

# MCQ'S

## EMBRYOLOGY:

1) The following ocular structure is not derived from surface ectoderm:

- a) Crystalline lens
- b) Sclera
- c) Corneal epithelium
- d) Epithelium of lacrimal glands

Ans: 1.B

## LENS AND CATARACT

1) Equatorial diameter of the lens is

- a) 7 mm
- b) 9 mm
- c) 8 mm
- d) 10 mm

2) Which continues to grow in a lifetime:

- a) Cornea
- b) Lens
- c) Iris
- d) Retina

3) All of the following lead to the formation of complicated cataract, except:

- a) Pigmentary retinal dystrophy
- b) Progressive hypermetropia
- c) Progressive myopia
- d) Iridocyclitis

4) Maximum refractive index in eye is of

- a) Cornea
- b) Anterior capsule of lens
- c) Posterior capsule of lens
- d) Centroid of lens

5) Dislocation of the lens is seen in:

- a) Retinoblastoma
- b) Medulloblastoma
- c) Neuroblastoma
- d) None of these

6) Which is the most important complication of anterior chamber IOLs:

- a) Glaucoma
- b) Hyphema
- c) Subluxation
- d) Retinal detachment

7) A 55 years old patient complains of decreased distant vision. However, now he does not require his near glasses for near work. The most likely cause is:

- a) Posterior subcapsular cataract
- b) Zonular cataract
- c) Nuclear sclerosis
- d) Anterior subcapsular cataract

8) Complication cataract is seen in

- a) Blunt trauma
- b) Diabetes mellitus
- c) Neovascular glaucoma
- d) Myopic chorioretinitis

9) Ectopia lens is not seen in

- a) Homocystinuria

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- b) Down's syndrome
- c) Pseudoexfoliation
- d) Marfans syndrome

**10) Christmas-Tree cataract is seen in**

- a) Myotonic dystrophy
- b) Irradiation cataract
- c) Diabetes
- d) Traumatic cataract

**11) Anterior lenticonus is found in:**

- a) Lowes syndrome
- b) Willium syndrome
- c) Alports syndrome
- d) Down's syndrome

**12) Vossius ring is seen on**

- a) Cornea
- b) Anterior capsule of lens
- c) Posterior capsule of lens
- d) Iris

**13) Steroid-induced cataract is:**

- a) Posterior subcapsular
- b) Anterior subcapsular
- c) Nuclear cataract
- d) Cupulliform cataract

**14) Which of the following is the most important factor for prevention of endophthalmitis in cataract surgery:**

- a) Preoperative preparation with povidone iodine
- b) One week antibiotic therapy prior to surgery
- c) Trimming of the eyelashes
- d) Use of intravitreal antibiotics

**15) The crystalline lens derives its nutrition from :**

- a) Blood vessels
- b) Connective tissue
- c) Aqueous
- d) Zonules

**16) Which laser is used in the management of after-cataracts:**

- a) Argon
- b) Krypton
- c) Nd-YAG
- d) Excimer

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- b) Nuclear sclerosis
- c) Zonular cataract
- d) Anterior subcapsular cataract

**18) A 56- year old patient presents after 3 days of cataract surgery with a history of increasing pain and diminution of vision after a initial improvement. The most likely cause would be:**

- a) Endophthalmitis
- b) After-cataract
- c) Central retinal vein occlusion
- d) Retinal detachment

**19) Which morphological type of cataract is most visually handicapping:**

- a) Cortical
- b) Nuclear
- c) Posterior subcapsular
- d) Zonular



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- 20) The standard suture less cataract surgery done with phaco-emulsification and foldable IOL has an incision of:
- 1mm – 1.5mm
  - 2-2.5mm
  - 3-3.5 mm
  - 3.5-4.5 mm
- 21) Oldes component of lens of the eye is:
- Anterior capsule
  - Posterior capsule
  - Nucleo-cortical junction
  - Nucleus
- 22) Ideal fluid for irrigation during ECCE is:
- Normal saline to dextrose
  - Normal saline
  - Balanced salt solution
  - Balanced salt solution + glutathione
- 23) The most common complication of hypermature sclerotic cataract is:
- Dislocation of the lens
  - Phacomorphic glaucoma
  - Uveitis
  - Neovascularization of retina
- 24) A 60 year old male patient operated for cataract 6 months back now complains of floaters and sudden loss of vision. The diagnosis is:
- Vitreous haemorrhage
  - Retinal detachment
  - Central retinal artery occlusion
  - Cystoids macular edema
- 25) Most common senile cataract causing glaucoma is :
- Incipient type
  - Nuclear type
  - Morgagnian hypermature
  - Sclerotic hypermature
- 26) A diabetic patient gets cataract because of accumulation of sorbitol in lens. The enzyme responsible for this is:
- Glucokinase
  - NADPH+ dependent aldolase
  - Phosphofructoisomerase
  - Hexokinase
- 27) In Finchams test – there is breakup of halo and rejoining (patient present with coloured halo and giddiness). Diagnosis is:
- Open angle glaucoma
  - Cataract
  - Mucopurulent conjunctivitis
  - Acute angle closure glaucoma
- 28) All are methods of intracapsular extraction of lens, except:
- Phacoemulsification
  - Cryosurgery
  - Forceps delivery
  - Erisophake
- 29) Snow flake cataract is a pathognomic feature of:
- Chalcosis
  - Diabetes mellitus
  - Wilson's disease
  - Trauma
- 30) Chalcosis is associated with:
- Copper

- b) Zinc
- c) Lead
- d) Gold

**31) Polychromatic lustre is seen in**

- a) Zonular cataract
- b) Posterior subcapsular cataract
- c) Nuclear cataract
- d) Anterior subcapsular cataract

**32) Cataract is seen in all, except**

- a) Rheumatoid arthritis
- b) Glucocorticoid administration
- c) Galactosemia
- d) Hypoparathyroidism

**33) Sunflower cataract is seen in**

- a) Injury
- b) Laurence Moon Biedel syndrome
- c) Wilsons disease
- d) Galactosemia

**34) Before IOL implantation the following are done for the estimation of refractory power of IOL:**

- a) Keratometry
- b) Axial length
- c) Lens thickness
- d) Corneal thickness
- e) Corneal diameter

**35) Most common cause of cataract is:**

- a) Age related changes
- b) Hereditary
- c) Diabetes mellitus
- d) Trauma induced
- e) Myxoedema

**36) Treatment of cataract in infant is:**

- a) Lensectomy
- b) ICCE
- c) Disscision
- d) ECCE
- e) Phaco-emulsification

**37) Cataract is evaluated by:**

- a) Gonioscopy
- b) Tonometry
- c) Stereoacuity
- d) Contrast
- e) Colour vision

**38) Modern IOL is made up of:**

- a) Acrylic acid
- b) PMMA
- c) PML
- d) Glass
- e) Silicon

**39) Leaving the capsule behind in cataract surgery is advantageous because it:**

- a) Prevents cystoids macular edema
- b) Decrease endothelial damage
- c) Progressively improves vision
- d) Decrease chance of retinal detachment
- e) Decrease change of endophthalmitis

**40) infective complication in cataract operation can be decreased by:**

- a) Antibiotic eye drops



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- b) Intracameral instillation of antibiotic at the end of the operation
- c) Intraoperative antibiotics
- d) Preoperative antibiotics
- e) Postoperative oral antibiotics

**41) Cataract is caused by all except:**

- a) Ultraviolet radiation
- b) MRI
- c) Infrared radiation
- d) Microwave radiation
- e) Ionizing radiation

**42) Best site for IOL implantation:**

- a) Iris
- b) Capsular bag
- c) Anterior chamber
- d) Sulcus

**43) Common complication of IOLs are all except:**

- a) Corneal dystrophy
- b) Glaucomas
- c) Anisocoria
- d) Macular edema

**44) Rosette shape cataract is seen in:**

- a) Trauma
- b) Radiation
- c) DM
- d) Iridocyclitis

**45) Christmas tree cataract is seen in:**

- a) Down's syndrome
- b) Rubella
- c) Myotonic dystrophy
- d) Diabetes

**46) Good vision in dim light and clumsy in day lights, seen in:**

- a) Cortical cataract
- b) Morgagnian cataract
- c) Nuclear cataract
- d) Steroid induced cataract

**47) Commonest type of cataract is:**

- a) Blue dot
- b) Zonular
- c) Cupuliform
- d) Cuneiform

**48) the complication of extracapsular extraction of lens is:**

- a) Cystoids macular oedema
- b) Opacification of capsule
- c) Iritis
- d) Glaucoma
- e) None of the above

**49) Factor leading to raised intraocular pressure after cataract extraction:**

- a) Vitreous touch syndrome
- b) Use of alpha chymotrypsin
- c) Choroidal detachment
- d) Epithelial ingrowths
- e) Residual lens cortex

**50) Lens develops from:**

- a) Surface ectoderm
- b) Neuroectoderms



- c) Visceral mesoderm
- d) Paraxial mesoderm

**51) Downward and nasal subluxation of lens is typically seen in:**

- a) Homocystinuria
- b) Marfans syndrome
- c) Weil marchesani syndrome
- d) Ehler-Danlos syndrome

**52) Congenital cataract is seen in:**

- a) Lowes syndrome
- b) Tyrosinemia
- c) Maple syrup urine disease
- d) Beckwith Weidman's syndrome

**53) Cataract can be caused by prolonged ingestion of which drug:**

- a) Phenothazines
- b) Methotrexate
- c) Ethambutol
- d) Chloroquine

**54) Statement not true about rubella cataract is**

- a) Pearly white
- b) Bilateral
- c) Stationary
- d) Associated with subluxation

**55) Cataract is caused by all except:**

- a) Systemic corticosteroids
- b) Busulphan
- c) Thioridazine
- d) Metronidazole

**56) Organism most commonly isolated from the vitreous following endophthalmitis developing 4 days after cataract surgery is:**

- a) Staph epidermidis
- b) Bacillus subtilis
- c) Pseudopyocyanea
- d) Propionobacterium

**57) All are risk factors for cataract except:**

- a) Diabetes mellitus
- b) Hypertension
- c) Smoking
- d) Recurrent diarrhea

**58) After phacoemulsification, suture applied are:**

- a) Continuous
- b) Interrupted
- c) No sutures needed
- d) None of the above

**59) Increased lactic acid in aqueous humour is found in:**

- a) Aphakia
- b) Ectopia lentis
- c) Traumatic dislocation of lens
- d) Senile cataract

**60) Earliest visual rehabilitation occurs with**

- a) ICCE+IOL
- b) ECCE+IOL
- c) ICCE alone or laser
- d) Phacoemulsification

**61) Lens has a respiratory quotient of**

- a) 1
- b) 0.6



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- c) 0.7
- d) 0.9

**62) True about complicated cataract is all except**

- a) Axial involvement
- b) Sutural involvement
- c) Polychromatic luster
- d) Posterior subcapsular involvement

**63) Hypermature cataract leads to:**

- a) Phacomorphic glaucoma
- b) Phacotoxic glaucoma
- c) Phacolytic glaucoma
- d) None of the above

**64) Scan used to calculate power of intraocular lens is:**

- a) A scan
- b) C scan
- c) S scan
- d) None

**65) Lens capsule is thinnest at:**

- a) Anterior pole
- b) Posterior pole
- c) Equator
- d) Papillary margin

**66) Spontaneous absorption of the lenticular material is seen in:**

- a) Myotonic dystrophy
- b) Hallerman streif syndrome
- c) Aniridia
- d) Persistent hyperplastic primary vitreous

**67) Anterior cortical cataract is caused by:**

- a) Perforating injury to eye
- b) Radiation
- c) Steroid
- d) Senile

**68) Traumatic dislocation of lens is diagnosed by:**

- a) Direct ophthalmoscopy
- b) Indirect ophthalmoscopy
- c) Distant direct ophthalmoscopy
- d) Slit lamp examination

**69) Constantly changing refractory error is seen in**

- a) Traumatic cataract
- b) Diabetic cataract
- c) Morgagnian cataract
- d) Intumescent cataract

**70) What is the most important complication of Anterior chamber lenses:**

- a) Glaucoma
- b) Hyphema
- c) Subluxation
- d) Retinal detachment

**71) The biochemistry of cataract formation is:**

- a) Hydration intumescence
- b) Denaturation of lens proteins
- c) Slow sclerosis
- d) All of the above

**72) Which is not associated with zonular cataract**

- a) Diabetes
- b) IUGR
- c) Rickets



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d) Dental abnormalities

**73) Uniocular diplopia is seen in which stage of cataract:**

- a) Incipient
- b) Intumescent
- c) Mature
- d) Hypermature

**74) Modern criteria for cataract operation is:**

- a) Maturation of cataract
- b) Loss of vision
- c) Complications
- d) All of the above

**75) Vossius ring is seen in:**

- a) Chalcosis
- b) Siderosis
- c) Lens concussion
- d) Pseudomonas infection

**76) Most common complication of extracapsular cataract surgery is:**

- a) Retinal detachment
- b) Opacification of posterior capsule
- c) Vitreous haemorrhage
- d) None

**77) Zonular cataract is**

- a) Bilateral
- b) Stationary
- c) Autosomal dominant
- d) Associated with hypocalcemia
- e) None of the above

**78) The commonest type of cataract in adults:**

- a) Nuclear cataract
- b) Cortical cataract
- c) Morgagnian cataract
- d) Hypermature nuclear sclerotic cataract

**79) Cataract is associated with:**

- a) Pseudomuscular hypertrophy
- b) Myotonic dystrophy
- c) SLE
- d) Rheumatoid arthritis
- e) All

**80) Which of the following is not correct about the cataract in cases of galactosemia**

- a) It is most often central
- b) It is zonular or lamellar
- c) Involve the embryonal and foetal nuclei
- d) Is polar

**81) Transport of ascorbic acid to lens is done by:**

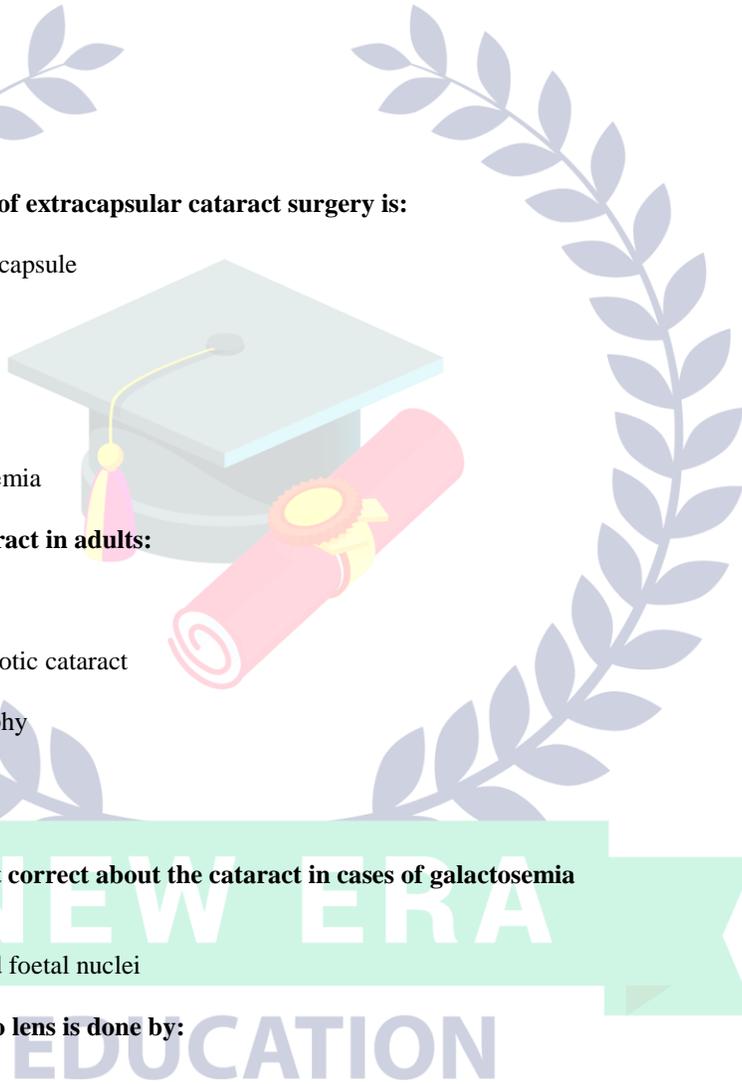
- a) Myoinositol
- b) Choline
- c) Taurine
- d) Na/K ATPase

**82) Which of the following does not handle the free radicals in the lens**

- a) Vitamin A
- b) Vitamin E
- c) Vitamin C
- d) Catalase

**83) Typical bilateral inferior subluxation of lens is seen in:**

- a) Marfans syndrome
- b) Homocystinuria



- c) Hyperinsulinemia  
d) Ocular trauma
- 84) In which of the following uveitic conditions is it contraindicated to put intraocular lens after cataract extraction:**
- a) Funch's heterochromic cyclitis  
b) Juvenile rheumatoid arthritis  
c) Psoriatic arthritis  
d) Reiters syndrome
- 85) A two-week old child presents with unilateral cataract, which of the following statement represent the best management advice:**
- a) The best age to operate him to get the best visual results is four weeks.  
b) The best age to operate him to get the best visual results is four months  
c) The best age to operate him to get the best visual results is four years  
d) The eye is already lost, only cosmetic correction is required.
- 86) Which prominent ocular manifestation is associated with Marfan's syndrome :**
- a) Microcornea  
b) Microspherophakia  
c) Megalocornea  
d) Ectopia lentis
- 87) A child has got a congenital cataract involving the visual axis, which was detected by the parents right at birth. This child should be operated.**
- a) Immediately  
b) At 2 months of age  
c) At 1 year of age when globe becomes normal sized.  
d) After 4 years when entire ocular and orbital growth become normal
- 88) Dislocation of lens is seen in all the following conditions except:**
- a) Congenital rubella  
b) Weil Marchesnai syndrome  
c) Marfans syndrome  
d) Homocystinuria
- 89) After cataract surgery, glasses are prescribed after:**
- a) 2 weeks  
b) 6 weeks  
c) 12 weeks  
d) 20 weeks
- 90) Sunflower cataract is caused by:**
- a) Siderosis  
b) Chalcosis  
c) Lead intoxication  
d) Silicosis
- 91) Which is not a cataract surgery-**
- a) Lensectomy  
b) Goniotomy  
c) Phacoemulsification  
d) SICS
- 92) Which of the following is the only reversible cataract-**
- a) senile cataract  
b) cataract in galactosemia  
c) congenial cataract  
d) sunflower cataract
- 93) Congenital cataract commonly associated with visual defect-**
- a) Punctuate cataract  
b) Blue dot cataract  
c) Zonular cataract  
d) Fusiform cataract
- 94) Late onset endophthalmitis after cataract surgery is most often caused by:**
- 

- a) Staphylococcus Epidermidis
- b) Pseudomonas
- c) Streptococcus Pyogenes
- d) Propionobacterium Acnes

95) Endophthalmitis involves inflammation of all of the following, EXCEPT:

- a) Sclera
- b) Uvea
- c) Retina
- d) Vitreous



**LENS AND CATARACT**  
ANSWER KEY

- 1. B
- 2. D
- 3. A
- 4. A
- 5. C
- 6. D
- 7. B
- 8. A
- 9. C
- 10. B
- 11. A

12. A
13. C
14. C
15. B
16. A
17. C
18. C
19. D
20. D
21. A
22. B
23. C
24. B
25. B
26. A
27. B
28. A
29. B
30. A
31. C
32. A, B
33. A
34. A, D, E
35. A, B, C, E
36. A, B, E,
37. A, D, E
38. A, D
39. B
40. B
41. A
42. A
43. C
44. C
45. A
46. A, B, C, D
47. A, B, D
48. A
49. A
50. A



51. A
52. D
53. D
54. A
55. B
56. C
57. D

- 58. D
- 59. A
- 60. B
- 61. C
- 62. A
- 63. B
- 64. B
- 65. A
- 66. D
- 67. D
- 68. A
- 69. D
- 70. A
- 71. B
- 72. B
- 73. C
- 74. B
- 75. A,B,C,D
- 76. B
- 77. B
- 78. D
- 79. A
- 80. A
- 81. B
- 82. B
- 83. A
- 84. C
- 85. A
- 86. A
- 87. B
- 88. B
- 89. B
- 90. C
- 91. B
- 92. B
- 93. C
- 94. D
- 95. A



## OPTICS

1) The refractive power of eye is:

- a) 15 D
- b) 29 D

- c) 58 D  
d) 100D
- 2) **Fixation of visual reflex is accomplished by :**  
a) 6 months  
b) 1 year  
c) 2 years  
d) 3 years
- 3) **The following are grades of binocular single vision except;**  
a) Simultaneous perception  
b) Fusion  
c) Retinal correspondence  
d) Stereopsis
- 4) **All of the following are associated with squint except;**  
a) Diplopia  
b) Stereopsis  
c) Confusion  
d) Deviation
- 5) **All are used for macular function test except:**  
a) Maddox rod test  
b) Two point discrimination test  
c) Electroretinogram  
d) Laser interferometry
- 6) **Uncrossed diplopia is seen in:**  
a) Exotropia  
b) Exophoria  
c) Esophoria  
d) Exotropia
- 7) **Refractive index of cornea is:**  
a) 1.33  
b) 1.37  
c) 1.41  
d) 1.43
- 8) **Contact lens is best used in:**  
a) High myopia  
b) Aphakia  
c) Irregular astigmatism  
d) High astigmatism
- 9) **Indirect ophthalmoscopy is done for assessing all, except:**  
a) Ora serrata  
b) Vitreous base  
c) Retinal periphery  
d) Fovea



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## OPTICS

### ANSWER:

1. C
2. A

3. C
4. B
5. C
6. D
7. B
8. C
9. D



# GLAUCOMA

- 1) **Phacomorphic glaucoma is an example of:**
    - a) Primary open angle glaucoma
    - b) Secondary open angle glaucoma
    - c) Primary angle closure glaucoma
    - d) Secondary angle closure glaucoma
  - 2) **Shallow anterior chamber is seen in all except:**
    - a) Old age
    - b) Steroid – induced glaucoma
    - c) Hypermetropia
    - d) Angle closure glaucoma
  - 3) **Ratio of incidence of open angle to closed angle glaucoma is:**
    - a) 1:1
    - b) 2:1
    - c) 3:1
    - d) 4:1
  - 4) **Gonioscopy is used to study:**
    - a) Anterior chamber
    - b) Posterior chamber
    - c) Angle of anterior chamber
    - d) Retina
  - 5) **Secondary glaucoma following corneal perforation is due to:**
    - a) Anterior synechiae formation
    - b) Peripheral synechiae
    - c) Intraocular haemorrhage
    - d) Angle disruption
  - 6) **100 day glaucoma is seen in:**
    - a) Central retinal artery occlusion
    - b) Central retinal vein occlusion
    - c) Neovascular glaucoma
    - d) Steroid induced glaucoma
  - 7) **The most reliable provocative test for angle closure glaucoma:**
    - a) Homatropine –mydriatic test
    - b) Mydriatic-Miotic test
    - c) Water drinking test
    - d) Dark room test
  - 8) **The technique of goniotomy includes all except:**
    - a) Anterior chamber air injection
    - b) Use of contact lens
    - c) Dilatation of the pupil
    - d) Diamox preoperatively
    - e) Insertion of knife posterior to the descemets membrane
  - 9) **Argon laser trabeculoplasty is used in:**
    - a) Closed angle glaucoma
    - b) Primary open glaucoma
    - c) Neovascular glaucoma
    - d) Aphakic glaucoma
  - 10) **Pain in the eye, while sitting in cinema is due to:**
    - a) Prodromal angle closure glaucoma
    - b) Intermittent angle closure glaucoma
    - c) Acute congestive angle closure glaucoma
    - d) Chronic angle closure glaucoma
  - 11) **The following antiglaucoma drug decreases the uveo-sclera outflow:**
    - a) Latanoprost
- 

- b) Timolol
- c) Pilocarpine
- d) Acetazolamide

**12) Photophobia in an infant could be due to:**

- a) Buphthalmos
- b) Congenital cataract
- c) NLD obstruction
- d) None of the above

**13) Following trabeculectomy, all these changes occur except:**

- a) Haemorrhage
- b) Malignant glaucoma
- c) Shallow anterior chamber
- d) Choroidal degeneration

**14) Schwalbe's line corresponds to:**

- a) Corneal endothelium
- b) Descemet's membrane
- c) Schlemm's canal
- d) Ciliary body

**15) Normally the cup disc ratio is:**

- a) Below 0.5
- b) Below 1.0
- c) Below 1.5
- d) Below 0.1

**16) A patient came to the casualty with acute bronchial asthma after treatment for glaucoma. The probable drug may be:**

- a) Timolol
- b) Betaxolol
- c) Latoprost
- d) Anticholinesterase

**17) Which of the following antiglaucoma medications can cause drowsiness:**

- a) Latanoprost
- b) Timolol
- c) Brimonidine
- d) Dorzolamide

**18) Latanoprost used topically in glaucoma primarily acts by:**

- a) Decreasing aqueous humor formation
- b) Increasing Uveo-scleral outflow
- c) Releasing papillary block
- d) Increasing trabecular outflow

**19) Which of following drugs is not used topically for the treatment of Open angle glaucoma:**

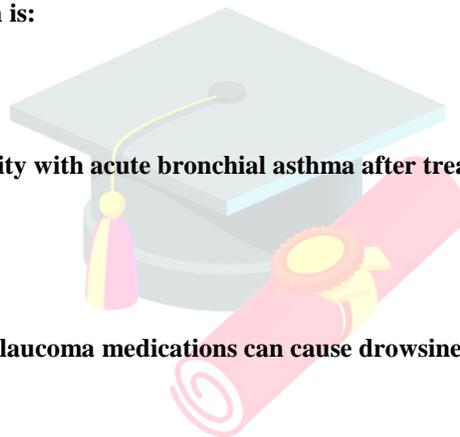
- a) Latanoprost
- b) Brimonidine
- c) Acetazolamide
- d) Dorzolamide

**20) Tonography helps you to determine:**

- a) The facility of outflow of aqueous
- b) Diurnal variation
- c) The levels of intraocular pressure at different times
- d) None of the above

**21) Kusumlata presents with acute painful red eye and mild dilated vertically oval pupil. Most likely diagnosis is:**

- a) Acute retrobulbar neuritis
- b) Acute angle closure glaucoma
- c) Acute anterior uveitis
- d) Severe kerato-conjunctivitis



- 22) You have been referred a middle aged patient to rule out open angle glaucoma. Which of the following findings will help in the diagnosis:
- Cupping of the disc
  - Depth of anterior chamber
  - Visual acuity and refractive error
  - Angle of the anterior chamber
- 23) In a case of hypertensive uveitis, most useful drug to reduce intraocular pressure is:
- Pilocarpine
  - Latanoprost
  - Physostigmine
  - Dipivefrine
- 24) A patient having glaucoma develops blepharoconjunctivitis after instilling some anti glaucoma drug. Which of the following drug can be responsible for it:
- Timolol
  - Latanoprost
  - Dipivefrine
  - Pilocarpine
- 25) Treatment of choice in acute congestive glaucoma:
- Pilocarpine
  - Laser iridotomy
  - Timolol
  - Trabeculoplasty
- 26) Secondary glaucoma is seen in all except:
- Intraocular lens implantation
  - Epidemic dropsy
  - CRVO
  - Interstitial keratitis
- 27) Most common complication of topical steroid is :
- Glaucoma
  - Cataract
  - Ptosis
  - Iritis
- 28) Iridocorneal endothelial syndrome is associated with:
- Progressive atrophy of iris stroma
  - B/L symmetrical stromal edema of iris and cornea
  - Deposition of collagen in descemet's membrane
  - Deposition of glycosaminoglycans in the descemet's membrane
- 29) Painless sudden visual loss is seen in all except:
- CRAO
  - Retinal detachment
  - Vitreous haemorrhage
  - Angle closure glaucoma
- 30) The conversion of  $\text{CO}_2$  and  $\text{H}_2\text{O}$  into carbonic acid during the formation of aqueous humour is catalysed by which one of the following enzymes:
- Carboxylase
  - Carbamylase
  - Carbonic anhydrase
  - Carbonic deoxygenase
- 31) Which of the following drugs is contra indicated in a patient with history of sulphallergy presenting with an acute attack of angle closure glaucoma
- Glycerol
  - Acetazolamide
  - Mannitol
  - Latanoprost

- 32) A 55 yrs old female comes to the eye casualty with history of severe eye pain, redness and diminution of vision. On examination the visual acuity is 6/60, there is circumferential congestion, corneal oedema and a shallow anterior chamber. Which of the following is the best drug of choice.
- Atropine ointment
  - I.V. mannitol
  - Ciprofloxacin eye drops
  - Betamethasone eye drops
- 33) In which of the following condition, aniridia and hemihypertrophy are most likely present:
- Neuroblastoma
  - Wilm's tumour
  - Non-Hodgkin's Lymphoma
  - Germ-cell tumour
- 34) All of the following conditions are contraindicated or likely to worsen in a case of primary open angle glaucoma when treated with timolol maleate 0.5% eye drops, except:
- Hypertension
  - Hypercholesterolemia
  - Depression
  - Bronchial asthma
- 35) A male patient with a history of hypermature cataract presents with a 2 day history of ciliary congestion, photophobia, blurring of vision and on examination has a deep anterior chamber in the right eye. The left eye is normal. The diagnosis is:
- Phacomorphic glaucoma
  - Phacolytic glaucoma
  - Phacotoxic glaucoma
  - Phacoanaphylactic uveitis
- 36) A 30 day old neonate was presented with a history of photophobia and excessive lacrimation. On examination, both the lacrimal duct systems are normal, but there was a large cornea and corneal haziness. The diagnosis is :
- Megalocornea
  - Keratoconus
  - Congenital glaucoma
  - Hunter's syndrome
- 37) All the following anatomical changes will predispose to primary angle closure glaucoma, except:
- Small cornea
  - Flat cornea
  - Anterior chamber shallow
  - Short axial length of eye ball
- 38) A patient complains of evening halos and occasional headache for some months. On examination anterior chamber of both the eyes are shallow and the intra ocular pressure is normal. This condition represents what stage of glaucoma:
- Constant instability
  - Prodrome
  - Absolute
  - Acute
- 39) In a patient predisposed to glaucoma, the drug contraindicated is:
- Pilocarpine
  - Atropine
  - Echothiophate
  - Timolol
- 40) A lady with chronic simple glaucoma with bronchial asthma took anti glaucoma drug which exaggerated her asthma. The likely drug is:
- Timolol
  - Brimonidine
  - Pilocarpine
  - Latanoprost
- 41) All are side effects of pilocarpine, except:[

- a) Shallow anterior chamber
- b) Folliculosis
- c) Posterior synechiae
- d) Punctal stenosis

**42) Epinephrine is used in all, except**

- a) Aphakic glaucoma
- b) Open angle glaucoma
- c) Secondary glaucoma
- d) Neovascular glaucoma

**43) Earliest field defect in primary open angle glaucoma is :**

- a) Seidel's scotoma
- b) Arcuate scotoma
- c) Nasal spur
- d) Scotoma in Bjerrum field

**44) Which examination is of least value in open angle glaucoma:**

- a) Tonometry
- b) Perimetry
- c) Indirect ophthalmoscopy
- d) Direct ophthalmoscopy

**45) Pilocarpine is not used in young adults as it causes:**

- a) Retinal detachment
- b) Myopia
- c) Iris cysts
- d) Shallow anterior chamber

**46) True about acute angle closure glaucoma**

- a) Pupil vertically oval
- b) Increased IOP
- c) AC deep
- d) AC shallow
- e) Painful eye

**47) True about buphthalmos**

- a) Large cornea
- b) Haab's stria
- c) Shallow AC
- d) Glaucoma
- e) Medical treatment helps

**48) Buphthalmos is associated with:**

- a) Epiphora
- b) Shallow anterior chamber
- c) Megalocornea
- d) Surgery is used for treatment
- e) KF ring is pathognomic

**49) Which of the following causes least increase in IOP :**

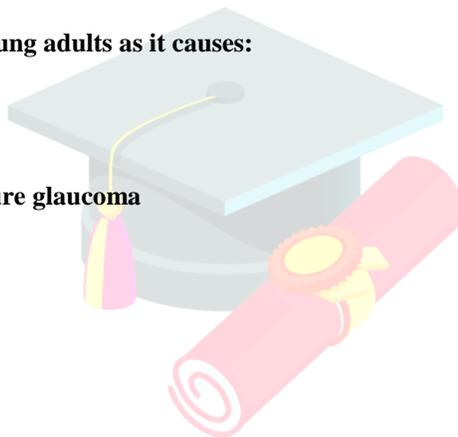
- a) Flouromethalone]Triamicinolone
- b) Triamicinolone
- c) Dexamethasone
- d) Hydrocortisone

**50) In angle closure glaucoma, treatment given to the fellow eye is :**

- a) Pilocarpine eye drops
- b) Atropine
- c) Laser iridotomy
- d) Trabecuoplasty
- e) Physostigmine eye drops

**51) Regarding aqueous humor, which of these are correct:**

- a) It is secreted at rate of 2.3 ml/min
- b) Secreted by ciliary processes



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- c) Provides nutrition
- d) Normal pressure is 5-15 mm Hg

**52) Haab's striae are seen in:**

- a) Angle closure glaucoma
- b) Infantile glaucoma
- c) Stargardt's disease
- d) Disciform keratitis

**53) Malignant glaucoma is seen in: [**

- a) Malignancy
- b) After surgery for cataract or glaucoma
- c) Trauma
- d) Thrombosis

**54) A 30 year old woman with sudden right sided painful red eye associated with nausea, vomiting and headache, The diagnosis is :**

- a) Acute congestive glaucoma
- b) Endophthalmitis
- c) Eales disease
- d) Trachoma

**55) Which should not be used in raised IOT associated with uveitis:**

- a) Timolol
- b) Pilocarpine
- c) Atropine
- d) Acetazolamide

**56) Coloured halos is seen in all except:**

- a) Open angle glaucoma
- b) Closed angle glaucoma
- c) Cataract
- d) Any of the above

**57) In buphthalmos, seen are all except:**

- a) Subluxated lens
- b) Large cornea
- c) Small cornea
- d) Big eye ball

**58) In buphthalmos, lens is :**

- a) Antero-posteriorly flat
- b) Small
- c) Large
- d) None of the above

**59) Treatment of malignant glaucoma is :**

- a) Topical atropine
- b) Topical pilocarpine
- c) IV mannitol
- d) Vitreous aspiration

**60) Treatment of primary open angle glaucoma:**

- a) Timolol maleate
- b) Atropine
- c) Acetazolamide
- d) Prostaglandin analogue

**61) The canal of schlemn possesses the following anatomic characteristics:**

- a) Contains red cells
- b) Contains aqueous
- c) Lined by endothelium
- d) Contains partitions resembling the dural venous sinuses.

**62) In a patient of bronchial asthma with open angle glaucoma, drug of choice is :**

- a) Pilocarpine drops
- b) Timolol drops



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- c) Ipratropium bromide drops  
d) Betaxolol drops
- 63) Normal intra-ocular tension is**  
a) 0-10 mmHg  
b) 10-20 mmHg  
c) 20-30 mmHg  
d) 100-120 cm H<sub>2</sub>O
- 64) Applanation tonometry is more useful than indentation tonometry**  
a) In cases where corneal ulcer is present.  
b) It eliminates the factor of sclera rigidity  
c) It accurately measures tension in uncooperative patient  
d) None of the above
- 65) Increased intra-ocular tension is seen in all except**  
a) Epidemic dropsy  
b) Branch vein occlusion  
c) Malignant melanoma  
d) Pthisis bulbi
- 66) Drug useful in open angle glaucoma with uncorrected myopia is :**  
a) 2% Pilocarpine  
b) 0.5% Timolol  
c) 10% Phenylephrine  
d) None of the above
- 67) Pathognomic of open angle glaucoma is :**  
a) Pulsation of retinal arterioles  
b) Arcuate scotoma  
c) Enlargement of blind spot  
d) Spiral field defect
- 68) Coloured halos in acute congestive glaucoma is due to:**  
a) Raised IOP  
b) Corneal edema  
c) Raised ICT  
d) Mydriasis
- 69) Not given in glaucoma:**  
a) Beta blocker  
b) Cyclopentolate  
c) Ecothiophate  
d) Urea
- 70) Glaucoma causes:**  
a) Secondary optic atrophy  
b) Cavernous optic atrophy  
c) Pressure optic atrophy  
d) No optic atrophy
- 71) Campimetry measures:**  
a) Field of vision  
b) Acuity of vision  
c) Colour vision  
d) Includes all
- 72) All are changes in chronic glaucoma except:**  
a) Cupping of disc  
b) Cavernous optic atrophy  
c) Scotomas of various types  
d) Synechiae
- 73) Aqueous as compared to plasma has all more except:**  
a) Higher glutathione  
b) Higher pH  
c) Higher ascorbate



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d) Higher lactate

**74) Following are important in production and release of aqueous except:**

- a) Pigmented epithelium
- b) Ultrafiltration and diffusion
- c) Adenylcyclase
- d) Carbonic anhydrase

**75) Acute congestive glaucoma all are present except:**

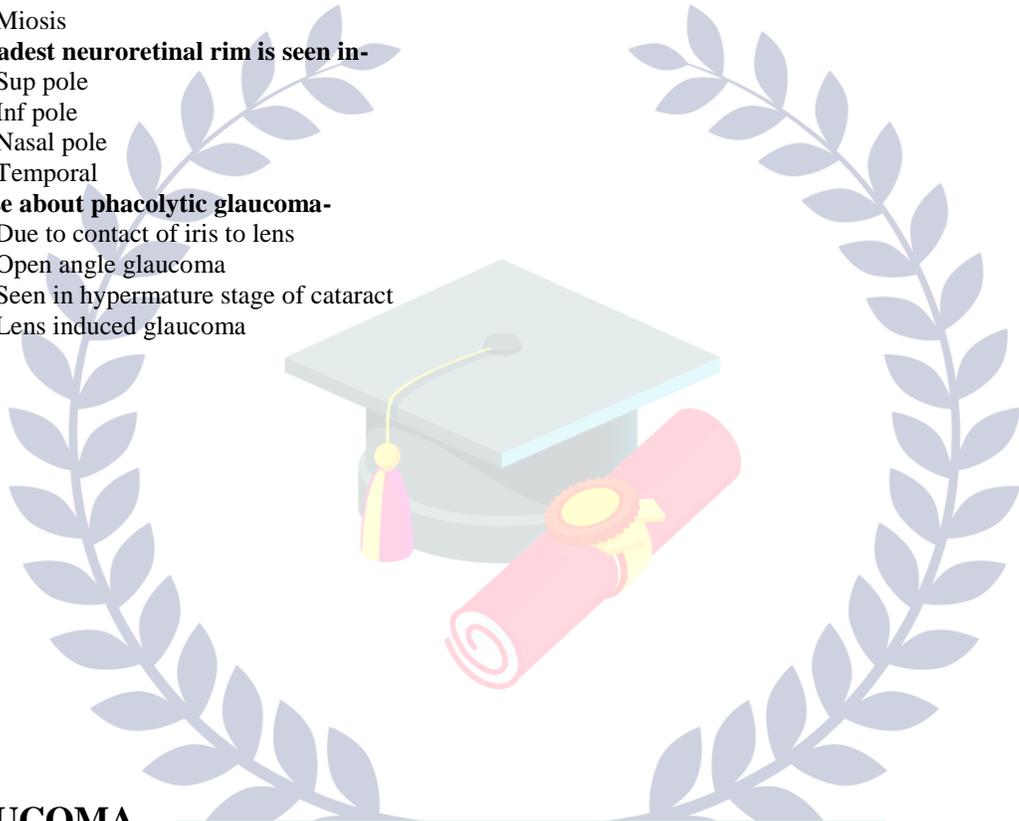
- a) Ciliary congestion
- b) Shallow anterior chamber
- c) Edematous cornea
- d) Miosis

**76) Broadest neuroretinal rim is seen in-**

- a) Sup pole
- b) Inf pole
- c) Nasal pole
- d) Temporal

**77) False about phacolytic glaucoma-**

- a) Due to contact of iris to lens
- b) Open angle glaucoma
- c) Seen in hypermature stage of cataract
- d) Lens induced glaucoma



## GLAUCOMA

### ANSWER KEY

- 1. D
- 2. B
- 3. D
- 4. C
- 5. A
- 6. B
- 7. B
- 8. C
- 9. B
- 10. B
- 11. C
- 12. A
- 13. D
- 14. B
- 15. A
- 16. A

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- 17. C
- 18. B
- 19. C
- 20. A
- 21. B
- 22. A
- 23. D
- 24. C
- 25. A
- 26. D
- 27. A
- 28. A
- 29. D
- 30. C
- 31. B
- 32. B
- 33. B
- 34. A
- 35. B
- 36. C
- 37. B
- 38. A
- 39. B
- 40. A



- 41. D
- 42. A
- 43. D
- 44. C
- 45. B
- 46. Abde
- 47. Abd
- 48. D
- 49. A
- 50. C
- 51. Bd
- 52. B

- 53. B
- 54. A
- 55. B
- 56. A
- 57. C
- 58. A
- 59. A,C,D
- 60. A,C,D
- 61. B,C,D
- 62. D
- 63. B
- 64. B
- 65. D
- 66. B
- 67. B
- 68. B
- 69. B
- 70. B
- 71. A
- 72. D
- 73. B
- 74. A
- 75. D
- 76. D
- 77. A



### **CONJUNCTIVA**

**1) Which of the following is not a feature of vernal conjunctivitis?**

- a) Maxwell Lyon sign
- b) Tranta's spots
- c) Follicies
- d) Perilimbal papillary hypertrophy

**2) Acute conjunctivitis is caused by all except:**

- a) Adenovirus
- b) CMV
- c) Enterovirus -70
- d) Cox-sackie -24

3) **Nodule at limbus, hyperaemia of conjunctiva and photophobia. Diagnosis is :**

- a) Scleritis
- b) Koeppe's nodule
- c) Conjunctivitis (Phlyctenular)
- d) Bussaca's nodule

4) **All of the following viruses involve eye except:**

- a) Herpes zoster
- b) Herpes simplex
- c) Echo
- d) Adeno

5) **WHO grading (X 3a ) for Xerophthalmia indicates:**

- a) Corneal xerosis
- b) Keratomalacia
- c) Corneal ulcer
- d) Conjunctival xerosis and Bitots spot

6) **Complication of trachoma:[DPG]**

- a) Trichiasis
- b) Corneal opacity
- c) Cataract
- d) Vitreous hemorrhage

7) **Following are embryological remnant except:**

- a) Bergmeister's papilla
- b) Epicapsular stars
- c) Mittendorf's dot
- d) Posterior Embryotoxon

8) **Artificial tears is produced by:**

- a) Methyl cellulose
- b) Polyvinyl alcohol
- c) Hyaluronate
- d) All

9) **Night blindness is due to**

- a) Vitamin A deficiency
- b) Myopia
- c) Retinitis pigmentosa
- d) All

10) **The following is not a feature of conjunctivitis:**

- a) Irritation
- b) Discharge
- c) Redness
- d) Pain

11) **Steroids are used in all except:**

- a) Vernal conjunctivitis
- b) Phlyctenular conjunctivitis
- c) Acute dacryocystitis
- d) Acute iridocyclitis

12) **Trachoma causes:**

- a) Mechanical ptosis
- b) Trichiasis
- c) Entropion
- d) All of the above

13) **Blindness in a child is most commonly due to:**

- a) Keratomalacia
- b) Congenital cataract
- c) Glaucoma
- d) Injuries

14) **Percentage of silver nitrate used in Credes method**



- a) 0.5%
- b) 1%
- c) 1.5%
- d) 2%

15) **H.P. inclusion bodies in trachoma are seen in:**

- a) Extracellular
- b) Intracytoplasmic
- c) Intranuclear
- d) None

16) **Type IV hypersensitivity to Mycobacterium tuberculosis antigen may manifest as:**

- a) Iridocyclitis
- b) Polyarteritis nodosa
- c) Phlyctenular
- d) Giant cell arteritis

17) **Subconjunctival haemorrhage occurs in all conditions except:**

- a) Passive venous congestion
- b) Pertussis
- c) Trauma
- d) High intraocular tension

18) **The normal pH of tear is:**

- a) 5.7
- b) 7.5
- c) 6.5
- d) 7.9

19) **All are seen in stage III trachoma except:**

- a) Tarsal epithelioid fibrosis
- b) Herbert's pits
- c) Disappearance of Bowman's membrane
- d) Trichiasis

20) **A child of 8 kg has Bitot's spots in both eyes. Which of the following is the most appropriate schedule to prescribe vitamin A to this child?**

- a) 2 Lakh units IM on day 0, 14
- b) 1 Lakh units IM on day 0, 14
- c) 2 Lakh units IM on day 0, 1 and 14
- d) 1 Lakh units IM on day 0, 1 and 14

21) **Maximum density of goblet cells is seen in: [AIPG]**

- a) Superior conjunctiva
- b) Inferior conjunctiva
- c) Temporal conjunctiva
- d) Nasal conjunctiva

22) **Arlt's line is seen in: [AIPG]**

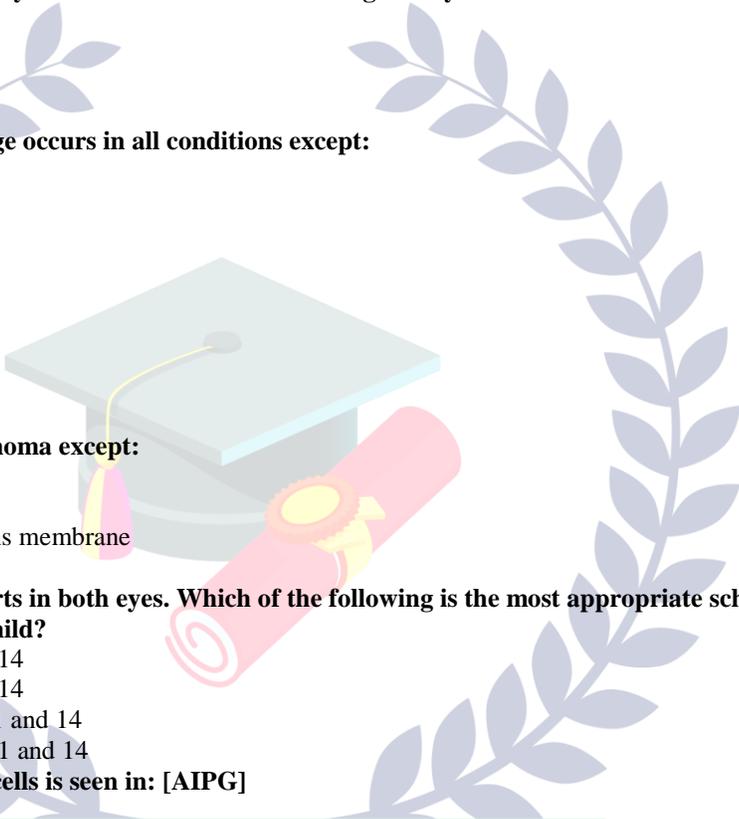
- a) Vernal keratoconjunctivitis
- b) Pterygium
- c) Ocular pemphigoid
- d) Trachoma

23) **A recurrent bilateral conjunctivitis occurring with the onset of hot weather in young boys with symptoms of burning, itching and lacrimation with polygonal raised areas in palpebral conjunctiva is:**

- a) Trachoma
- b) Phlyctenular conjunctivitis
- c) Mucopurulent conjunctivitis
- d) Vernal keratoconjunctivitis

24) **The vitamin A supplement administered in Prevention of Nutritional Blindness in children programme contains:**

- a) 25000 IU/ml
- b) 1 lakh IU/ml
- c) 3 lakh IU/ml



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- d) 5 lakh IU/ml
- 25) **Unilateral watery discharge from the eye of a newborn with no edema or chemosis is due to :**
- Chlamydia
  - Gonococcus
  - Sticky eye
  - Chemical conjunctivitis
- 26) **Horner-trantas spots are seen in:**
- Vernal conjunctivitis
  - Phlyctenular conjunctivitis
  - Angular conjunctivitis
  - Follicular conjunctivitis
- 27) **Which microorganism does not cause haemorrhagic conjunctivitis:**
- Adenovirus
  - Coxsackie -24
  - Enterovirus - 70
  - Papilloma virus
- 28) **Herbert's pits are seen in :**
- Trachoma
  - Spring catarrh
  - Phlyctenular conjunctivitis
  - Sarcoidosis**
- 29) **Pterygium is:**
- An inflammatory response
  - A connective tissue disorder
  - An infection
  - Associated with vitamin-A deficiency
- 30) **True about chalazion:**
- Chronic non-specific inflammation
  - Lipogranulomatous inflammation
  - Acute inflammation
  - Suppurative inflammation
- 31) **In the grading of trachoma, trachomatous inflammations follicular is defined as the presence of :**
- Five or more follicles in the lower tarsal conjunctiva
  - Three or more follicles in the lower tarsal conjunctiva
  - Five or more follicles in the upper tarsal conjunctiva
  - Three or more follicles in the upper tarsal conjunctiva
- 32) **Chlamydia trachomatis serovars D-K cause: [AIIMS]**
- Arteriosclerosis
  - Trachoma
  - Lymphogranuloma venereum
  - Urethritis
- 33) **Cobble stone appearance is seen in:**
- Spring catarrh
  - Viral conjunctivitis
  - Phlyctenular conjunctivitis
  - Bacterial conjunctivitis
- 34) **All are features of trachoma, except:**
- Circumcorneal congestion
  - Follicle
  - Cicatrization
  - Keratitis
- 35) **Tear film is absent in :**
- Herpes keratitis
  - Keratoconjunctivitis sicca
  - Dacryoadenitis
  - Acute conjunctivitis

**36) Features of vernal keratitis are :**

- a) Papillary hypertrophy
- b) Follicular hypertrophy
- c) Herberts pits
- d) Trantas spots
- e) Ciliary congestion

**37) Epithelial lining of conjunctiva**

- a) Sq keratinized
- b) Sq non-keratinized
- c) Pseudo – stratified
- d) Columnar
- e) Transitional

**38) Ophthalmia neonatorum is caused by:**

- a) Gonorrhoea
- b) H.Influenzae
- c) Chlamydia
- d) Pseudomonas
- e) Staph aureus

**39) Parenchymatous xerosis of conjunctiva is caused by:**

- a) Trachoma
- b) Vitamin A deficiency
- c) Vernal catarrh
- d) Phlyctenular keratoconjunctivitis
- e) Alkali burns

**40) Staphylococcal conjunctivitis is associated with all except:**

- a) Corneal margin infiltration
- b) Vernal conjunctivitis
- c) Hordeolum
- d) Follicular conjunctivitis

**41) Keratomalacia is associated with :**

- a) Measles
- b) Mumps
- c) Rubella
- d) Diarrhoea
- e) Chicken pox

**42) Seen in Vernal Catarrh are:**

- a) Papillary hypertrophy
- b) Follicles
- c) Pannus formation
- d) Fascicular ulcer
- e) Ropy discharge

**43) Keratomalacia:**

- a) Occurs due to vitamin A deficiency
- b) Relatively benign condition
- c) First feature of vitamin A deficiency
- d) Also seen in retinitis pigmentosa

**44) Seen in trachoma are/is:**

- a) Papillary hypertrophy
- b) Follicles
- c) Pannus formation
- d) Herberts pits
- e) Ropy discharge

**45) Angular conjunctivitis is caused by:**

- a) Moraxella
- b) Virus
- c) Bacteroides



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d) Fungus

**46) Phlycten is due to:**

- a) Exogenous allergy
- b) Endogenous allergy
- c) Viral keratitis
- d) Fungal keratitis

**47) Stocker's line is seen in.**

- a) Pinguicula.
- b) Pterygium.
- c) Congenital Ocular Melanosis.
- d) Conjunctival epithelial melanosis.



**Conjunctiva answers**

1. C
2. B
3. C
4. C
5. B
6. B
7. D
8. D
9. D

- 10. D
- 11. C
- 12. D
- 13. A
- 14. B
- 15. B
- 16. C
- 17. D
- 18. B
- 19. D
- 20. D
- 21. D
- 22. D
- 23. D
- 24. B
- 25. D
- 26. A
- 27. D
- 28. A
- 29. A
- 30. B
- 31. C
- 32. C
- 33. A
- 34. A
- 35. B
- 36. A,D
- 37. B
- 38. A,C,E
- 39. A,E
- 40. C,E
- 41. A,D
- 42. A,E
- 43. A
- 44. A,B,C,D
- 45. A
- 46. B
- 47. B



# **CORNEA**

**1) Treatment of photophthalmia**

- a) Flush with saline
- b) Apply pad and bandage
- c) Topical antibiotics
- d) Steroid eye drops

**2) In Keratoconus all are seen except**

- a) Munson's sign
- b) Thinning of cornea in center
- c) Distortion of corneal reflex at center
- d) Hypermetropic refractive error found

**3) Avascular coat in eye is**

- a) Sclera
- b) Cornea
- c) Retina
- d) Choroid

**4) Keratometer is used to assess**

- a) Thickness of cornea
- b) Refractive power
- c) Astigmatism
- d) Curvature of cornea

**5) Brown skin cornea is seen in**

- a) Siderosis
- b) Mustard gas exposure
- c) Chalcosis
- d) Argyrosis

**6) Contact lens wear is proven to have deleterious effects on the corneal physiology. Which of the following statements is incorrect in connection with contact lens wear:**

- a) The level of glucose availability in the corneal epithelium is reduced
- b) There is reduction in hemidesmosomes density.
- c) There is increased production of CO<sub>2</sub> in the epithelium
- d) There is reduction in glucose utilization by corneal epithelium

**7) A 12 year old girl with tremors and emotional liability has a golden brown discoloration of descemet's membrane. The most likely diagnosis is:**

- a) Fabry's disease
- b) Wilson's disease
- c) Glycogen storage disease
- d) Acute rheumatic fever

**8) Which of the following will be the most important adjuvant therapy in a case of fungal corneal ulcer:**

- a) Atropine sulphate eye ointment
- b) Dexamethasone eye drops
- c) Pilocarpine eye drops.
- d) Lignocaine eye drops

**9) Snow blindness is caused by**

- a) Ultraviolet rays
- b) Infrared rays
- c) x-rays
- d) microwaves

**10) Corneal sensation is lost in**

- a) Herpes simplex
- b) Conjunctivitis
- c) Fungal infection
- d) Trachoma

**11) Steroids are contraindicated in**



- a) Phlyctenular conjunctivitis
- b) Vernal conjunctivitis
- c) Moorens ulcer
- d) Dendritic ulcer

**12) Dendritic ulcer is caused by**

- a) Mycetoma
- b) Herpes simplex
- c) Staphylococcus
- d) Pneumococcus

**13) Satellite nodule on corneal ulcer is seen due to**

- a) Fungal
- b) Bacteria
- c) Viral
- d) Mycoplasma

**14) Corneal transparency is maintained by all except:**

- a) Hydration of corneal epithelium
- b) Wide separated collagen fibres
- c) Unmyelinated nerve fibres
- d) Mitotic figures in the central cornea

**15) Corneal endothelium ion-exchange pumps are inhibited by:**

- a) Inhibition of anaerobic glycolysis
- b) Activation of anaerobic glycolysis
- c) Activation of cAMP phosphodiesterase inhibitors
- d) Interference with electron chain transport

**16) Band-shaped keratopathy is caused by:**

- a) Amyloid
- b) Calcium
- c) Monopolysaccharides
- d) Lipid

**17) 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

**18) A 56-year-old man has painful weeping rashes over the upper eyelid and forehead for the last 2 days along with ipsilateral acute punctate keratopathy. About a year back, he had chemotherapy for non-Hodgkin's lymphoma. There is no other abnormality. Which of the following is the most likely diagnosis:**

- a) Impetigo
- b) Systemic lupus erythematosus
- c) Herpes zoster
- d) Pyoderma gangrenosum

**19) A young man aged 30 years, presents with difficulty in vision in the left eye for the last 10 days. He is immunocompetent, a farmer by occupation, comes from a rural community and gives history of trauma to his left eye, with vegetative matter, 10-15 days back. On examination, there is an ulcerative lesion in the cornea, whose base has raised soft creamy infiltrates, ulcer margin is feathery and hyphate. There are a few satellite lesions also. The most probable aetiological agent is:**

- a) Acanthamoeba
- b) Corynebacterium diphtheriae
- c) Fusarium
- d) Streptococcus pneumoniae

**20) A 17 year old girl with keratitis and severe pain in the eye came to the hospital and acanthamoeba keratitis was suspected. The patient gave the history of following four points. Out of these which is not a risk factor for acanthamoeba keratitis :**

- a) Extended wear contact lens
- b) Exposure to dirty water
- c) Corneal trauma

- d) Squamous blepharitis
- 21) Chandresh kumar, 15 year old boy has history of injury to the eye resulting in vegetative foreign body in the eye. Standard plating media did not yield any growth, but required addition of E col. Microscopic examination showed macrophage like structure. Culture did not yield any bacteria. Most likely cause is**
- Acanthamoeba
  - Virus
  - Chlamydia
  - Aspergillus
- 22) Recurrent corneal erosion is a feature of**
- Keratoglobus
  - Keratoconus
  - Glaucoma
  - Corneal dystrophy
- 23) Causes of corneal vascularisation**
- Transplant rejection
  - Infection
  - Contact lens use
  - Corneal dystrophy
- 24) Feature of fungal ulcer**
- Symptoms more than signs
  - Dry ulcer
  - Diffuse corneal oedema
  - Hypated margins
- 25) Features of Vernal keratitis are**
- Papillary hypertrophy
  - Follicular hypertrophy
  - Herbert's pits
  - Trantas's spots
  - Ciliary congestion
- 26) Clinical features of vitamin A deficiency**
- Colour blindness
  - Bitot's spots
  - Xerophthalmia
  - Corneal opacity
  - Accommodation defects
- 27) Corneal nerves are visible in**
- Diabetes
  - Leprosy
  - Corneal ulcer
  - Keratoconus
- 28) Corneal epithelium consist of**
- Columnar epithelium
  - Stratified epithelium and keratinized
  - Pseudostratified and non keratinized
  - Stratified and non keratinized
  - Transitional epithelium
- 29) Herpes zoster ophthalmicus is a predictor of**
- Leukemia
  - Lymphoma
  - HIV
  - Disseminated
- 30) Rx of dendritic ulcer**
- Acyclovir
  - Idoxuridine
  - Steroid
- 
- NEW ERA**  
**EDUCATION**

- d) Tetracycline  
e) Trychophyton
- 31) Ophthalmia neonatorum is commonly caused by**  
a) H. influenza  
b) Staphylococcus  
c) TRIC  
d) Gonococcus
- 32) True about keratoconus**  
a) Munson sign seen  
b) Protrusion of anterior cornea  
c) Protrusion of posterior cornea  
d) Fleisher's sign positive
- 33) Which of the following organism can penetrate the normal cornea**  
a) Gonococcus  
b) Pseudomonas  
c) Diphtheria  
d) Streptococcus  
e) Staphylococcus epidermidis
- 34) True about keratoconus**  
a) Increased curvature of cornea  
b) Astigmatism  
c) K.F. ring  
d) Thick cornea  
e) Soft contact lens in used
- 35) Which of the following is true about dendritic ulcer**  
a) Caused by herpes simplex virus  
b) Topical corticosteroid given suppresses symptoms  
c) Oral acyclovir is effective in treatment  
d) Topical acyclovir is effective in treatment  
e) Heals spontaneously
- 36) Which of the following is the drug of choice for treatment of corneal ulcers caused by filamentous fungi**  
a) Itraconazole  
b) Natamycin  
c) Nystatin  
d) Fluconazole
- 37) Which of the following stromal dystrophy is a recessive condition**  
a) Lattice dystrophy  
b) Granular dystrophy  
c) Macular dystrophy  
d) Fleck dystrophy
- 38) Afferent component of corneal reflex is mediated by:**  
a) Vagus nerve  
b) Facial nerve  
c) Trigeminal nerve  
d) Glossopharyngeal nerve
- 39) Enlarged corneal nerves may be seen in all of the following except:**  
a) Keratoconus  
b) Herpes simplex keratitis  
c) Leprosy  
d) Neurofibromatosis
- 40) Which of the following statement is true regarding Acanthamoeba keratitis:**  
a) For the isolation of the causative agent corneal scraping should be cultured on a nutrient agar plate  
b) The causative agent, Acanthamoeba is a helminth whose normal habitat is soil  
c) Keratitis due to Acanthamoeba is not seen in the immunocompromised host  
d) Acanthamoeba does not depend upon a human host for the completion of its life-cycle

- 41) Ionic pump in corneal endothelium is necessary for maintaining deturgescence of the cornea and thus transparency. It can be blocked by:
- Inhibition of anaerobic glycolysis.
  - Activation of anaerobic glycolysis.
  - Inhibition of Krebs's cycle.
  - Inhibition of HMP pathway
- 42) Corneal endothelium is embryologically derived from :
- Neural crest.
  - Ectoderm.
  - Mesoderm.
  - Endoderm
- 43) Corneal endothelial cell count is done by-
- Specular microscopy
  - Keratometry
  - Gonioscopy
  - Slit lamp
- 44) A person with prolonged usage of contact lenses presented with irritation of left eye. After examination a diagnosis of keratitis was made and corneal scrapings revealed growth of pseudomonas aeruginosa. The bacteria were observed to be multidrug resistant. Which of the following best explains the mechanism of antimicrobial resistance in these isolated pseudomonas aeruginosa strains
- Ability to transfer resistance genes from adjacent commensal flora
  - Improper contact lens hygiene
  - Frequent and injudicious use of topical antibiotics
  - Ability of Pseudomonas to produce biofilms
- 45) Which of the following statements regarding corneal transplantation is true
- Whole eye needs to be preserved in tissue culture
  - Donor not assepted if age > 60 years
  - Specular microscopy analysis is used to assess endothelial cell count
  - HLA matching is mandatory
- 46) In Herpes Zoster Keratitis all occurs except :
- Pseudodendritic keratitis.
  - Anterior endothelial keratitis/ uveitis.
  - Sclerokeratitis.
  - Endothelitis.

### CORNEA ANSWER KEY

- BC
- D
- B
- CD
- ACD
- A
- B
- A
- A
- A
- A
- D
- B
- A
- A
- B
- B
- B
- C
- C

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20. D
21. D
22. D
23. ABC
24. BD
25. AD
26. BC
27. BD
28. AD
29. ABCD
30. AB
31. BCD
32. ABCD
33. AC
34. AB
35. AD
36. B
37. C
38. C
39. A
40. D
41. A
42. A
43. A
44. D
45. C
46. C

## **SCLERA**

**1) The most common systemic association of scleritis:**

- a) Ehler-Danlos syndrome
- b) Disseminated systemic sclerosis
- c) Rheumatoid arthritis
- d) Giant cell arteritis

**2) Scleromalacia perforans is a complication of:**

- a) Rheumatoid arthritis
- b) Sarcoidosis
- c) Tuberculosis
- d) Herpes zoster

**3) Commonest cause of posterior staphyloma is:**

- a) Glaucoma
- b) Retinal detachment
- c) Iridocyclitis
- d) High myopia

**4) Blue sclera is seen in:**

- a) Alkaptonuria
- b) Ehler-Danlos syndrome
- c) Osteogenesis imperfecta
- d) Kawasaki syndrome

**5) Sclera is thinnest at:**

- a) Limbus

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- b) Insertion of recti
- c) Posterior pole
- d) Equator

**6) Weakest area of sclera:**

- a) Behind insertion of rectus muscle
- b) Equator
- c) Limbus
- d) Infront insertion of rectus

**7) Blue sclera is seen in all of the following conditions except:**

- a) Keratoconus
- b) Marfans syndrome
- c) Osteogenesis imperfect
- d) Rheumatoid arthritis

**SCLERA**

**ANSWERS KEY**

- 1. C
- 2. A
- 3. D
- 4. B,C
- 5. B
- 6. A
- 7. A





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## **UVEITIS**

**1) Acute retinal necrosis can be caused by:**

- a) Staphylococcus aureus
- b) Cytomegalovirus
- c) Streptococcus pyogenes
- d) Adenovirus

**2) Headlight in Fog Appearance of retina is seen in:**

- a) Toxoplasmosis
- b) Toxocara
- c) Herpes
- d) Tractional retinal detachment

**3) Which of the following is not a feature of granulomatous uveitis:**

- a) Mutton fat keratic precipitates
- b) Koeppe's nodules

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- c) Involves usually anterior uvea  
d) Marked impairment of vision
- 4) All of the following cause panuveitis except:**
- a) Ankylosing spondylitis
  - b) Toxoplasmosis
  - c) Sarcoidosis
  - d) Sympathetic ophthalmitis
- 5) Salt and pepper fundus occurs in:**
- a) Toxoplasma
  - b) Toxocara
  - c) Rubella
  - d) Scurvy
- 6) Nodule in iris not found in:**
- a) Sarcoidosis
  - b) Neurofibromatosis
  - c) Tuberos sclerososis
  - d) SLE
- 7) Iris is thinned at:**
- a) Root of iris
  - b) Pupillary border
  - c) Collarette
  - d) Ciliary body junction
- 8) Cysts are associated with repeated use of:**
- a) Pilocarpine
  - b) Eserine
  - c) Adrenaline
  - d) Timolol
- 9) All of the following are true regarding sympathetic ophthalmia except:**
- a) Approximately 65% of cases occur after perforating injury
  - b) Most of the cases occur within 2 weeks of injury
  - c) Uveal antigen has been implicated as the responsible exciting agent
  - d) First symptom is loss of accommodation
- 10) Ocular complication of ulcerative colitis:**
- a) Uveitis
  - b) Conjunctivitis
  - c) Keratitis
  - d) All
- 11) Sympathetic ophthalmitis affects:**
- a) Injured eye
  - b) Sound eye
  - c) Bothe the eye
  - d) Eye with past history of injury
- 12) Iris nodules are noted in all except;**
- a) Hansen's disease
  - b) Neurofibromatosis
  - c) Fuch's heterochromic Iridocyclitis
  - d) Tuberculosis
- 13) Ocular lesion in toxocariasis may be:**
- a) Posterior pole granuloma
  - b) Retinal detachment
  - c) Low grade Iridocyclitis
  - d) All of the above
- 14) Smooth muscle of iris is developed from**
- a) Surface ectoderm
  - b) Mesoderm
  - c) Neural crest

d) Neural ectoderm

**15) Same between sympathetic ophthalmitis and VKH syndrome is:**

- a) Both are bilateral granulomatous panuveitis
- b) Either of them can be unilateral
- c) Both have autoimmune etiology
- d) Both A and C

**16) Mutton fat keratic precipitates are seen in:**

- a) Granulomatous Iridocyclitis
- b) Non-granulomatous Iridocyclitis
- c) Granulomatous choroiditis
- d) Non-granulomatous choroiditis

**17) Iris bombe is due to:**

- a) Anterior synechiae
- b) Posterior synechiae
- c) Peripheral synechiae
- d) Ring synechiae

**18) All of the following are true regarding acute anterior uveitis in ankylosing spondylitis except:**

- a) More common in females
- b) Recurrent attacks occur
- c) Fibrous reaction in anterior chambers
- d) Narrowing of joint spaces and sclerosis of the sacroiliac joints

**19) All are causes of chronic granulomatous uveitis except:**

- a) Sarcoidosis
- b) Tuberculosis
- c) Brucellosis
- d) Fuchs heterochromic cyclitis

**20) One of the most common complications of Iridocyclitis is :**

- a) Scleritis
- b) Secondary glaucoma
- c) Band shaped keratopathy
- d) Corneal ulcer

**21) In which of the following conditions, iridectomy is indicated**

- a) Prolapsed iris
- b) Closed angle glaucoma
- c) As part of cataract extraction
- d) Threatening ring synechiae
- e) All of the above

**22) Total posterior synechia causes:**

- a) Deep anterior chamber
- b) Shallow anterior chamber
- c) Funnel shaped anterior chamber
- d) Festooned pupil

**23) Bilateral blindness can result from:**

- a) Corneal ulcer
- b) Open globe injuries
- c) Steven Johnson's syndrome
- d) Optic neuritis

**24) Ciliary staphyloma can occur in:**

- a) Corneal ulcer
- b) Myopia
- c) Scleritis
- d) Interstitial keratitis

**25) Treatment of uveitis with raised intraocular tension:**

- a) Timolol
- b) Pilocarpine
- c) Atropine



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- d) Glucocorticoids
- 26) Which of the following statements is incorrect about pthisis bulbi:**
- The intraocular pressure is increased
  - Calcification of the lens is common
  - Sclera is thickened
  - Size of the globe is reduced
- 27) An 18-year old boy comes to the eye casualty with history of injury with a tennis ball. On examination there is no perforation but there is hyphema. The most likely source of the blood is:**
- Iris vessels
  - Circulus iridis major
  - Circulus iridis minor
  - Short posterior ciliary arteries
- 28) In a patient with AIDS, chorioretinitis is typically caused by:**
- Cytomegalovirus
  - Toxoplasma gondil
  - Cryptococcus neoformans
  - Histoplasma capsulatum
- 29) A 26 years old male has miotic pupil, intraocular pressure is 25 mmHg, normal anterior chamber, hazy cornea with shallow anterior chamber of fellow eye. The likely diagnosis is:**
- Acute anterior uveitis
  - Acute angle closure glaucoma
  - Senile cataract
  - Acute open angle glaucoma
- 30) All the following diseases are associated with HLA-B27 and uveitis except:**
- Behcets' syndrome
  - Psoriasis
  - Ankylosing spondylitis
  - Reiter's syndrome
- 31) Sauce and cheese retinopathy is seen in:**
- CMV
  - Rubella
  - Toxoplasmosis
  - Congenital syphilis
- 32) For acute anterior uveitis, the treatment of choice is:**
- Local steroids
  - Systemic steroids
  - Local NSAIDS
  - Systemic NSAIDS
- 33) First sign of sympathetic ophthalmia is:**
- Retrolental flare
  - Aqueous flare
  - Dilated pupil
  - Constricted pupil
- 34) All drugs are used in acute anterior uveitis except:**
- Pilocarpine
  - Atropine
  - Timolol
  - Propanolol
- 35) Dangerous area of eye is:**
- Ratina
  - Sclera
  - Ciliary body
  - Optic nerve
- 36) The laser procedure most often used for treating iris neovascularisation is:**
- Goniophotocoagulation
  - Laser trabeculoplasty
- 

- c) Panretinal photocoagulation  
d) Laser iridoplasty
- 37) A 25-year old male gives a history of redness, pain and mild diminution of vision in one eye for past 3 days. There is also a history of low backache for the past one year. On examination there is circumcorneal congestion, cornea is clear apart from a few fine keratic precipitates on the corneal endothelium, there are 2+ cells in the anterior chamber and the intraocular pressure is within limits. The patient is most likely suffering from:
- a) Acute attack of angle closure glaucoma.  
b) HLA B-27 related anterior uveitis.  
c) JRA associated uveitis.  
d) Herpetic keratitis
- 38) Which of these does not feature eye manifestations in association with a seronegative arthropathy :
- a) Psoriasis  
b) Rheumatoid arthritis  
c) Reiter's syndrome  
d) Ankylosing spondylitis
- 39) What is the most common eye manifestation of allergy to tubercular bacilli:
- a) Koeppes nodules  
b) Posterior scleritis  
c) Phlyctenular conjunctivitis  
d) Optic neuritis
- 40) A 25 year old lady presents with severe congestion, photophobia and deep anterior chamber in the right eye. The left is normal X-ray pelvis shows sacroilitis. The diagnosis is :
- a) Anterior uveitis  
b) Posterior uveitis  
c) Intermediate uveitis  
d) Scleritis
- 41) Which of the following is the commonest infection which causes blindness in adult man:
- a) Toxocara  
b) Toxoplasma gondii  
c) Taenia solium  
d) Plasmodium falciparum
- 42) A boy presents two weeks after an injury of his left eye. He complains of bilateral pain and redness and watering fro right eye. What is the probable diagnosis:
- a) Endophthalmitis  
b) Optic neuritis  
c) Sympathetic irritation  
d) Sympathetic ophthalmitis
- 43) In hypertensive patient having acute uveitis to decrease the IOP which drug is used:
- a) Pilocarpine  
b) Latanoprost  
c) Iodine  
d) Timolol
- 44) Atropine is used in uveitis to:
- a) Give rest to ciliary body and iris  
b) Increase vascularity that provides antibodies  
c) Prevent posterior synechiae formation  
d) None
- 45) All of the following features are seen in pauciarticular JRA except:
- a) Cataract  
b) Keratopathy  
c) Scieritis  
d) Uveitis
- 46) All are complications of acute anterior uveitis, except:
- a) Glaucoma  
b) Cataract

- c) Macular oedema
- d) Retinal detachment

**47) Skin depigmentation, bilateral uveitis and tinnitus are features of:**

- a) Vogt – Koyanagi-Harada syndrome
- b) Waardenburg syndrome
- c) Apert syndrome
- d) Werner's syndrome

**48) Iridocyclitis is a feature of:**

- a) Juvenile rheumatoid arthritis with systemic involvement
- b) Seropositive, pauciarticular, juvenile rheumatoid arthritis
- c) Seronegative, pauciarticular, juvenile rheumatoid arthritis
- d) Seropositive, polyarticular, juvenile rheumatoid arthritis

**49) All are features of acute anterior uveitis, except:**

- a) Aqueous flare
- b) Shallow anterior chamber
- c) Circumcorneal congestion
- d) Miosis

**50) Dallen Fuch's nodule is seen in:**

- a) Bacterial Endophthalmitis
- b) Mycotic Endophthalmitis
- c) Sympathetic ophthalmia
- d) Phacotoxic endophthalmitis

**51) River blindness is caused by:**

- a) *Oncocerca volvulus*
- b) Lymphogranuloma venereum
- c) *Chlamydia trachomatis*
- d) *Acanthamoeba*

**52) First symptom of sympathetic ophthalmitis is:**

- a) Retrolental flare
- b) Circumciliary congestion
- c) Difficulty in accommodation
- d) Photophobia

**53) In acute anterior uveitis pupil is:**

- a) Large and fixed
- b) Semidilated
- c) Irregular and constricted
- d) Oval and fixed

**54) Sympathetic ophthalmia is:**

- a) B/L suppurative uveitis
- b) Semidilated
- c) Irregular and constricted
- d) Oval and fixed

**55) Signs of uveitis:**

- a) Generalised conjunctival congestion
- b) Circumciliary congestion
- c) Cells and flare in aqueous
- d) Keratic precipitates

**56) Common features between sympathetic ophthalmitis and VKH syndrome [PGI]**

- a) Autoimmune etiology
- b) Injury
- c) Uveitis
- d) Vitiligo

**57) Uveitis is caused by**

- a) TB
- b) *Staphylococcus*
- c) *Streptococcus*



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- d) E coli
- e) Klebsiella

**58) The investigations of anterior uveitis for a 25 years old boy are :**

- a) HLA B27
- b) X-ray sacroiliac joint
- c) TORCH agent
- d) USG abdomen

**59) All are seen in acute Iridocyclitis except:**

- a) Pain
- b) Ciliary congestion
- c) Mucopurulent discharge
- d) Small pupil

**60) Snow banking is typically seen in :**

- a) Pars planitis
- b) Endophthalmitis
- c) Coat's disease
- d) Eales disease

**61) A young adult presented with diminished vision. On examination he has anterior uveitis, vitritis, focal necrotizing granuloma, macular spot. What is the most probable diagnosis?**

- a) Proteus syndrome
- b) White dot syndrome.
- c) Multifocal choroiditis.
- d) Ocular toxoplasmosis.

**62) Recurrent anterior uveitis with increased intraocular tension is seen in-**

- a) Posner schlossman syndrome
- b) Foster Kennedy syndrome
- c) Vogt-koyanagi –harada syndrome
- d) Ankylosing spondylitis

**63) Which of the following indicates activity of ant uveitis-**

- a) Cells in anterior chamber
- b) Circumcorneal congestion
- c) Keratic precipitate
- d) Corneal edema

**64) In patients with anterior uveitis, decrease in vision due to posterior segment involvement can occur because of :**

- a) Visual floaters.
- b) Inflammatory disc edema.
- c) Exudative retinal detachment.
- d) CME.

## UVEITIS ANSWERS

1. B
2. A
3. C
4. A
5. C
6. D
7. A
8. A
9. B
10. A
11. C
12. C
13. D

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14. B
15. D
16. A
17. D
18. A
19. D
20. B
21. E
22. C
23. D
24. C
25. C
26. A
27. B
28. A
29. A
30. A
31. A
32. A
33. A
34. A
35. C
36. C
37. B
38. B
39. C
40. A
41. B
42. D
43. D
44. A
45. C
46. D
47. A
48. C
49. B
50. C
51. A
52. C
53. C
54. B
55. B,C,D
56. A,C
57. A,B,C
58. A,B,C
59. C
60. A,B
61. D
62. A
63. A
64. D



# **RETINA**

- 1) **Treatment of choice in proliferative diabetic retinopathy is:**
    - a) Pan retinal photocoagulation
    - b) Shift the patient to insulin
    - c) Scleral buckling operation
    - d) Vitrectomy
  - 2) **Most characteristic retinal feature of diabetic retinopathy is:**
    - a) Cotton wool spots
    - b) Neovascularization
    - c) Soft exudates
    - d) Microaneurysms
  - 3) **All of the following changes are seen in eclamptic retinopathy except:**
    - a) Cotton wool spots
    - b) Flame shaped hemorrhages
    - c) Microaneurysms
    - d) Neovascularization
  - 4) **Commonest cause of vitreous haemorrhage is:**
    - a) Coat's disease
    - b) Eale's disease
    - c) Retinal detachment
    - d) Cataract
  - 5) **Which of the following is investigation of choice in a 50 years old male diabetic presenting with sudden appearance of black floaters in the eye:**
    - a) Retinoscopy
    - b) Fluorescein angiography
    - c) Direct ophthalmoscopy
    - d) Indirect ophthalmoscopy
  - 6) **Cotton wool spots are seen in all except:**
    - a) Diabetes mellitus
    - b) Hypertension
    - c) Polyarteritis nodosa
    - d) Coats disease
  - 7) **All are indications for pan retinal laser photocoagulation in diabetic retinopathy**
    - a) Optic disc neovascularisation
    - b) Pre retinal haemorrhage
    - c) Retinal neovascularisation
    - d) More than 10 cotton wool spots
  - 8) **Most significant risk factor in retinal vein occlusion is;**
    - a) Hypertension
    - b) Diabetes mellitus
    - c) High cholesterol levels
    - d) Smoking
  - 9) **Moderate loss of vision in diabetes mellitus is due to:**
    - a) Vitreous hemorrhage
    - b) Presenile cataract
    - c) Arterio sclerotic retinopathy
    - d) Background retinopathy
  - 10) **Retinal changes in diabetes are due to:**
    - a) Sorbitol
- 

- b) Glucose
- c) Glycosylated end products
- d) Aldol condensation

**11) Cystoid macular edema not seen in:**

- a) Aphakia
- b) CSR
- c) Diabetic retinopathy
- d) Retinitis Pigmentosa

**12) Following is pathognomic finding of retinal detachment:**

- a) Fluid shift
- b) Black shadow
- c) Line
- d) Hole

**13) Angiography is diagnostic in:**

- a) Retinoschisis
- b) Rhegmatogenous retinal detachment
- c) Central serous retinopathy
- d) Vitreous detachment

**14) Sudden increase in blood sugar in diabetics cause:**

- a) Myopic shift
- b) Hupermetropic shift
- c) Presbyopia
- d) Anisometropia

**15) All are used in the treatment of diabetic reinopathy except;**

- a) Removal of epiretinal membrane
- b) Vitrectomy
- c) Retinal reattachment
- d) Exo photocoagulation

**16) Which of the following is best to differentiate CRVO from carotid artery occlusion :**

- a) Dilated retinal vein
- b) Retinal artery pressure
- c) Tortuous retinal vein
- d) Ophthalmomodynamometry

**17) ICG angiography is primarily indicated in:**

- a) Minimal classical CNV
- b) Occult CNV
- c) Angioid streak with CNV
- d) Polypoidal choroidal vasculopathy

**18) In the fetus angiogenesis in eye all are involved except:**

- a) TNF a
- b) IL -8
- c) BFGF
- d) VEGF

**19) True about juxta foveal telangiectasia is all except:**

- a) Variant of coat's disease
- b) Macular telangiectasia
- c) Peripheral telangiectasia
- d) Structural abnormality seen in vessels

**20) All are true about lambert eaton syndrome except:**

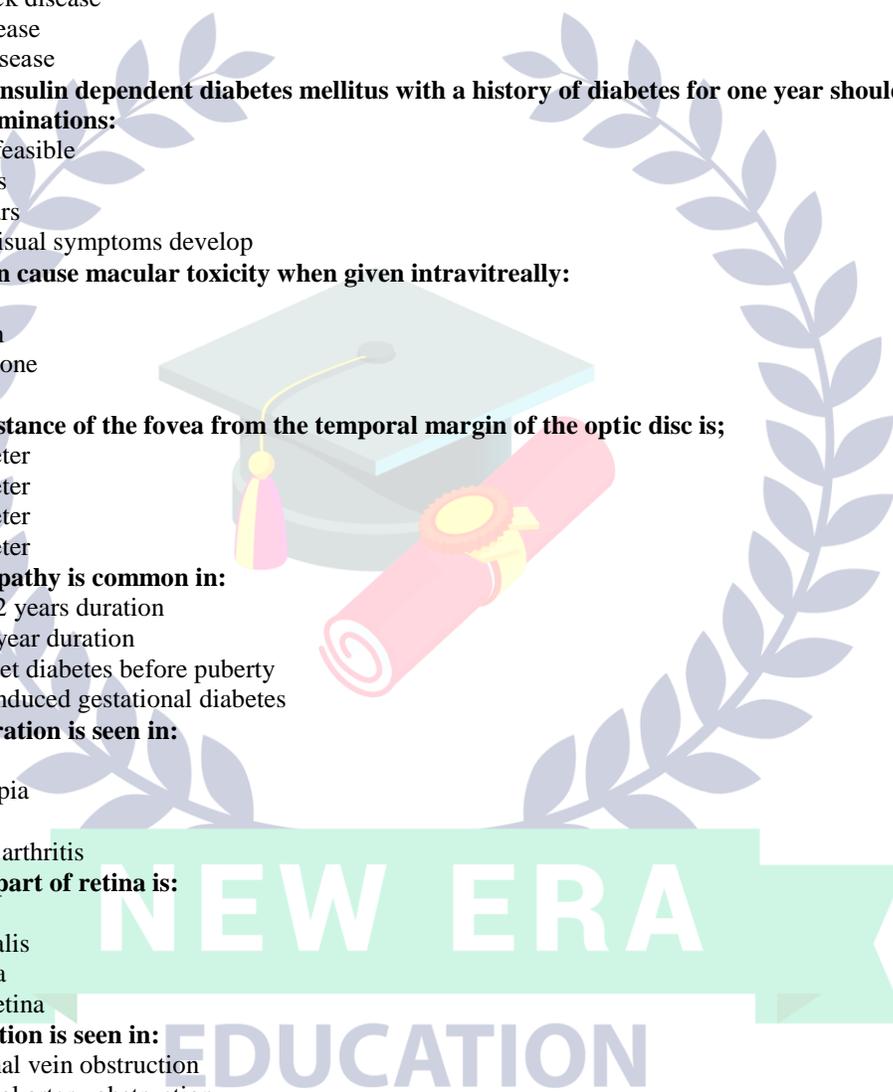
- a) Spares ocular muscle
- b) Tensilon test positive
- c) Proximal muscle involvement
- d) Repeat nerve stimulation improve muscle strength

**21) All are true about visual cycle except:**

- a) Condensation of opsin with aldehyde of retinal
- b) NADP is reduced

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- c) NAD is reduced  
d) Opsin combines with retinal to form visual purple
- 22) **Which of the following conditions have autosomal dominant inheritance:**  
a) Gyrate atrophy  
b) Best disease  
c) Lawrence moon biedl syndrome  
d) Bassen kornzweig syndrome
- 23) **Cherry red spot is seen in all of the following conditions except:**  
a) GM1 gangliosidosis  
b) Niemann pick disease  
c) Krabbes disease  
d) Sandoff's disease
- 24) **A case of Non-insulin dependent diabetes mellitus with a history of diabetes for one year should have an ophthalmic examinations:**  
a) As early as feasible  
b) After 5 years  
c) After 10 years  
d) Only after visual symptoms develop
- 25) **Which drug can cause macular toxicity when given intravitreally:**  
a) Gentamycin  
b) Vancomycin  
c) Dexamethasone  
d) Ceftazidime
- 26) **The average distance of the fovea from the temporal margin of the optic disc is;**  
a) 1 disc diameter  
b) 2 disc diameter  
c) 3 disc diameter  
d) 4 disc diameter
- 27) **Diabetic retinopathy is common in:**  
a) NIDDM of 2 years duration  
b) IDDM of 2 year duration  
c) Juvenile onset diabetes before puberty  
d) Pregnancy induced gestational diabetes
- 28) **Lattice degeneration is seen in:**  
a) Myopia  
b) Hypermetropia  
c) Presbyopia  
d) Pheumatoid arthritis
- 29) **Most sensitive part of retina is:**  
a) Optic disc  
b) Fovea centralis  
c) Macula lutea  
d) Peripheral retina
- 30) **Neovascularisation is seen in:**  
a) Central retinal vein obstruction  
b) Branch retinal artery obstruction  
c) Branch retinal vein obstruction  
d) All of the above
- 31) **Cherry red spot over retina is seen in all except:**  
a) Tay sach's disease  
b) Neimann pick disease  
c) CRAO  
d) Battern Mayo syndrome
- 32) **Ring scotoma is feature of:**  
a) Embryonal nuclear cataract  
b) Diabetic retinopathy
- 

- c) Blue dot cataract
- d) Retinitis pigmentosa

**33) Floaters can be seen in all, except:**

- a) Uveitis
- b) Acute congestive glaucoma
- c) Retinal detachment
- d) Vitreous haemorrhage

**34) Treatment of diabetic retinopathy :**

- a) Phacoemulsification
- b) Retinal laser photocoagulation
- c) LASIK
- d) Pars plana vitrectomy

**35) Diabetic retinopathy is treated by:**

- a) Strict Glycemic control
- b) Panphotocoagulation
- c) Antihypertensive
- d) Antioxidants
- e) Cyclophotocoagulation

**36) Snow ball opacity in vitreous is seen in:**

- a) Pars planitis
- b) Sarcoidosis
- c) Juvenile RA
- d) Toxoplasmosis
- e) Fuch's lesion

**37) RD is diagnosed by:**

- a) + 90 D
- b) Hruby lens
- c) 3 mirror contact lens
- d) Direct ophthalmoscopy
- e) Indirect ophthalmoscopy

**38) In a young patient presenting with recurrent vitreous haemorrhage, diagnosis is:**

- a) Eale's disease
- b) CRVO
- c) Proliferative retinopathy
- d) Coat's disease
- e) Episcleritis

**39) Eye changes in diabetes mellitus include**

- a) Paralysis of 3<sup>rd</sup> 4<sup>th</sup> , 6<sup>th</sup> nerve palsy
- b) Rubeosis iridis
- c) Proliferative retinopathy
- d) Subconjunctival haemorrhage
- e) Hypermetropia

**40) Periphery of retina is visualized by:**

- a) Indirect ophthalmoscope
- b) Direct ophthalmoscope
- c) Gonioscopy
- d) Contact lens

**41) Regarding fovea, which of the following statement is true:**

- a) Has the lowest threshold for light
- b) Contains lonely cones
- c) Contains only rods
- d) Maximum visual acuity
- e) Is located at apex of optic nerve

**42) Cotton wool spots are commonly seen in:**

- a) AIDS
- b) DM



**NEW ERA**  
**EDUCATION**

- c) Hypertension
- d) CMV

**43) Black floaters in a diabetic patient indicates:**

- a) Vitreous haemorrhage
- b) Maculopathy
- c) Vitreous infarction
- d) Posterior vitreous detachment

**44) Amsler grid is used in:**

- a) Detection maculopathy
- b) Optic disc examination
- c) Squint
- d) Retinal examination

**45) Retinopathy in neonate is due to:**

- a) Prematurity <1500 gm
- b) O<sub>2</sub> toxicity
- c) Trauma
- d) Diabetes

**46) In retinitis pigmentosa, following are true except:**

- a) Pigment present
- b) Pale waxy disc
- c) Narrowing of vessels
- d) ERG-normal

**47) Rubeosis iridis is not seen in:**

- a) CRVO
- b) CRAO
- c) Diabetic retinopathy
- d) Neovascularization

**48) Enlarging dot sign in fundus fluorescein scanning is seen in:**

- a) Cystoid macular edema
- b) Central serous retinopathy
- c) Significant macular edema
- d) Coat's disease

**49) Bull's eye retinopathy is seen in:**

- a) Chloroquine
- b) Methanol
- c) Ethambutol
- d) Steroids

**50) Following are seen in CRA occlusion except:**

- a) Chloroquine
- b) Methanol
- c) Ethambutol
- d) Steroids

**51) Cherry red spot is seen in:**

- a) Retinitis pigmentosa
- b) Retinopathy of prematurity
- c) Metachromatic leukodystrophy
- d) CRVO occlusion

**52) Mucopolysaccharide hyaluronic acid is present in:**

- a) Vitreous humour
- b) Synovial fluid
- c) Cartilage
- d) Cornea

**53) The most common cause of vitreous hemorrhage in adults is:**

- a) Retinal hole
- b) Trauma
- c) Hypertension



**NEW ERA**  
**EDUCATION**

d) Diabetes

**54) A vitreous aspirate has been collected in an emergency at 9pm. What advice would you like to give to the staff n duty regarding the overnight storage of the sample:**

- a) The sample should be kept at 4 degree centigrade.
- b) The sample should be incubated at 37 degree C.
- c) The sample should be refrigerated at in deep freezer.
- d) The sample should be refrigerated for the initial 3 hours and then 37 degree C

**55) Which one of the following statements concerning persistent hyperplastic primary vitreous (PHPV) is not true:**

- a) It is generally unilateral
- b) Visual prognosis is usually good
- c) It may calcify
- d) It is most easily differentiated from retinoblastoma by the presence of exophthalmos or cataract.

**56) Snowball opacity in vitreous is seen:**

- a) Pars planitis
- b) Sarcoidosis
- c) Juvenile RA
- d) Toxoplasmosis
- e) Fuchs lesion

**57) Vitreous opacities may be due to:**

- a) Herpetic keratouveitis
- b) Posterior uveitis
- c) Hyaloid asteroids
- d) High myopia

**58) Vitreous haemorrhage in young adult indicates:**

- a) Retinal detachment
- b) Glaucoma
- c) Eales disease
- d) Chorioretinitis

**59) Vitreous haemorrhage is not seen in:**

- a) Hypertension
- b) Eales disease
- c) Trauma
- d) Diabetes mellitus
- e) Vitreous degeneration

**60) Vitreous haemorrhage is seen in:**

- a) Coats disease
- b) Eales disease
- c) CRVO
- d) CRAO

**61) Examination of vitreous is best done by:**

- a) Direct ophthalmoscope
- b) Indirect ophthalmoscope
- c) Slit lamp with contact lens
- d) Oblique illumination

**62) A child presents with unilateral proptosis which is compressible and increases on bending forwards. It is non-pulsatile and has no thrill or bruit. MRI shows retroorbital mass with echogenic shadows. The most probable diagnosis is:**

- a) Orbital mass
- b) Orbital encephalocoele
- c) Orbital AOV malformation
- d) Neurofibromatosis

**63) Which one of the following statements is incorrect about optic nerve glioma:**

- a) Has a peak incidence in first decade
- b) Arises from oligodendrocytes
- c) Causes meningeal hyperplasia



**NEW ERA**  
**EDUCATION**

- d) Is associated with type I neurofibromatosis
- 64) The most common second malignant in survivals of retinoblastoma:**
- Thyroid cancer
  - Nasopharyngeal carcinoma
  - Optic glioma
  - Osteosarcoma
- 65) The most common retrobulbar mass in adults is:**
- Neurofibroma
  - Meningioma
  - Cavernous Hemangioma
  - Schwannoma
- 66) The mother of a one and a half year old child gives history of a white reflex from one eye for the past 1 month. On computed tomography scan of the orbit there is calcification seen within the globe. The most likely diagnosis is:[AIPG]**
- Congenital cataract
  - Retinoblastoma
  - Endophthalmitis
  - Coats disease
- 67) Vortex vein invasion is commonly seen in;**
- Retinoblastoma
  - Malignant melanoma
  - Optic nerve gliomas
  - Medullo-epitheliomas
- 68) Hereditary retinoblastoma develop from the following chromosomal deletions:[AIPG]**
- 13 q 14
  - 13 q 14
  - 14 q 13
  - 14 q 13
- 69) A one year old child having leucocoria was detected to be having a unilateral, large retinoblastoma filling half the globe. Current therapy would involve:**
- Enucleation
  - Chemotherapy followed by local dyes
  - Direct laser ablation using photodynamic cryotherapy
  - Scleral radiotherapy followed by chemotherapy.
- 70) A patient is on follow up with you, after enucleating of a painful blind eye. After enucleating of the eyeball, a proper sized artificial prosthetic eye is advised after a postoperative period of:[AIPG]**
- About 10 days
  - About 20 days
  - 6-8 weeks
  - 12-24 weeks
- 71) All of the following is associated with weakness of extra ocular muscle except:**
- Fisher syndrome
  - Myasthenia gravis
  - EATON Lambert syndrome
  - Thyrotoxicosis
- 72) Most common ocular foreign body is :**
- Chisel and Hammer
  - Glass
  - Plastic
  - Stone
- 73) Retinoblastoma differs from pseudoglioma by**
- Decrease IOT
  - Blurring of Vision
  - Enlargement of optic foramen
  - All of the above

- 74) A mass present in muscle cone, encapsulated, presentation in 3<sup>rd</sup> to 4<sup>th</sup> decade with gradually increasing proptosis:[AIIMS]
- Capillary hemangioma
  - Cavernous hemangioma
  - Dermoid
  - Hemangioendothelioma
- 75) True about telecanthus is:
- Increase in intercanthal distance with normal interpupillary distance
  - Widely separated medial wall of orbits
  - Increased intercanthal distance with increased interpupillary distance
  - None of the above
- 76) In Neurofibromatosis -1 most common tumor is :
- Optic nerve glioma
  - Cerebral astrocytoma
  - Glioblastoma multiforme
  - Meningioma
- 77) In regards to intraocular retinoblastoma, which of the following statements is false
- 94% of cases are sporadic
  - Patients with sporadic retinoblastoma do not pass their genes to their off springs
  - Calcification in the tumour can be detected on USG.
  - Reese-Ellsworth classification is useful in predicting visual prognosis following radiotherapy
- 78) A 6-years old boy has been complaining of headache, ignoring to see the objects on the sides of four months. On examination he is not mentally retarded, his grades at school are good and visual acuity is diminished in both the eyes. Visual charting showed significant field defect. CT scan of the head showed suprasellar mass with calcification. Which of the following is the most probable diagnosis
- Astrocytoma
  - Craniopharyngioma
  - Pituitary adenoma
  - Meningioma
- 79) Baby born prematurely at 29 wks on examination at 42wks with ROP both eyes shows stage 2 zone 1 'plus' disease, how will u manage the patient?
- Examine the patient after 1 week.
  - Laser photocoagulation of both eyes.
  - Repeat macular grid photocoagulation.
  - Augmented macula photocoagulation.

## RETINA ANSWERS

- A
- D
- C
- B
- D
- C
- B
- A
- A
- C
- G
- B
- C
- A
- D
- D
- B
- B

NEW ERA

EDUCATION

19. C
20. A
21. C
22. B
23. C
24. A
25. A
26. B
27. A
28. A
29. B
30. A
31. D
32. D
33. B
34. B
35. A,B,D
36. A,B
37. C,D,E
38. A
39. A,B,C
40. A,D
41. A,D
42. A,B,C
43. A,D
44. A
45. A,B
46. D
47. B
48. B
49. A
50. A,B
51. C
52. A
53. D
54. A
55. D
56. A,B
57. B,C,D
58. C
59. E
60. B
61. B
62. C
63. B
64. D
65. C
66. B
67. B
68. A
69. A
70. A
71. D
72. A
73. C
74. B



- 75. A
- 76. A
- 77. B
- 78. B
- 79. B

## STRABISMUS:

- 1) **Function of superior oblique muscle is:**
  - a) Elevation with eye rotated outwards
  - b) Elevation with eye rotated inwards
  - c) Depression with inward rotation
  - d) Depression with outward rotation
- 2) **Direct distant ophthalmoscopy is done at a distance of:**
  - a) 10 cm
  - b) 25 cm
  - c) 50 cm
  - d) 1 meter
- 3) **In a 3 years old child mydriatic used for refraction is;**
  - a) 1% atropine drops
  - b) 1% atropine ointment
  - c) 1% homatropine drops
  - d) Tropicamide drops
- 4) **Treatment of choice in aphakia:**
  - a) Contact lens
  - b) Spectacles
  - c) IOL
  - d) Laser therapy
- 5) **True regarding lateral rectus palsy is:**
  - a) Crossed diplopia
  - b) Uncrossed diplopia
  - c) Divergent squint
  - d) Pupillary dilatation
- 6) **Which of the following causes exclusively mydriasis**
  - a) Atropine
  - b) Cyclopentolate
  - c) Phenylephrine
  - d) Tropicamide
- 7) **Most important factor to focus rays on retina:**
  - a) Lens
  - b) Corneal curvature
  - c) Axial length
  - d) Media of globe
- 8) **Accommodative squint is managed by:**
  - a) Correction of refractive error
  - b) Surgery
  - c) Occlusion of affected eye
  - d) Convergent exercises
- 9) **Which muscle is intortor of eyes:**
  - a) Superior rectus
  - b) Medial rectus
  - c) Inferior rectus
  - d) Inferior oblique



**NEW ERA**  
**EDUCATION**

**10) A 3 years old child with 15 degree esotropia, the management of the child will be:**

- a) Refractive correction
- b) Prism cover test
- c) Surgical alignment
- d) Wait and watch

**11) True about amblyopia**

- a) No organic cause
- b) Correction should be done before 6 yrs
- c) Spectacles
- d) Exercise of affected eye
- e) Surgery has a role

**12) True about cross cylinder:**

- a) Half of the curvature is cylindrical
- b) Plus lens
- c) Both plus and minus lens

**13) In complete 3<sup>rd</sup> nerve palsy:**

- a) Eye deviated medially
- b) Superior and inferior recti affected
- c) Dilated Pupil
- d) Ptosis
- e) Convergence/Accommodation is lost

**14) Amblyopia is treated by:**

- a) Optical correction
- b) Occlusion
- c) Orthoptic exercise
- d) Pleoptic exercise

**15) Refractive power of eye depends upon mainly following factor /factors:**

- a) Lens
- b) Cornea
- c) Vitreous humour
- d) Aqueous humour
- e) Axial length of the eye

**16) Treatment of presbyopia:**

- a) LASIK
- b) Concave lens
- c) Convex lens
- d) Radial keratotomy

**17) Refractive power of eye can be changed by:**

- a) Radial keratotomy
- b) Keratomileusis
- c) IOL
- d) LASIK
- e) Photocoagulation

**18) Periphery of retina is visualized by:**

- a) Indirect ophthalmoscopy
- b) Direct ophthalmoscopy
- c) Gonioscopy
- d) Contact lens

**19) Treatment modalities for myopia are:**

- a) Radial keratotomy
- b) Laser keratomileusis
- c) Epikeratophakia
- d) Laser keratoplasty

**20) Image seen by indirect ophthalmoscopy is:**

- a) Inverted and virtual
- b) Erect and virtual



**NEW ERA**  
**EDUCATION**

- c) Inverted and real
- d) Erect and real

**21) Complications of soft contact lens are a/e:**

- a) Giant papillary conjunctivitis
- b) Folliculosis
- c) Corneal vascularisation
- d) Cornea erosion
- e) Acanthamoeba keratitis

**STRABISMUS:**

**ANSWERS**

- 1. C
- 2. B
- 3. B
- 4. C
- 5. B
- 6. C
- 7. B
- 8. A
- 9. A
- 10. ABC
- 11. ABC
- 12. D
- 13. BCDE
- 14. ABD
- 15. ABE
- 16. C
- 17. ABCD
- 18. AD
- 19. AB
- 20. C
- 21. B

**NEUROPTHALMOLOGY**

**1) All are features of optic nerve disease, except:**

- a) Afferent papillary defect
- b) Sudden loss of vision
- c) Headache and vomiting
- d) Pain on movement of eye ball

**2) Optic chiasma lesions will cause:**

- a) Bitemporal hemianopia
- b) Superior quadrantomia
- c) Unilateral blindness
- d) Inferior quadrantomia
- e) Nasal blindness

**3) Homonymous hemianopia is seen in lesion of:**

- a) Optic tract
- b) Optic chiasma
- c) Optic radiation
- d) Optic nerve
- e) Occipital cortex



**NEW ERA**  
**EDUCATION**

4) **The visual pathway consists of all of these except:**

- a) Optic tract
- b) Geniculocalcarine tract
- c) Inferior colliculus
- d) Lateral geniculate body
- e) Pretectal region

5) **Components of papillary light reflex are:**

- a) Retina
- b) Pretectal nucleus
- c) Lateral geniculate body
- d) Edinger westphal nucleus
- e) Calcarine sulcus

6) **Field defect seen in pituitary adenoma:**

- a) Bitemporal hemianopia
- b) Binasal hemianopia
- c) Quadrantanopia
- d) Pie in sky defect
- e) Amaurosis in one eye and temporal hemianopia in other eye

7) **Optic neuritis is seen in all except:**

- a) DM
- b) Methanol poisoning
- c) Multiple sclerosis
- d) SLE

8) **Loss of convergence with slight light reflex is seen in:**

- a) ARP
- b) Holmes adie pupil
- c) Marcus Gunn pupil
- d) Wernickes pupil

9) **All statements are true about papilloedema except:**

- a) Extracellular edema
- b) Disruption of neurofilament
- c) Stasis of axoplasmic flow
- d) Axonal swelling

10) **Lamina Cribosa is absent in:**

- a) Morning-Glory syndrome
- b) Nanophthalmos
- c) Coloboma of retina
- d) Optic nerve agenesis

11) **Paralysis of 3<sup>rd</sup> 4<sup>th</sup> and 6<sup>th</sup> nerves with involvement of ophthalmic division of 5<sup>th</sup> nerve, localizes the lesion to:[AIPG]**

- a) Cavernous sinus
- b) Apex of orbit
- c) Brainstem
- d) Base of skull

12) **Oculogyric crisis is known to be produced by all of the following drugs except:**

- a) Trifluoperazine
- b) Atropine
- c) Perchlorperazine
- d) Perphenazine

13) **The parvocellular pathway from lateral geniculate nucleus to visual cortex is most sensitive for the stimulus of:**

- a) Colour contrast
- b) Luminance contrast
- c) Temporal frequency
- d) Saccadic eye movements



NEW ERA  
EDUCATION

- 14) The fibers from the contralateral nasal hemiretina project to the following layers of the lateral geniculate nucleus:**
- Layers 2, 3 and 5
  - Layers 1, 2 and 6
  - Layers 1, 4 and 6
  - Layers 4, 5 and 6
- 15) Horner's syndrome is characterized by all of the following except:**
- Miosis
  - Enophthalmos
  - Ptosis
  - Cycloplegia
- 16) The most common condition of inherited blindness due to mitochondrial chromosomal anomaly is:**
- Retinopathy of prematurity
  - Leber's hereditary optic neuropathy
  - Retinitis pigmentosa
  - Retinitis detachment
- 17) In the normal human right eye, the peripheral field of vision is usually least:**
- On the left side (nasally)
  - In the downward direction
  - In the upward direction
  - On the right side (temporally)
- 18) Any spectral colour can be matched by mixture of three monochromatic lights (red green, blue) in different proportions. If a person needs more of one of the colour for matching than a normal person, then he has a colour anomaly. More red colour is needed in the case of :**
- Deuteranomaly
  - Tritanomaly
  - Protanomaly
  - Tritanopes
- 19) The colour best appreciated by the central cones of our fovea macular are are:**
- Red and blue
  - Blue and green
  - Red and green
  - Blue and yellow
- 20) Oculomotor nerve palsy affects all of the following muscles, except:**
- Medial rectus
  - Inferior oblique
  - Lateral rectus
  - Levator palpebrae superioris
- 21) Wernicke's hemianopic papillary response is seen in lesions at:**
- Optic tract
  - Optic chiasma
  - Optic radiation
  - Lateral geniculate body
- 22) Chalky white optic disc on fundus examination is seen in all, except:**
- Syphilis
  - Lebers hereditary optic neuropathy
  - Post papilloedema optic neuritis
  - Traumatic injury to optic nerve
- 23) All of the following can cause optic neuritis except:**
- Rifampicin
  - Digoxin
  - Chloroquine
  - Ethambutol
- 24) A 40 years old lady presents with bilateral papilloedema. CT scan shows normal ventricles. Diagnosis is:**
- Benign intracranial hypertension
  - Malignant hypertension

- c) Papillitis  
d) Raised intra ocular pressure
- 25) Which of the following is not seen in increased intracranial tension:**
- a) Disc edema  
b) Macular edema  
c) Normal vision  
d) Afferent papillary defect
- 26) All the following are caused by third nerve palsy except:**
- a) Ptosis  
b) Mydriasis  
c) Medial deviation of eye ball  
d) Papillary reflex lost
- 27) In unilateral afferent papillary defect, when light is moved from normal to affected eye there is:**
- a) Dilatation in affected eye and constriction in normal eye  
b) Dilatation in normal eye and constriction in affected eye  
c) Dilatation in both eyes  
d) Constriction in both pupils
- 28) Right eye superotemporal quadrantanopia, left eye centrocaecal scotoma with headache. Site of lesion is:**
- a) Left optic nerve + chiasma  
b) Left optic tract + chiasma  
c) Right optic nerve + chiasma  
d) Right optic tract + chiasma
- 29) Functional defect of optic nerve can be diagnosed by:**
- a) Direct ophthalmoscopy  
b) Indirect ophthalmoscopy  
c) Perimetry and field charting  
d) Retinoscopy
- 30) All of the following constitute Horner's syndrome except:**
- a) Ptosis  
b) Exophthalmos  
c) Anhydrosis  
d) Loss of ciliospinal reflex
- 31) All are true about papilloedema except:**
- a) It is purely non inflammatory phenomenon  
b) Transient loss of vision  
c) 1<sup>st</sup> sign is blurring of nasal side of optic disc  
d) Sudden painful eye movement.
- 32) The afferent pathway for light papillary reflex is:**
- a) Trigeminal nerve  
b) Optic nerve  
c) Abducent nerve  
d) Ciliary nerve
- 33) Bitemporal hemianopic field defect is characteristic of:**
- a) Glaucoma  
b) Optic neuritis  
c) Pituitary tumour  
d) Retinal detachment
- 34) A female presented with loss of vision in both eyes and on examination has normal papillary responses and normal fundus. Her visually evoked response (VER) examination shows extinguished responses. The most likely diagnosis is:**
- a) Hysteria  
b) Cortical blindness  
c) Optic neuritis  
d) Retinal detachment
- 35) Idiopathic nyctalopia is due to a hereditary:**
- a) Absence of rod function
- 

- b) Absence of cone function
  - c) Absence of both rod and cone function
  - d) Decrease of cone function
- 36) A patient has a right homonymous hemianopia with saccadic pursuit movements and defective optokinetic nystagmus. The lesion is most likely to be in the:**
- a) Frontal lobe
  - b) Parietal lobe
  - c) Occipital lobe
  - d) Temporal lobe
- 37) Which of the following best defines the saccade:**
- a) Voluntary slow eye movements
  - b) Involuntary slow eye movements
  - c) Abrupt, involuntary slow eye movements
  - d) Abrupt, involuntary rapid eye movements
- 38) Which one of the following extraocular muscles is served by a contra lateral brain stem sub nucleus:**
- a) Superior rectus
  - b) Medial rectus
  - c) Inferior oblique
  - d) Inferior rectus
- 39) A patient presented with normal eyesight and absence of direct and consensual light reflexes. Which of the following cranial nerves is suspected to be lessened:**
- a) Oculomotor
  - b) Trochlear
  - c) Optic
  - d) Abducent
- 40) A case of injury to right brow due to a fall from scooter presents with sudden loss of vision in the right eye. The pupil shows absent direct reflex but a normal consensual papillary reflex is present. The fundus is normal. The treatment of choice is:**
- a) Intensive intravenous corticosteroids as prescribed for spinal injuries to be instituted within six hours.
  - b) Pulse methylprednisolone 250 mg four times daily for three days.
  - c) Oral prednisolone 1.5 mg/kg body weight
  - d) Emergency optic canal decompression
- 41) An optic nerve injury may result in all of the following except:**
- a) Loss of vision in that eye
  - b) Dilatation of pupil
  - c) Ptosis
  - d) Loss of light reflex
- 42) Ophthalmoplegic migraine means:**
- a) When headache is followed by complete paralysis of the 3<sup>rd</sup> and 4<sup>th</sup> nerve on the same side as the hemicranias.
  - b) When the headache is followed by partial paralysis of the 3<sup>rd</sup> nerve on the same side as the hemicranias with out any scotoma.
  - c) Headache associated with 3<sup>rd</sup> and 4<sup>th</sup> and 6<sup>th</sup> nerve paralysis
  - d) Headache associated with optic neuritis
- 43) Horner's syndrome is best described by:**
- a) Miosis + ptosis
  - b) Miosis + anhydrosis
  - c) Anhydrosis + enophthalmos
  - d) Miosis + enophthalmos
- 44) Lesion in Meyers loop of optic radiation causes:**
- a) Upper homonymous quadrantopia
  - b) Lower homonymous quadrantopia
  - c) Unilateral anopia
  - d) Contralateral hemianopia
- 45) Protanopia is inability to see which colour:**
- a) Yellow
  - b) Green

- c) Blue
  - d) Red
- 46) **Internuclear ophthalmoplegia results due to involvement of:**
- a) Medial longitudinal bundle
  - b) Pontine reticular formation
  - c) Cerebellum
  - d) Motor nuclear sparing Edinger Westphal nucleus
- 47) **Which of these is not useful in arriving at a diagnosis of moderate papilloedema in a patient of head injury:**
- a) Impaired papillary reflex
  - b) Hyperaemia
  - c) Filling of the physiological cup.
  - d) Blurring of the margins
- 48) **Basanti, a 20 year old female presents with complaints of difficulty in reading near print on examination there is ptosis and diplopia in looking in all directions. What is the most probable diagnosis:**
- a) Lateral rectus palsy
  - b) Oculomotor palsy
  - c) Presbyopia
  - d) Myasthenia gravis
- 49) **A patient with suprasellar extension of pituitary tumor presents with:**
- a) Bitemporal hemianopia
  - b) Binasal hemianopia
  - c) Pile in the sky
  - d) Right homonymous hemianopia
- 50) **Homonymous quadrantanopia is seen in lesion of:**
- a) Temporal lobe
  - b) Frontal lobe
  - c) Occipital lobe
  - d) Parietal lobe
- 51) **In a case of anisocoria, when 1 % pilocarpine is instilled into the eye with abnormally dilated pupil, no response occurs. Cause of anisocoria may be :**
- a) Adie's pupil.
  - b) Horner's syndrome.
  - c) Pharmacological blockage.
  - d) Uncal herniation.

**NEUROPTHALMOLOGY  
ANSWERS KEY**

1. C
2. A,B,D
3. A,C,E
4. C,E
5. A,B,D
6. A,C
7. A
8. B
9. B
10. A
11. A
12. B
13. A
14. C
15. D

**NEW ERA  
EDUCATION**

- 16. B
- 17. C
- 18. C
- 19. C
- 20. C
- 21. A
- 22. C
- 23. A
- 24. A
- 25. D
- 26. C
- 27. C
- 28. A
- 29. C
- 30. A
- 31. D
- 32. B
- 33. C
- 34. B
- 35. A
- 36. B
- 37. D
- 38. A
- 39. A
- 40. D
- 41. C
- 42. B
- 43. A
- 44. A
- 45. D
- 46. A
- 47. A
- 48. D
- 49. A
- 50. A
- 51. C



## LACRIMAL DRAINAGE SYSTEM

- 1) **Crocodile tears are seen in:**
    - a) Frey's syndrome
    - b) Conjunctivitis
    - c) Lacrimal tumour
    - d) Abnormal VII nerve regeneration
  - 2) **Most common cause of eye discharge in a 2 months old child is:**
    - a) Ectropion
    - b) Congenital nasolacrimal duct blockage
    - c) Ophthalmia neonatorum
    - d) Vernal catarrh
  - 3) **Most common organism causing chronic dacryocystitis is:**
    - a) Staph aureus
    - b) Pseudo pyocyanea
    - c) Strep haemolyticus
    - d) Mycotuberculosis
  - 4) **Tears are produced in the new born after:**
    - a) 1 week
    - b) 2 weeks
    - c) 6 weeks
    - d) 4 weeks
  - 5) **In DCR the drainage is in:**
    - a) Superior meatus
    - b) Inferior meatus
    - c) Middle meatus
    - d) Superior fontanelle
  - 6) **A two months old child presents with epiphora and regurgitation the most probable diagnosis is:**
    - a) Mucopurelent conjunctivitis
    - b) Buphthalmos
    - c) Congenital dacryocystitis
    - d) Encysted mucocoele
  - 7) **Epiphora is:**
    - a) Cerebrospinal fluid running from the nose after fracture of anterior cranial fossa
    - b) An epiphenomenon of a cerebral tumor
    - c) An abnormal overflow of tears due to obstruction of lacrimal duct
    - d) Eversion of lower eyelid following injury
  - 8) **A 60-year old man presented with watering from his left eye since one year. Syringing revealed a patent drainage system. Rest of ocular examination was normal. A provisional diagnosis of lacrimal pump failure was made. Confirmation of the diagnosis would be by:**
    - a) Dacryoscintigraphy
    - b) Dacryocystography
    - c) Pressure syringing
    - d) Canaliculus irrigation test
  - 9) **Mucin layer deficiency occurs in:**
    - a) Keratoconjunctivitis
    - b) Lacrimal gland removal
    - c) Canalicular block
    - d) Herpetic keratitis
  - 10) **Most common ocular finding in mumps is:**
    - a) Chorioretinitis
    - b) Anterior uveitis
    - c) Haemorrhagic conjunctivitis
    - d) Dacryo crystoadenitis
- 
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**11) Initial treatment of congenital dacryocystitis:**

- a) Massaging
- b) Probing
- c) Ointment
- d) DCR
- e) No treatment required

**ANSWERS**

- 1. D
- 2. B
- 3. A
- 4. C
- 5. C
- 6. C
- 7. C
- 8. A
- 9. D
- 10. D
- 11. A



## EYE LID:

### 1) Modified sweat glands

- a) Henie's glands
- b) Zeiss glands
- c) Meibomian glands
- d) Moll glands

### 2) Painful lid margin is seen in:

- a) Style
- b) Hordeolum internum
- c) Eczema
- d) Basal cell carcinoma

### 3) The commonest fungal lesion of the eyelid is:

- a) Candida
- b) Aspergillosis
- c) Sporothrix
- d) Fusarium

### 4) Blaskovics operation is done for:

- a) Proptosis
- b) Ptosis
- c) Lagophthalmos
- d) Entropion

### 5) Wheelers operation is done in:

- a) Ectropion
- b) Entropion
- c) Ptosis
- d) None of the above

### 6) Sling operation should be avoided in cases of ptosis with:

- a) Very poor levator function
- b) Poor Bells phenomenon
- c) Weak mullers muscle
- d) Multiple failed surgeries

### 7) All are complications of chronic staphylococcal blepharoconjunctivitis except:

- a) Chalazion
- b) Marginal conjunctivitis
- c) Follicular conjunctivitis
- d) Phlyctenular conjunctivitis

### 8) Which of the following is false:

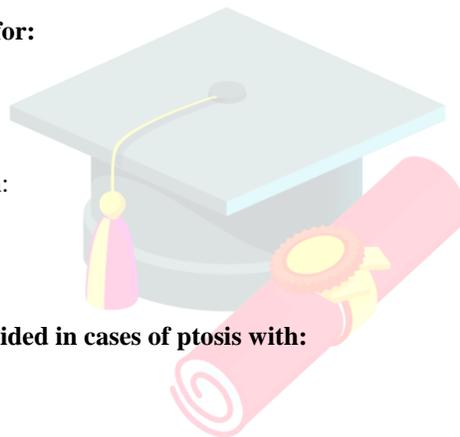
- a) External hordeolum is an acute inflammation of the Zeis gland
- b) Internal hordeolum is an acute inflammation of the Zeis gland
- c) Internal hordeolum is an acute suppurative inflammation of meibomian gland
- d) Chalazion is a chronic granulomatous inflammation of the meibomian gland

### 9) A 2 year old child is found to have ptosis of one eye defective elevation of the eye. Opening the mouth causes elevation of the ptotic lid. The most likely clinical condition is:

- a) Partial 3 nerve palsy
- b) Congenital ptosis
- c) Ocular myasthenia
- d) Congenital ptosis with Marcus Gunn phenomenon

### 10) Lid separation of fetus in intrauterine life occurs at which month:

- a) 2 week
- b) 2 month
- c) 6 month
- d) 7 month



- 11) Coloboma of the lid is commonest in:**
- Lateral half of lower lid
  - Medial half of lower lid
  - Lateral half of upper lid
  - Medial half of upper lid
- 12) Adhesion of margins of two eyelid is called:**
- Symblepharon
  - Ankyloblepharon
  - Blepharophimosis
  - Blepharophimosis
- 13) Fasanella Servat operation is specifically indicated in:**
- Congenital ptosis
  - Steroid induced ptosis
  - Myasthenia gravis
  - Horners syndrome
- 14) The operation of placation of inferior retractors is indicated in:**
- Senile ectropion
  - Senile entropion
  - Cicatricial entropion
  - Paralytic entropion
- 15) Ptosis with weakness of orbicularis-oculi is seen in:**
- Polymyositis
  - Myasthenia gravis
  - Eaton-Lambert syndrome
  - Thyrotoxicosis
- 16) A recurrent chalazion should be subjected to histopathological examination to exclude possibility of:**
- Squamous cell carcinoma
  - Sebaceous cell carcinoma
  - Malignant melanoma
  - Basal cell carcinoma
- 17) Ptosis occurs due to:[AIIMS]**
- Facial nerve palsy
  - Oculomotor palsy
  - Trigeminal palsy
  - Trochlear palsy
- 18) Which of the following muscles is involved in ptosis:[PGI]**
- Lateral rectus
  - Levator palpebrae superioris
  - Muller's muscle
  - Orbicularis oculi
- 19) Treatment of chalazion is:**
- Hot formentation
  - Incision and curettage
  - Antibiotics
  - Diathermy
  - Injection of steroids
- 20) Chalazion is /are:[PGI]**
- True meibomian cyst
  - Mucus cyst
  - Sebaceous cyst
  - Cyst of hair follicle
  - Obstruction of meibomian gland
- 21) Lid lag on ptotic side is caused by:[PGI]**
- Neurogenic ptosis
  - Myogenic ptosis
  - Metabolic ptosis



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d) Traumatic ptosis

**22) Madarosis is seen in:**

- a) T.B
- b) Diabetes mellitus
- c) Leprosy
- d) Waardenburg syndrome

**23) Commonest malignant tumour of eyelid is:**

- a) Squamous cell carcinoma
- b) Basal cell carcinoma
- c) Malignant melanoma
- d) Sebaceous cell carcinoma

**24) Hordeolum internum is:**

- a) Acute or chronic suppuration of Meibomian glands
- b) Acute suppuration of Molls gland
- c) Chronic granulation of tarsal glands
- d) Chronic granulation of Zeis glands

**25) Tylosis is:**

- a) Thickening of eyelid with ptosis
- b) Thickening of eyelid margin
- c) Ptosis
- d) Enophthalmos

**26) Von-graefes sign:**

- a) Lid retraction
- b) Lid lag
- c) Staring look
- d) Absence of convergence

**ANSWERS**

- 1. D
- 2. A
- 3. A
- 4. B
- 5. B
- 6. B
- 7. A
- 8. B
- 9. D
- 10. D
- 11. D
- 12. B
- 13. D
- 14. B
- 15. B
- 16. B
- 17. B
- 18. BC
- 19. BE
- 20. ACE
- 21. B
- 22. C
- 23. B
- 24. A
- 25. B
- 26. B



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## ORBIT

**1) Blow out fracture orbit involve:**

- a) Floor
- b) Medial wall
- c) Lateral wall
- d) Roof
- e) Apex

**2) Familial retinoblastoma:**

- a) Has autosomal recessive inheritance
- b) More commonly bilateral
- c) Due to mutation
- d) More common than sporadic retinoblastoma

**3) Enucleation is done for:**

- a) Retinoblastoma
- b) Malignant melanoma
- c) Glaucoma
- d) Pthisis bulbi
- e) Vitreous hemorrhage

**4) Blow out # orbit is characterized by:**

- a) Diplopia
- b) Tear drop sign
- c) Forced duction test
- d) Exophthalmos

**5) One year old male child with cat's eye reflex and raised IOT:**

- a) Toxoplasma gondi infection
- b) Toxocara canis
- c) Retinoblastoma
- d) Retinopathy of prematurity
- e) Noorie's disease

**6) Knudson's two hit hypothesis is for:**

- a) Glaucoma
- b) Retinoblastoma
- c) Optic glioma
- d) Meningioma

**7) Inwaardenburg's syndrome, following are seen except:**

- a) Widening of the eyebrow
- b) Short pappebral fissure
- c) Interstitial keratitis
- d) Heterochromia iridis

**8) A 50- year old man presented with orbital mass. Systemic examination revealed anaemia and investigations revealed hyper gammaglobulinema. The patient should be investigated to rule out:**

- a) Squamous cell carcinoma
- b) Optic nerve glioma
- c) Multiple myeloma
- d) Malignant melanoma

**9) All the following signs could result from infection within the right cavernous sinus, except:**

- a) Loss of papillary light reflex
- b) Loss of corneal blink reflex
- c) Ptosis
- d) Right ophthalmoplegia

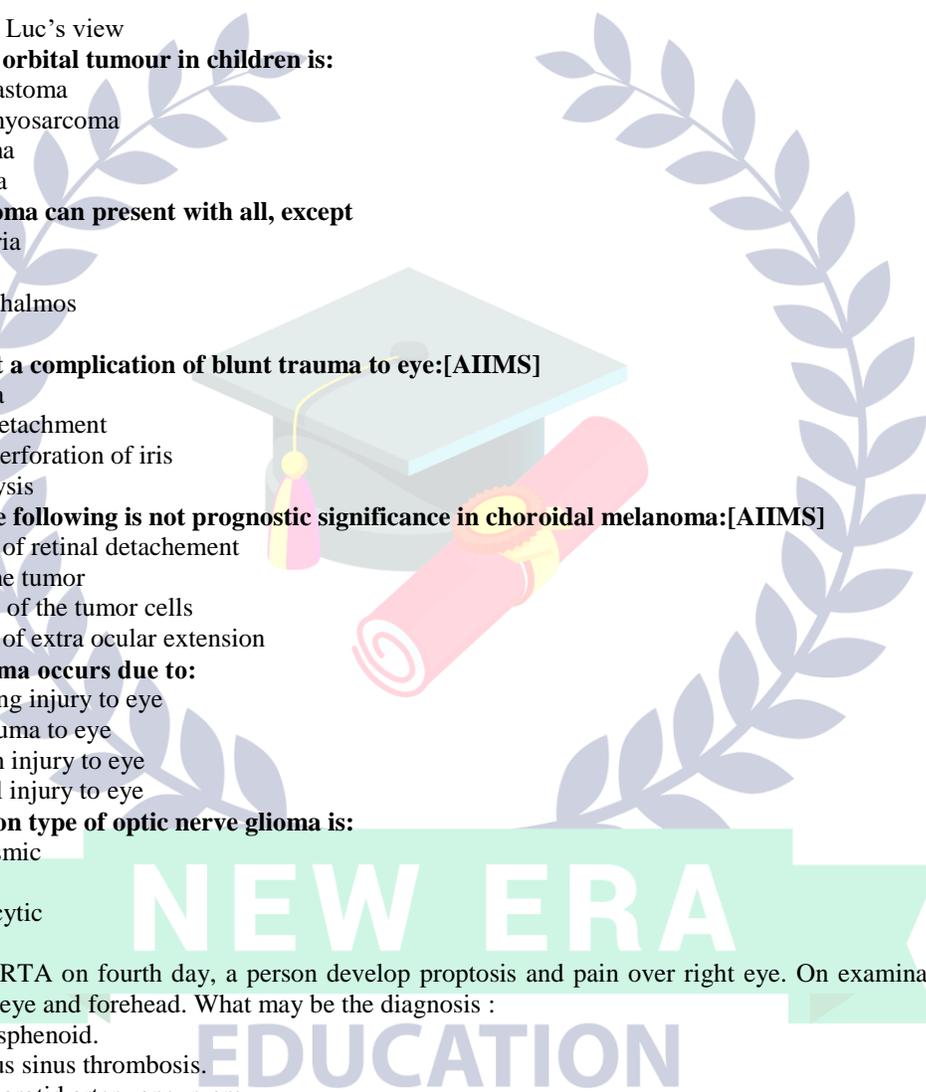
**10) Sclerosis of bony orbit is seen in:**

- a) Neurofibroma
- b) Retinoblastoma
- c) Meningioma
- d) Glioma



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- 11) **Common ocular manifestation in trisomy 13 is:**
- Capillary hemangioma
  - Bilateral microphthalmos
  - Neurofibroma
  - Dermoid cyst
- 12) **The differential diagnosis of retinoblastoma would include all except:**
- Persistent hyperplastic primary vitreous
  - Coat's disease
  - Retinal astrocytoma
  - Retinal detachment
- 13) **Enucleation of the eyeball is contraindicated in:**
- Endophthalmitis
  - Panophthalmitis
  - Intraocular tumours
  - Painful blind eye
- 14) **8-year old boy presented with swelling in left eye of 3 months duration . Examination revealed proptosis of left eye with preserved vision. Right eye is normal. CT scan revealed intra orbital extraconal mass lesion. Bopsy revealed embryonal rhabdomyosarcoma. Metastatic work up was normal. The standard line of treatment is;**
- Chemotherapy only
  - Wide local excision
  - Enucleation
  - Chemotherapy and radiation therapy
- 15) **A 23-year old child presented with leucocoria in the right eye since 2 months. On examination, a total retinal detachment was present in the same eye. Ultrasound B scan revealed a heterogenous subretinal mass with calcification, associated with retinal detachment. The most likely clinical diagnosis is:**
- Coats disease
  - Retinoblastoma
  - Toxocariasis
  - Retinal tuberculoma
- 16) **Which wall is most often fractured in a blow out fracture of the orbit due to fist cuff injury?**
- Superior wall
  - Inferior wall
  - Medial wall
  - Lateral wall
- 17) **Leukocoria is seen in all except:**
- Retinoblastoma
  - Congenital glaucoma
  - Persistent primary hyperplastic vitreous
  - Fungal Endophthalmitis
- 18) **A five-year old child presents with mild proptosis and loss of vision of one eye. On examination direct papillary reflex is absent and consensual reflex is present. What is the most probable diagnosis:**
- Retinoblastoma
  - Optic disc angioma
  - Optic nerve glioma
  - Optic sheath meningioma
- 19) **A 48-year old lady presents with unilateral mild axial proptosis. There is no history of redness or Pain. Which of the following is the most appropriate investigation:**
- CT scan to rule out meningioma
  - USG to rule out orbital pseudotumor
  - T3 and T4 measurement to rule out thyrotoxicosis
  - Doppler to rule out hemangioma
- 20) **Traumatic eye with late presentation of unilateral proptosis and scleral hyperaemia I seen in:**
- Retrobulbar hematoma
  - Retrobulbar cellulitis
  - Carotico-cavernous fistula

- d) Pneumo orbit
- 21) Concussion injuries to the eye will cause all of the following except:**
- Subluxation of lens
  - Soft exudates
  - Macular Hole
  - Berlin's Oedema
- 22) Best X-ray view to visualize superior orbital fissure is:[AIIMS]**
- Antero posterior
  - Basal
  - Towne's
  - Caldwell Luc's view
- 23) Commonest orbital tumour in children is:**
- Retinoblastoma
  - Rhabdomyosarcoma
  - Melanoma
  - Chloroma
- 24) Retinoblastoma can present with all, except**
- Leucocoria
  - Squint
  - Microphthalmos
  - Cataract
- 25) Which is not a complication of blunt trauma to eye:[AIIMS]**
- Hyphema
  - Retinal detachment
  - Double perforation of iris
  - Iridodialysis
- 26) Which of the following is not prognostic significance in choroidal melanoma:[AIIMS]**
- Presence of retinal detachment
  - Size of the tumor
  - Cytology of the tumor cells
  - Presence of extra ocular extension
- 27) Berlin's edema occurs due to:**
- Penetrating injury to eye
  - Blunt trauma to eye
  - Radiation injury to eye
  - Chemical injury to eye
- 28) Most common type of optic nerve glioma is:**
- Protoplasmic
  - Pilicytic
  - Gemistocytic
  - Fibrous
- 29) Following a RTA on fourth day, a person develop proptosis and pain over right eye. On examination there is bruise on the eye and forehead. What may be the diagnosis :**
- Fracture sphenoid.
  - Cavernous sinus thrombosis.
  - Internal carotid artery aneurysm.
  - Carotid cavernous fistula.
- 30) A patient developed proptosis and diplopia of 2 months duration following injury. On examination there is chemosis, conjunctival redness, and external ocular nerve palsy. Investigation of choice is :**
- MRI.
  - CECT.
  - MR angiography.
  - Intra arterial digital subtraction angiography.
  - e)
- 

## ANSWERS

1. A,B
2. B,C
3. A,B,C,D
4. A,B,C
5. C
6. B
7. C
8. C
9. C
10. C
11. B
12. D
13. A
14. D
15. B
16. B
17. B
18. C
19. C
20. A
21. B
22. D
23. B
24. D
25. C
26. A
27. B
28. B
29. D
30. D



## COMMUNITY OPHTHALMOLOGY

- 1) The visual acuity used as cut off for differentiating normal from abnormal children in the school vision screening programme in India is:
  - a) 6/6
  - b) 6/9
  - c) 6/12
  - d) 6/60
- 2) WHO criteria for blindness is visual acuity of less than:
  - a) 1/60
  - b) 6/60

- c) 6/18  
d) 3/60
- 3) Most common cause of blindness in India:**
- Trachoma
  - Vitamin-A deficiency
  - Cataract
  - Myopia
- 4) All are common cause of childhood blindness except**
- Malnutrition
  - Glaucoma
  - Ophthalmia neonatorum
  - Congenital dacryocystitis
- 5) Under the national programme for control of Blindness in India, medical colleges are classified as eye care center of:**
- Primary level
  - Secondary level
  - Tertiary level
  - Intermediate level
- 6) Taking the definition of blindness as visual acuity less than 3/60 in the better eye, the number of blind persons per 100,00 population in India [according to older data] is estimated to be:**
- 500
  - 700
  - 1000
  - 1500
- 7) all of the following are given global prominence in the vision 2020 goals, except:**
- Refractive errors
  - Cataract
  - Trachoma
  - Glaucoma
- 8) For the field diagnosis of trachoma, the WHO recommends that follicular and intense trachoma inflammation should be assessed in :**
- Women aged 15-45 years
  - Population of 10 to 28 year range
  - Children aged 0-10 years
  - Population above 25 years of age irrespective of sex.
- 9) the eye condition for which the world bank assistance was provided to the national programme for control of blindness (1994-2001) is :**
- Cataract
  - Refractive errors
  - Trachoma
  - Vitamin A deficiency
- 10) Under the school eye screening programme in India, the initial vision screening of school children is done by:**
- School teachers
  - Primary level health workers
  - Eye specialists
  - Medical officers
- 11) Which is the commonest cause of ocular morbidity in community:**
- Cataract
  - Refractive error
  - Ocular injury
  - Vitamin A deficiency
- 12) SAFE strategy is recommended for control of :**
- Trachoma
  - Glaucoma
  - Diabetes mellitus

d) Cataract

13) 46-year-old female presented at the eye OPD in a hospital, her vision in the right eye was 6/60 and left eye was 3/60. Under the National Programme for control of blindness, she will be classified as :

- a) Socially blind
- b) Low vision
- c) Economically blind
- d) Normal vision

**ANSWER**

- 1. B
- 2. D
- 3. C
- 4. D
- 5. C
- 6. B
- 7. D
- 8. C
- 9. A
- 10. A
- 11. B
- 12. A
- 13. C

**DNB BASED QUESTIONS:**

Section 1

- 1. 1<sup>st</sup> sign of anterior uveitis-
  - a. Keratic precipitate
  - b. Aqueous flare
  - c. Hypopyon
  - d. Miosis
- 2. Posterior staphyloma, most common cause-
  - a. Trauma
  - b. Myopia
  - c. Iridocyclitis
  - d. Glaucoma
- 3. Which is not a cataract surgery-
  - a. Lenectomy
  - b. Goniotomy
  - c. Phacoemulsification



- d. IOL
- 4. Not a symptom of angle closure glaucoma-
  - a. Blurring of vision
  - b. Coloured Halos
  - c. Metamorphosia
  - d. Headache
- 5. Eale's disease is-
  - a. Retinal hemorrhage
  - b. Vitreous hemorrhage
  - c. Conjunctival hemorrhage
  - d. Choroidal hemorrhage
- 6. MC orbital tumor-
  - a. Nerve sheath tumor
  - b. Hemangioma
  - c. Lymphoma
  - d. Meningioma
- 7. Elevators of eye-
  - a. SR and IO
  - b. IO and SO
  - c. IR and S
  - d. SO SR
- 8. Keoppe nodules are present on-
  - a. Cornea conjunctiva
  - b. Iris
  - c. Retina
- 9. Infection of what is called stye-
  - a. Hair follicles
  - b. Tarsal glands
  - c. Conjunctiva
  - d. Zeis glands



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**Answer Key**

- 1. B
- 2. B
- 3. B
- 4. C
- 5. B
- 6. B
- 7. A
- 8. C
- 9. D

## Section 2

1. Vitamin B<sub>12</sub> deficiency causes-
  - a. Centrocaecal scotoma
  - b. Binasal hemianopia
  - c. Constriction of peripheral field
  - d. Bitemporal hemianopia
2. Intact cornea can be penetrated by-
  - a. Gonococcus
  - b. Pseudomonas
  - c. Streptococcus
  - d. Pneumococcus
3. Angle of squint is measured by-
  - a. Gonioscopy
  - b. Prism
  - c. Retinoscopy
  - d. Keratometry
4. Sunflower type cataract is characteristically seen in-
  - a. Chalcosis
  - b. Diabetes
  - c. Stragardt's disease
  - d. Congenital syphilis
5. Chalazion of lid is-
  - a. Caseous necrosis
  - b. Chronic nonspecific inflammation
  - c. Chronic lipogranulomatous inflammation
  - d. Liposarcoma
6. To prevent keratoconus what is used-
  - a. Antibiotics
  - b. Cycloplegics
  - c. Glasses
  - d. None
7. Earliest symptom of retinitis pigmentosaa-
  - a. Ring scotoma
  - b. Night blindness
  - c. Tubular vision
  - d. None
8. Characteristic visual field defect I optic chiasma lesion-
  - a. Homonymous hemianopia
  - b. Bitemporal hemianopia



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- c. Upper quadrantanopia
  - d. Lower quadrantanopia
9. All are seen in 3<sup>rd</sup> nerve palsy-
- a. Mydriasis
  - b. Loss of light reflex
  - c. Loss of abduction
  - d. Ptosis

**Answer Key**

- 1. A
- 2. A
- 3. B
- 4. A
- 5. C
- 6. D
- 7. B
- 8. B
- 9. C

**Section 3**

- 1. Swinging light test is positive in-
  - a. Conjunctivitis
  - b. Glaucoma
  - c. Retrobulbar neuritis
  - d. Keratoconus
- 2. Fusion of palpebral and bulbar conjunctiva is-
  - a. Symblepharon
  - b. Trichiasis
  - c. Ectropion tylosis
- 3. Which of the following is the only reversible cataract-
  - a. senile cataract
  - b. cataract in galactosemia
  - c. congenital cataract
  - d. none
- 4. Keratic precipitates are on which layer of cornea-
  - a. Epithelium
  - b. Endothelium
  - c. Stroma
  - d. Bowman's membrane
- 5. Not true about herpetic keratitis-
  - a. Stromal Keratitis



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- b. Dendritic Ulcer
  - c. Corneal guttata
  - d. Disciform Keratitis
6. 'S' component of SAFE
- a. Screening
  - b. Surgery
  - c. Steroids
  - d. None
7. Satellite nodules are seen in-
- a. Fungal corneal ulcer
  - b. Tuberculosis
  - c. Sarcoidosis
  - d. Viral ulcer
8. Primary action of superior oblique is-
- a. Intorsion
  - b. Depresson
  - c. Adduction
  - d. Abduction
9. Conjunctival xerosis is seen in-
- a. Vitamin A deficiency
  - b. Herpetic keratitis
  - c. Glaucoma
  - d. None

**Answer Key**

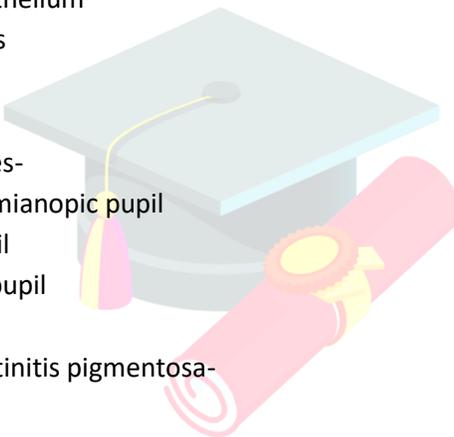
- 1. C
- 2. A
- 3. B
- 4. B
- 5. C
- 6. B
- 7. A
- 8. A
- 9. A

**Section 4**

1. Most common cause of anterior uveitis-
- a. CMV
  - b. Ankylosing Spondylitis



- c. Toxoplasma
  - d. None
2. Inclusion body conjunctivitis true is all except:
  - a. Self limiting
  - b. Present only in infants
  - c. Occurs while passage from birth canal
  - d. Caused by Chlamydia
3. Angular conjunctivitis is caused by-
  - a. H. influenza
  - b. Adenovirus type 32
  - c. Morax axenfield bacillus
  - d. Brahmella
4. A wave in ERG is due to activity of-
  - a. Pigmented epithelium
  - b. Rods and cones
  - c. Ganglion cell
  - d. Bipolar cell
5. Optic tract lesion causes-
  - a. Wernicke's hemianopic pupil
  - b. Amauratic pupil
  - c. Marcus Gunn pupil
  - d. None
6. Earliest symptom of retinitis pigmentosa-
  - a. Ring scotoma
  - b. Night blindness
  - c. Tubular vision
  - d. None
7. Expulsive hemorrhage in cataract surgery is from-
  - a. Vortex vein
  - b. Ciliary artery
  - c. Choroidal vein
  - d. None
8. Extra retinal fibrovascular proliferatio at ridge is-
  - a. Normal
  - b. Stage I ROM
  - c. Stage II ROM
  - d. Stage III ROM
9. Cause of bilateral optic atrophy-
  - a. Trauma
  - b. To optic nerve
  - c. Intracranial neoplasma
  - d. CRAO

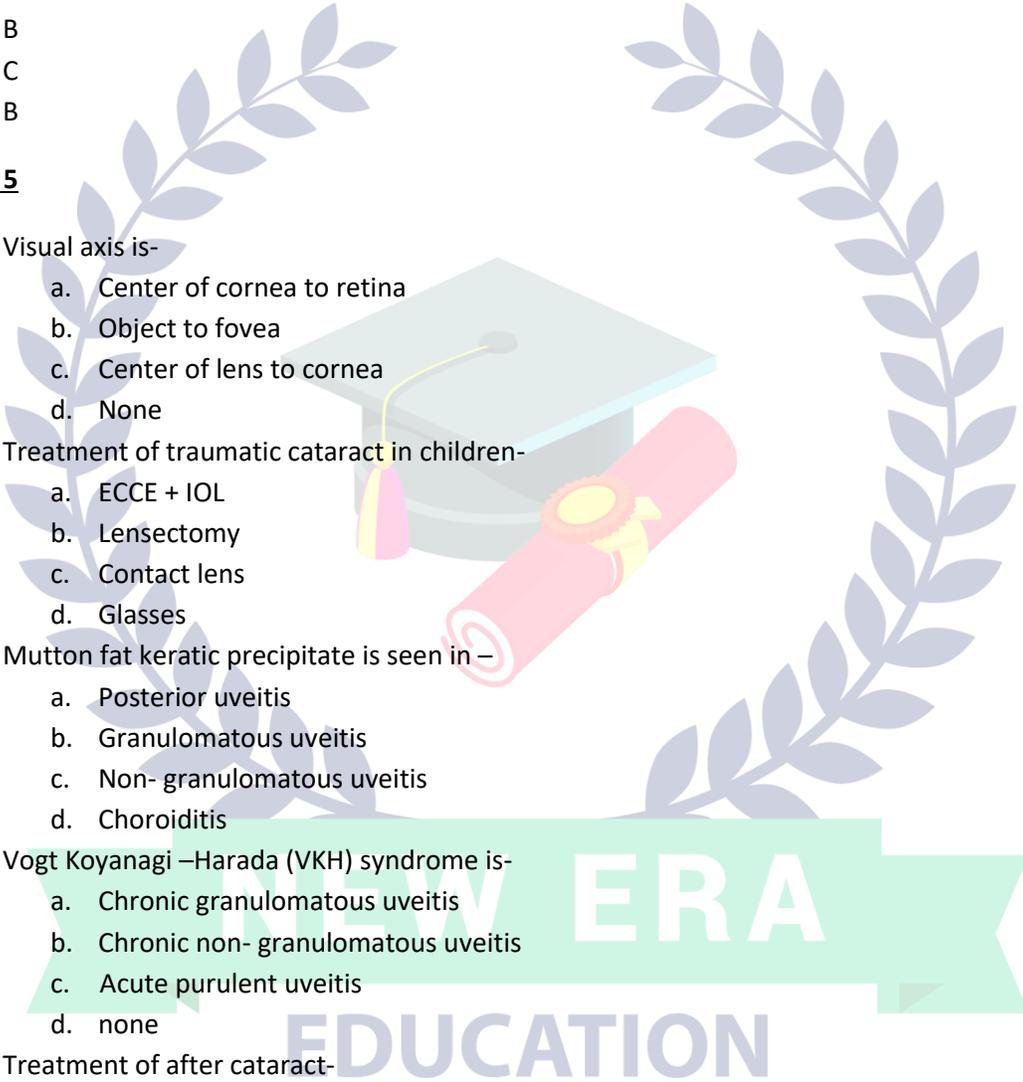


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## Answer Key

1. B
2. B
3. C
4. B
5. A
6. B
7. B
8. C
9. B

## Section 5

1. Visual axis is-
    - a. Center of cornea to retina
    - b. Object to fovea
    - c. Center of lens to cornea
    - d. None
  2. Treatment of traumatic cataract in children-
    - a. ECCE + IOL
    - b. Lensectomy
    - c. Contact lens
    - d. Glasses
  3. Mutton fat keratic precipitate is seen in –
    - a. Posterior uveitis
    - b. Granulomatous uveitis
    - c. Non- granulomatous uveitis
    - d. Choroiditis
  4. Vogt Koyanagi –Harada (VKH) syndrome is-
    - a. Chronic granulomatous uveitis
    - b. Chronic non- granulomatous uveitis
    - c. Acute purulent uveitis
    - d. none
  5. Treatment of after cataract-
    - a. Argon laser
    - b. Nd- YAG laser
    - c. CO<sub>2</sub> laser
    - d. Krypton laser
  6. Unilateral papilloedema with optic atrophy on the other side is a feature of-
    - a. Foster kennedy syndrome
    - b. Fisher syndrome
    - c. Vogt-koyanagi harada syndrome
- 

- d. WAGR syndrome
- 7. Snow banking is typically seen in-
  - a. Pars planitis
  - b. Endophthalmitis
  - c. Coat's disease
  - d. Eale's disease
- 8. Most common cause of ophthalmoplegia-
  - a. Aneurysm
  - b. Infection
  - c. Myasthenia gravis
  - d. None
- 9. Irregular pupil is seen in-
  - a. Glaucoma
  - b. Trauma
  - c. Oculomotor pulsy
  - d. Retinal detachment

**Answer Key**

- 1. B
- 2. A
- 3. B
- 4. A
- 5. B
- 6. A
- 7. A
- 8. A
- 9. B

**Section-6**

- 1. Munson's sign is seen in-
  - a. Keratoconus
  - b. Keratoglobus
  - c. Keratomalacia
  - d. All of these
- 2. Shaffer's sign is seen in-
  - a. Retinitis Pigmentosa
  - b. Retinal detachment
  - c. CRVO
  - d. CRAO
- 3. In concomitant squint-

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**EDUCATION**

- a. Primary deviation > Secondary deviation
  - b. Secondary deviation > Primary deviation
  - c. Primary deviation = secondary deviation
  - d. None
4. Treatment of choice for amblyopia is-
- a. Convergent exercises
  - b. Spectacles
  - c. Surgery
  - d. Conventional occlusion
5. Fundus in retinitis pigmentosa is-
- a. White spots with red disc
  - b. Jet- black spots with pale- waxy disc
  - c. No pigmentation
  - d. Dilation of arterioles
6. Christmas tree cataract is seen in-
- a. Down's syndrome
  - b. Rubella
  - c. Myotonic dystrophy
  - d. Diabetes
7. Lens subluxates in homocystinuria-
- a. Inferotemporal
  - b. Inferonasal
  - c. Superonasal
  - d. Superotemporal
8. Laser iridotomy is done in-
- a. Angle closure glaucoma
  - b. Open angle glaucoma
  - c. Pigmentary glaucoma
  - d. None
9. After trauma, A person cannot move eye outward beyond mid point. The nerve injured is-
- a. 2<sup>nd</sup>
  - b. 3<sup>rd</sup>
  - c. 4<sup>th</sup>
  - d. 6<sup>th</sup>
- 

**Answer Key**

1. A
2. B
3. C
4. D
5. B

- 6. C
- 7. B
- 8. A
- 9. D

### Section7

1. Iritis in young patient with joint pain-
  - a. Gout
  - b. RA
  - c. As
  - d. Toxoplasma
2. Retinal detachment is-
  - a. Separation of sensory epithelium from pigmented epithelium
  - b. Separation of pigmented epithelium from choroid
  - c. Separation of nuclear layer from plexiform layer
  - d. None
3. True about heterochromic uveitis-
  - a. Involves posterior surface of iris
  - b. Involves anterior part of iris
  - c. Involves posterior surface of cornea
  - d. Involves posterior surface of lens
4. Krukenberg spindles-
  - a. Involves anterior surface of cornea
  - b. Involves anterior lens surface
  - c. Involves posterior surface of cornea
  - d. Involves posterior surface of lens
5. What is deposited in Kayser-Fleischer ring-
  - a. Copper
  - b. Lead
  - c. Mercury
  - d. Heme
6. Ropy discharge is seen in-
  - a. Trachoma
  - b. Vernal conjunctivitis
  - c. Corneal ulcer
  - d. Epidemic keratoconjunctivitis
7. Following corneal transplantation, most common infection occurs-
  - a. Staph epidermidis
  - b. Streptococcus
  - c. Klebsiella

- d. Pseudomonas
- 8. Most common orbital tumor has its origin from-
  - a. Blood vessels
  - b. Nerves
  - c. Muscle
  - d. Lymph node
- 9. Which component of the eye has maximum refractive index-
  - a. Anterior surface of the lens
  - b. Posterior surface of the lens
  - c. Centre of the lens
  - d. Cornea

**Answer Key**

- 1. C
- 2. A
- 3. B
- 4. C
- 5. A
- 6. B
- 7. A
- 8. A
- 9. C

**Section8**

- 1. Most common malignant tumour of eyelid is –
  - a. Sebaceous gland carcinoma
  - b. Basal cell carcinoma
  - c. Squamous cell carcinoma
  - d. Malignant melanoma
- 2. In acute angle closure glaucoma, primary mechanism of pathogenesis is-
  - a. Increased secretion
  - b. Increased absorption but increased secretion
  - c. Outflow obstruction
  - d. None
- 3. Foster's fusch's spots are seen in-
  - a. Hypermetropia
  - b. Myopia
  - c. Astigmatism
  - d. None
- 4. Pigmentary glaucoma – findings seen is:
  - a. Fevy line



NEW ERA  
EDUCATION

- b. Flesscher's line
  - c. Hadson hauti line
  - d. Krukenberg's spindles
5. Roth spots are seen in-
- a. Bacterial endocarditis
  - b. HTN retinopathy
  - c. DM retinopathy
  - d. None
6. Corneal endothelial cell count is done by-
- a. Specular microscopy
  - b. Keratometry
  - c. Gonioscopy
  - d. Slit lamp
7. Fusion of palpebral and bulbar conjunctiva is-
- a. Symblepharon
  - b. Trichiasis
  - c. Ectropion
  - d. Tylosis
8. Treatment of vernal keratoconjunctivitis includes all except-
- a. Steroids
  - b. Chromoglycate
  - c. Olopatadine
  - d. Antibiotics
9. Superior orbital fissure syndrome include all except:
- a. 3<sup>rd</sup> nerve
  - b. 4<sup>th</sup> nerve
  - c. 6<sup>th</sup> nerve
  - d. 2<sup>nd</sup> nerve

Answer Key

- 1. B
- 2. C
- 3. B
- 4. D
- 5. A
- 6. A
- 7. A
- 8. D
- 9. D

**Section9**



**NEW ERA**  
**EDUCATION**

1. Vitamin B<sub>12</sub> deficiency causes-
  - a. Centrocaecal scotoma
  - b. Binasal hemianopia
  - c. Constriction of peripheral field
  - d. Bitemporal hemianopia
2. Cherry red spot is seen in-
  - a. CRAO
  - b. CRVO
  - c. BRAO
  - d. Retinitis pigmentosa
3. Most common tumor to extend from intracranial to orbit is-
  - a. Astrocytoma
  - b. Pituitary adenoma
  - c. Craniopharyngioma
  - d. Sphenoidal wing meningioma
4. Duochrome test is for-
  - a. Subjective verification of refraction
  - b. Subjective refinement of refraction
  - c. Subjective binocular balancing
  - d. None
5. Sun flower cataract is seen in-
  - a. Galactosemia
  - b. Injuries
  - c. Laurence Moon Biedel syndrome
  - d. Wilson's disease
6. Retinoscopy is done for-
  - a. Field of vision
  - b. Error of refraction
  - c. Curvature of retina
  - d. None
7. Corneal dystrophy, true is-
  - a. Sjogren's syndrome
  - b. SLE
  - c. Dermatomyositis
  - d. RA
8. Keratoconjunctivitis sicca is-
  - a. Sjogren's syndrome
  - b. SLE
  - c. Dermatomyositis
  - d. RA
9. Downward and outward movement of eye is effected in injury of-
  - a. 3<sup>rd</sup> nerve

- b. 4<sup>th</sup> nerve
- c. 5<sup>th</sup> nerve
- d. 6<sup>th</sup> nerve

**Answer Key**

- 1. A
- 2. A
- 3. D
- 4. B
- 5. D
- 6. B
- 7. C
- 8. A
- 9. B

**Section10**

- 1. Jack in box scotoma is seen after correction of Aphakia by-
  - a. IOL
  - b. Spectacles
  - c. Contact lens
  - d. None
- 2. Glaucomflecken is-
  - a. Acute uvetis due to glaucoma
  - b. Lens opacity due to glaucoma
  - c. Retinal detachment due to glaucoma
  - d. Corneal opacity due to glaucoma
- 3. Recurrent anterior uveitis with increased intraocular tension is seen in-
  - a. Posner schlossman syndrome
  - b. Foster Kennedy syndrome
  - c. Vogt-koyanagi –harada syndrome
  - d. None
- 4. Most common carcinoma of conjunctiva-
  - a. Squamous cell Ca
  - b. Basal cell ca
  - c. Melanoma
  - d. Lymphoma
- 5. Yoke muscle pair-
  - a. Rt IR + Rt SR
  - b. Rt LR + Rt MR

- c. Rt LR + Lt MR
  - d. Lt LR + Lt MR
6. Child with mild squint. Intrauterine, birth history, developmental history till date all normal. Corneal reflex normal. All other eye parameters normal except exaggerated epicanthal fold.
- Diagnosis-
- a. Pseudostrabismus
  - b. Accommodative squint
  - c. Exophoria
  - d. Esophoria
7. Snow banking is typically seen in-
- a. Pars palntis
  - b. Endophthalmitis
  - c. Coat's disease
  - d. Eale's disease
8. Polychromatic lusture is seen in-
- a. Complicated cataract
  - b. Diabetes mellitus
  - c. Post radiation cataract
  - d. Congenital cataract
9. Second sight is seen in-
- a. Nuclear cataract
  - b. Cortical cataract
  - c. Zonular cataract
  - d. Punctate cataract

**Answer Key**

- 1. B
- 2. B
- 3. A
- 4. A
- 5. C
- 6. A
- 7. A
- 8. A
- 9. A

