequently involved cranial nerve in herpes zoster ophthalmicus is:
   a. IV
   b. V
   c. VI
   d. VII
5. Snow ball opacities near the ora-serrata are pathognomic of:
   a. Fungal Endophthalmitis
   b. Pars Planitis
   c. Diabetic Retinopathy
   d. All of the above
6. Keratic Precipitates are seen in:
   a. Cataract
   b. Glaucoma
   c. Uveitis
   d. None of the above
7. In cataract surgery, IOL should be implanted in:
   a. Anterior chamber
   b. Ciliary sulcus
   c. Capsular bag
   d. None of the above
8. Polyopia is a symptom of:
   a. Kertitis
   b. Cataract
   c. Retinal Detachment
   d. Optic Neuritis
9. Vitreous haemorrhage is seen in all except:
   a. Eales' disease
   b. Trauma
   c. Diabetic Retinopathy
   d. Cataract
10. Stye is an acute inflammation of gland of:
    a. Moll
    b. Zeis
    c. Meibomian
    d. None of the above
11. Tylosis is:
    a. Distortion of cilia
    b. Thickening of the lid
    c. Inversion of lid
    d. Eversion of lid
12. SAFE strategy has been developed for the control of:
    a. Conjunctivitis
    b. Trachoma
    c. Glaucoma
    d. Optic atrophy
13. Hirschberg's test is used to detect:
    a. Squint
    b. Field defects
    c. Cataract
    d. Optic atrophy
14. Elschnig's pearls are a sign of:
    a. Chronic uveitis
    b. Secondary Cataract
    c. Cystoid macular edema
    d. Trachoma
15. Squint is misalignment of:
    a. Eye balls
    b. Eye lids
    c. Orbit
    d. All of the above
16. Which one of the following is not a refractive error?
    a. Hypermetropia
    b. Myopia
    c. Astigmatism
    d. Presbyopia

Regn. No. .....

Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JUNE - 2016
OPHTHALMOLOGY
PAPER SAQ

[Time allotted: Three hours] **[Max Marks: 40]**

Note: Attempt all Questions.
Draw suitable diagrams wherever necessary.

Q. 1. Multiple choice questions- separate sheet given **(½ x 16 = 08)**

Q. 2. **Give Reasons:** **(1 x 4 = 04)**

a. Topical atropine is given for management of corneal ulcer.
b. Pupil is vertical oval and semi dilated in acute attack of angle closure glaucoma.
c. Dot haemorrhages are seen in diabetic retinopathy.
d. Cornea is transparent.

Q. 3. **Problem based question:** **(1 x 4 = 04)**

A new born developed red swollen conjunctiva and swollen lids with thick yellow discharge on second day after birth. On examination, cornea is seen at bottom of a crater like pit.

a. What is the diagnosis?
b. What is the etiology?
c. Is this condition unilateral and bilateral?
d. What will happen without treatment of this condition?

Q. 4. **Write short notes on:** **(2 x 4 = 08)**

a. Retinal function tests
b. Muscae volitantes
c. Sturm conoid
d. Paralytic squint

Q. 5. **(i)** What is closed globe injury? Discuss anterior and posterior segment manifestations of closed globe injury. **(1+3 = 04)**

(ii) Discuss symptoms, signs, investigations and treatment of congenital glaucoma. **(1+1+1+1 =04)**

Q. 6. **Write in brief about:** **(2 x 4 = 08)**

a. Symblepharon
b. Dry eye
c. Posterior scleritis
d. Nodules at limbus

Regn. No. .....

Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JUNE - 2016
OPHTHALMOLOGY
PAPER (MCQ)

Time allotted for MCQ – 15 minutes Set - A

Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) (½ x 16 = 08)

1. Antero-posterior length of the eye ball is:
   a. 20 mm
   b. 24 mm
   c. 30 mm
   d. 15 mm
2. Sphincter and dilator papillae are:
   a. Neuroectodermal in origin
   b. Surface-ectodermal in origin
   c. Mesodermal in origin
   d. Endodermal in origin
3. Accommodation is maximum at the age of:
   a. 25 years
   b. 5 years
   c. 14 years
   d. 30 years
4. The causes of bilateral paralysis of accommodation(Cycloplegia) are:
   a. Diphtheria
   b. Syphilis
   c. Diabetes
   d. All of above
5. Image formed in Direct Ophthalmoscope is:
   a. Real and erect
   b. Real and inverted
   c. Virtual and erect
   d. Virtual and inverted
6. All of the following can cause ophthalmia neonatorum except:
   a. Neisseria gonorrhoeae
   b. Streptococcus pneumonia
   c. Psuedomonas
   d. Chalamydia oculogenitalis
7. Which of the following is used for treatment of myopia?
   a. Excimer laser
   b. Nd YAG laser
   c. Argon laser
   d. Diode laser
8. The nerve which is rarely involved in herpes zoaster ophthalmicus is:
   a. Supra orbital nerve
   b. Supra and infra trochlear nerve
   c. Nasociliary nerve
   d. Infraorbital nerve
9. Trachoma can cause:
   a. Trichiasis
   b. Entropion
   c. Blindness
   d. All of the above
10. Painful eye due to absolute glaucoma can be treated by:
    a. Retrobullbar Alcohol injection
    b. Cyclocryo
    c. Cyclophotocoagulation
    d. All of above
11. Iris-bombe occurs in:
    a. Ring synechia
    b. Anterior synechia
    c. Posterior synechia
    d. All of the above
12. All of the following are the causes of night blindness except:
    a. Pigmentary retinal dystrophy
    b. Choroidermia
    c. Circinate retinopathy
    d. Vitamin A deficiency
13. In a patient predisposed to glaucoma, one of the following drugs should not be used:
    a. Pilocarpine
    b. Atropine
    c. Timolol
    d. Levobunulol
14. Blood staining of the cornea simulates:
    a. Dislocation of the clear lens into the AC
    b. Immature senile cataract
    c. Inerstitial keratitis
    d. None of above
15. Ideal site for intraocular lens implantation is:
    a. Anterior to the pupil
    b. Behind the cornea
    c. In the capsular bag
    d. Behind the posterior capsule
16. Fasanella-servat operation for Ptosis is carried out in cases with.
    a. Severe Ptosis & levator action of less than 5 mm
    b. Moderate ptosis & levator action of 5-8 mm
    c. Mild Ptosis & levator action of more than 8 mm
    d. None of the above

Regn. No. .....

Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JUNE - 2016
OPHTHALMOLOGY
PAPER (MCQ)

Time allotted for MCQ – 15 minutes **Set - B**

Q. 1. Multiple Choice questions (Darken the single best response in OMR sheet) **(½ x 16 = 08)**

1. Iris-bombe occurs in:
   a. Ring synechia
   b. Anterior synechia
   c. Posterior synechia
   d. All of the above
2. All of the following are the causes of night blindness except:
   a. Pigmentary retinal dystrophy
   b. Choroidermia
   c. Circinate retinopathy
   d. Vitamin A deficiency
3. In a patient predisposed to glaucoma, one of the following drugs should not be used:
   a. Pilocarpine
   b. Atropine
   c. Timolol
   d. Levobunulol
4. Blood staining of the cornea simulates:
   a. Dislocation of the clear lens into the AC
   b. Immature senile cataract
   c. Inerstitial keratitis
   d. None of above
5. Ideal site for intraocular lens implantation is:
   a. Anterior to the pupil
   b. Behind the cornea
   c. In the capsular bag
   d. Behind the posterior capsule
6. Fasanella-servat operation for Ptosis is carried out in cases with.
   a. Severe Ptosis & levator action of less than 5 mm
   b. Moderate ptosis & levator action of 5-8 mm
   c. Mild Ptosis & levator action of more than 8 mm
   d. None of the above
7. Antero-posterior length of the eye ball is:
   a. 20 mm
   b. 24 mm
   c. 30 mm
   d. 15 mm
8. Sphincter and dilator papillae are:
   a. Neuroectodermal in origin
   b. Surface-ectodermal in origin
   c. Mesodermal in origin
   d. Endodermal in origin
9. Accommodation is maximum at the age of:
   a. 25 years
   b. 5 years
   c. 14 years
   d. 30 years
10. The causes of bilateral paralysis of accommodation(Cycloplegia) are:
    a. Diphtheria
    b. Syphilis
    c. Diabetes
    d. All of above
11. Image formed in Direct Ophthalmoscope is:
    a. Real and erect
    b. Real and inverted
    c. Virtual and erect
    d. Virtual and inverted
12. All of the following can cause ophthalmia neonatorum except:
    a. Neisseria gonorrhoeae
    b. Streptococcus pneumonia
    c. Psuedomonas
    d. Chalamydia oculogenitalis
13. Which of the following is used for treatment of myopia?
    a. Excimer laser
    b. Nd YAG laser
    c. Argon laser
    d. Diode laser
14. The nerve which is rarely involved in herpes zoaster ophthalmicus is:
    a. Supra orbital nerve
    b. Supra and infra trochlear nerve
    c. Nasociliary nerve
    d. Infraorbital nerve
15. Trachoma can cause:
    a. Trichiasis
    b. Entropion
    c. Blindness
    d. All of the above
16. Painful eye due to absolute glaucoma can be treated by:
    a. Retrobullbar Alcohol injection
    b. Cyclocryo
    c. Cyclophotocoagulation
    d. All of above

Regn. No. .....

Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY - 2017
OPHTHALMOLOGY

[Time allotted: Three hours] **[Max Marks: 40]**

Q. 1. Multiple Choice questions **(attempt all MCQs in the allotted 15 minutes in the OMR sheet)** **(½ x 16= 08)**

SET - A

1. At birth, eye is usually:
   a. Hypermetropic
   b. Myopic
   c. Emmetropic
   d. None of above
2. One mm increase in the axial length of the eyeball leads to:
   a. 6 D
   b. 2 D
   c. 3 D
   d. 4 D
3. Corneal ulceration may be caused by injury to which cranial nerve:
   a. III
   b. IV
   c. V
   d. VI
4. Commonest cause of posterior staphyloma is:
   a. Glaucoma
   b. Retinal detachment
   c. Iridocyclitis
   d. High Myopia
5. Vitreous Haemorrhage is not seen in:
   a. Hypertension
   b. Trauma
   c. Diabetes mellitus
   d. Vitreous degeneration
6. Commonest eye tumour is:
   a. Melanoma
   b. Retinoblastoma
   c. Carcinoma of eye lid
   d. Carcinoma of lacrimal sac
7. Stye is an acute suppurative inflammation of:
   a. Gland of Zeis
   b. Gland of Moll
   c. Meibomian gland
   d. All of the above
8. Which is not a type of entropion?
   a. Spastic entropion
   b. Paralytic entropion
   c. Cicatricial entropion
   d. Involutional entropion
9. Senile ptosis is:
   a. Neurogenic
   b. Myogenic
   c. Aponeurotic
   d. Mechanical
10. Which is not a feature of orbital cellulitis?
    a. Proptosis
    b. Chemosis
    c. Pain
    d. Colored halos
11. WHO definition of blindness is a visual acuity in the better eye equal to or less than:
    a. 3/60
    b. 4/60
    c. 5/60
    d. 6/60
12. Elschning's pearls are a sign of:
    a. Chronic uveitis
    b. Secondary cataract
    c. Cystoids macular edema
    d. All of the above
13. Second sight phenomenon is seen in:
    a. Nuclear cataract
    b. Cortical cataract
    c. Congenital cataract
    d. None of the above
14. Best site for IOL implant is in the:
    a. Capsular bag
    b. Anterior chamber
    c. Iris
    d. Sclera
15. In retinitis pigmentosa diminution of vision occurs during:
    a. Day
    b. Night
    c. Morning
    d. None of the above
16. Hypopyon is collection of ..... in anterior chamber:
    a. Blood
    b. Pus
    c. Vitreous
    d. All of the above

OPHTHALMOLOGY

Short Answer Questions (SAQ)

Note: Attempt all Questions.
Draw suitable diagrams (wherever necessary)

Q. 2. Give Reasons: **(1 x 4 = 04)**

a. Sclera is blue in congenital glaucoma.
b. Topical antiviral drugs are not effective in disciform keratitis.
c. Ptosis occurs in Horner's syndrome.
d. Colored halos occur in glaucoma.

Q. 3. Problem based question: **(1 x 4 = 04)**

A 60 years female developed severe unilateral headache and diminution of vision in a red eye. On examination, circumciliary congestion, corneal edema, shallow anterior chamber and vertically oval mid-dilated pupil was found in that eye.

a. What is the diagnosis?
b. Is other eye at risk?
c. What is the treatment?
d. What will happen without treatment?

Q. 4. Write short notes on: **(2 x 4 = 08)**

a. Vernal conjunctivitis
b. Astigmatism
c. Complicated cataract
d. Diabetic retinopathy

Q. 5. **(i)** What is sympathetic ophthalmitis? Discuss symptoms, signs and management of sympathetic ophthalmitis. **(1+1+1+1 = 04)**

(ii) Discuss etiology, symptoms, signs and treatment of Acute Dacryocystitis. **(1+1+1+1 =04)**

Q. 6. Write in brief about: **(2 x 4 = 08)**

a. Clinical feature of acute anterior uveitis
b. Staphyloma
c. Dendritic corneal ulcer
d. Differences between Papillitis and Papilloedema

Regn. No. .....

Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, APRIL/MAY - 2017
OPHTHALMOLOGY

[Time allotted: Three hours] **[Max Marks: 40]**

Q. 1. Multiple Choice questions **(attempt all MCQs within allotted first 15 minutes in the OMR sheet)** (½ x 16= 08)

SET - B

1. Superior obliques is supplied by:
   a. Upper division of 3rd nerve
   b. Trochlear nerve
   c. Abducent nerve
   d. Facial nerve
2. Steriod induced cataract is:
   a. Cupuliform
   b. Nuclear
   c. Posterior subcapsular
   d. Anterior subcapsular
3. Tear film is composed of:
   a. 1 layer
   b. 2 layers
   c. 3 layers
   d. 4 layers
4. Surgical treatment of buphthalmos can be carried out by:
   a. Goniotomy
   b. Goniopuncture
   c. Trabeculotomy
   d. All of the above
5. Most common cause of blindness in India is:
   a. Cataract
   b. Vitamin A deficiency
   c. Trachoma
   d. Glaucoma
6. In which of the following conditions Lisch nodules are seen:
   a. Rosacea
   b. Neurofibromatosis
   c. Von-Hippel-Lindau syndrome
   d. Tuberous sclerosis
7. Sudden visual loss is due to:
   a. Central retinal artery occlusion
   b. Central retinal vein occlusion
   c. Papilloedema
   d. All of the above
8. Following is not a feature of retinoblastoma:
   a. Glaucoma
   b. Microphthalmos
   c. Squint
   d. Leukocoria
9. Ring scotoma is seen in:
   a. Glaucoma
   b. Retinitis pigmentosa
   c. Sympathetic ophthalmia
   d. Vitreous haemorrhage
10. In which of the following disease, Dalen fuchs nodules are seen:
    a. Spring catarrh
    b. Herpatic keratitis
    c. Sympathetic ophthalmitis
    d. Interstitial keratitis
11. The afferent pathway for light papillary reflex is:
    a. Trigeminal nerve
    b. Abducent nerve
    c. Ciliary nerve
    d. Optic nerve
12. One of the most common complication of iridocyclitis is:
    a. Scleritis
    b. Secondary glaucoma
    c. Band shaped keratopathy
    d. Corneal ulcer
13. Bitemporal hemianopia indicates that the lesion is at:
    a. Optic nerve
    b. Optic chiasma
    c. Optic tract
    d. Occipital lobe
14. False regarding papilloedema is:
    a. Sudden painless loss of vision
    b. Transient blurring of vision
    c. Disc edema
    d. Vascular engorgement
15. Vossious ring is seen on:
    a. Retina
    b. Cornea
    c. Anterior capsule of lens
    d. Posterior capsule of lens
16. Shortest acting mydriatic is:
    a. Atropine
    b. Cyclopentolate
    c. Homatropine
    d. Tropicamide

Regn. No. .....

Paper Code: MBBS302

OPHTHALMOLOGY

Short Answer Questions (SAQ)

Note: Attempt all Questions.
Draw suitable diagrams (wherever necessary)

Q. 2. Give Reasons: **(1 x 4 = 04)**

a. Phacoemulsification is safe cataract surgery.
b. Intravetrial Injection Avastin(Anti VEGF) is given for treatment of proliferative diabetic retinopathy.
c. Fungal hypopyon is thick and less mobile.
d. Patching of eye should not be done in treatment of purulent conjunctivitis.

Q. 3. Problem based question: **(1 x 4 = 04)**

A two year male child presented with white reflex in the pupil of right eye, which was observed by parents since birth. On examination, there was mild proptosis and divergent squint.

a. What is the diagnosis?
b. What is the differential diagnosis?
c. What investigations would you like to do in reaching final diagnosis?
d. What is the treatment of this condition?

Q. 4. Write short notes on: **(2 x 4 = 08)**

a. Proliferative diabetic retinopathy
b. Vision 2020
c. Pre-septal cellulitis
d. Hetrophoria

Q. 5. (i) What are various vascular disorders of retina? Discuss symptoms, signs and management of central retinal artery occlusion. **(04)**

(ii) Discuss symptoms, signs, investigations and treatment of Herpes Zoster Ophthalmicus. **(1+1+1+1 =04)**

Q. 6. Write in brief about: **(2 x 4 = 08)**

a. Trichiasis
b. Test of dry eye diseases
c. Staphylloma
d. Management of trachoma

Regn. No. .....

Paper Code: MBBS302

M.B.B.S. FINAL PROF. PART-I EXAMINATION, JANUARY/FEBRUARY- 2018
OPHTHALMOLOGY

[Time allotted: Three hours] [Max Marks: 40]

Q. 1. Multiple choice questions **(attempt all MCQs within allotted first 15 minutes in the OMR sheet)** **(½ x 16= 08)**

SET - D

1. Ideal cure for subacute angle closure glaucoma is:
   a. Timolol
   b. Peripheral iridectomy
   c. Pilocarpine
   d. Trabeculectomy
2. Which of following is **not** a feature in diabetic retinopathy on fundus examination?
   a. Microaneurysms
   b. Retinal hemorrhages
   c. Arteriolar dilatation
   d. Neo-vascularisation
3. Salt and pepper fundus is seen in:
   a. Multiple sclerosis
   b. Cystinosis
   c. Weil-Marchaesani syndrome
   d. Congenital rubella
4. The most common cause of vitreous hemorrhage in adults is:
   a. Retinal hole
   b. Trauma
   c. Hypertension
   d. Diabetes
5. Fundoscopic features of papilledema include all the following **except**:
   a. Ill-defined disc margin
   b. Deep physiological cup
   c. Absent venous pulsation
   d. Bending of blood vessels
6. Treatment of bilateral retinoblastoma is:
   a. Chemotherapy
   b. Enucleation
   c. Radiotherapy
   d. Cryo
7. In blunt injury to eye, following changes are seen **except**:
   a. Macular hole
   b. Berlin's edema
   c. Subluxation of lens
   d. Soft exudates
8. In sympathetic ophthalmitis, earliest sign is:
   a. KP
   b. Retrolental flare
   c. Aqueous flare
   d. Hypopyon
9. In pupillary reflex, nerve tested is:
   a. 2nd cranial nerve
   b. 3rd cranial nerve
   c. Both 2nd and 3rd cranial nerve
   d. 4th cranial nerve
10. Bitemporal hemianopic field defect is characteristic of:
    a. Glaucoma
    b. Optic neuritis
    c. Pituitary tumour
    d. Retinal detachment
11. Anteroposterior stability of eye ball is provided by all **except**:
    a. Suspensory ligament of the eye ball
    b. Superior oblique
    c. Superior rectus
    d. Orbital fat
12. Hemorrhagic conjunctivitis occurs with:
    a. Herpes zoster
    b. Herpes simplex
    c. Acanthamoeba
    d. Picornavirus
13. In keratoconus, all are seen **except**:
    a. Munson's sign
    b. Thinning of cornea in center
    c. Distortion of cornea reflex at center
    d. Hypermetropic refractive error found
14. Steroid induced cataract is:
    a. Posterior subcapsular cataract
    b. Anterior subcapsular cataract
    c. Nuclear cataract
    d. Cupulliform cataract
15. Dislocation of lens is seen in:
    a. Trachoma
    b. Diabetes mellitus
    c. Homocystinuria
    d. Turner's syndrome
16. First sign seen in open angle glaucoma:
    a. Arcuate scotoma
    b. Extension above blind spot
    c. Roene's nasal step
    d. Siedel's scotoma

OPHTHALMOLOGY

Note: Attempt all questions.
Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons why: **(1 x 4 = 04)**

a. Daily sweeping of fornix is important in chemical burn of eye.
b. Inj. Hyaluronidase (Hylase) is added in peribulbar block.
c. Unilateral total congenital cataract should be operated as early as possible.
d. Total hyphaema in blunt ocular injury should be drained early.

Q. 3. Problem based question: **(1 x 4 = 04)**

A 55 year female developed sudden, painless and marked decrease vision from right eye. She was operated for fracture shaft femur bone of right side recently. Answer following questions:

a. What is your diagnosis?
b. What is the cause of decreased vision?
c. Write differential diagnosis of this condition.
d. What is the management?

Q. 4. Write short notes on: **(2 x 4 = 08)**

a. Acanthamoeba keratitis
b. Choroiditis
c. Thyroid eye disease
d. Hypertensive retinopathy

Q. 5. (i) What is sympathetic ophthalmitis? Discuss etiology, symptoms, signs & management of this condition. **(1+3 = 04)**

(ii) Discuss symptoms, signs, investigations and treatment of malignant glaucoma. **(1+1+1+1 =04)**

Q. 6. Write in brief about: **(2 x 4 = 08)**

a. Tests for dry eye diseases
b. Per-operative complications of cataract surgery
c. Posterior scleritis
d. Paralytic squint