

Optic & refraction

1. Myopia can be associated with:

- A. Closed angle glaucoma.
- B. Open angle glaucoma

Answer: B

2. Doesn't cause Hypermetropia:

Answer: keratoconus

3. Major contributor to refractive power is:

- A. Axial length of eye ball.
- B. Curvature of cornea.
- C. Refractive power of cornea
- D. Lens

Answer: C

4. Cylindrical lenses are prescribed for:

- A. Astigmatism.
- B. Presbyopia.
- C. Hypermetropia.
- D. Myopia.
- E. Squint.

Answer: A

5. Not associated with hypermetropia:

- A. Presbyopia.
- B. Keratoconus.

Answer: B

6. Regarding myopia all true except:

Answer: Biconvex lenses are used for correction.

7. All of these surgeries cause astigmatism except:

- A. Retinal detachment surgery.
- B. Pterygium surgery.
- C. Cataract surgery.

Answer: A

8. Where distant objects appear blurry while close objects are clear/ patient can't see the far objects?

Answer: Myopia

9. All of the following are indications for corneal transplant except:

- A. High myopia.
- B. Pseudophakic bullous keratopathy.
- C. Aphakic bullous keratopathy.
- D. Severe keratoconus.
- E. Corneal scarring.

Answer: A

10. The most common complication after LASIK surgery is:

- A. Endophthalmitis.
- B. Infection.
- C. Blepharitis.
- D. Dryness.
- E. Glaucoma.

Answer: D

11. Cannot be used for a patient of with one aphakic eye to correct vision.

Answer: glasses.

Strabismus

12. Esotropia in a young child is caused by all of the following except for

- A. PCA aneurysm.
- B. Hypermetropia.
- C. Optic atrophy.
- D. Corneal Opacity.

Answer: A

13. Which of these are yoke muscles

- A. Right medial rectus and left lateral rectus.
- B. Right medial recuts and left medial rectus.
- C. Right superior recuts and left superior oblique

Answer: A

14. 2 months old baby was presented to your clinic , mom was complaining that his eye are deviated inwardly , one of the following is correct :

- A. Presence of epicanthal folds rules out serious condition.
- B. Obtaining family history isn't important.
- C. Presence of paralytic squint at 2 months isn't possible.
- D. Fundoscopy is a must.
- E. Reassure mom.

Answer: D

15. If you want to look up & to right side , what combination of muscles to use?

- A. Right superior rectus & left superior oblique.
- B. Right inferior rectus & right superior oblique.
- C. Right superior rectus & left inferior oblique.
- D. Right inferior rectus & right inferior oblique.
- E. Right superior rectus & right inferior oblique.

Answer: C

16. In infantile esotropia what is wrong?

- A. Similar to injury of both 6th cranial nerve.
- B. Might be associated with hypermetropia
- C. Amplyopia is common.
- D. Happen in 1st year of life.
- E. Treatment is only surgical

Answer: B

17. About infantile esotropia, what is true?

- A. Present by child's 2nd birthday (the true is in the first 6 months)
- B. Amblyopia is rare (it's actually 17-50%)

- C. Ocular fixation.
- D. Refractive index. (it's not associated with hypermetropia).

Answer: C

18. All are causes of esotropia except {means both eyes adducted}:

- A. 3rd nerve palsy.
- B. Hypermetropia.
- C. Nystagmus.
- D. Infantile
- E. Tumors

Answer: A

19. Not present in 7th nerve palsy:

- A. Entropion.
- B. Depressed brow.
- C. Exposure keratitis.
- D. Lacrimation.

Answer: A

20. Most common cause of strabismus in child <1 year:

- A. Accommodative.
- B. Infantile esotropia syndrome
- C. Hypertropia.

Answer: B

21. Which nerve arises outside the cone of extra ocular muscles?

- A. Optic nerve.
- B. Superior branch of oculomotor nerve.
- C. Inferior branch of oculomotor nerve.
- D. Trochlear nerve.
- E. Abducent nerve.

Answer: D

22. A 20 year old female patient with esotropia and amblyopia, all can be done except:

- A. Measure angle of deviation.
- B. Use glasses to correct any refractive error.
- C. Cover / uncover test.
- D. Total cover of good eye to stimulate vision in the other eye.
- E. Surgery for cosmetic improvement.

Answer: D

23. All are possible causes of esotropia in a 4-year-old child except:

- A. Falling down.

- B. Cerebellar astrocytoma.
- C. Hypermetropia.
- D. Idiopathic intracranial hypertension.
- E. Posterior communicating artery aneurysm

Answer: A or E?

24. A 2month old child came with bilateral medial deviation of the eyes, what is true**

- A. Fundoscopy is a must.
- B. Epicanthic folds rule out serious causes.
- C. This presentation in adults is never due to serious cause.

Answer: A

Cornea & sclera

25. Cornea anatomy, one is false:

- A. Descmet can not regenerate.
- B. Bowman membrane is not a true basement membrane.
- C. Endothelial layer can not regenerate.
- D. Epithelial layer defect stains green on fluroecein.

Answer: A

26. Diameter of the cornea is:

- A. 13.5
- B. 11.5
- C. 16
- D. 18
- E. 10

Answer: B

27. Which's incorrect about cornea?

- A. Stroma constitutes 50% of layers.
- B. Bowman's layer is acellular.
- C. Endothelium is single layer of hexagonal cells.
- D. Epithelium is stratified squamous epithelium

Answer: A

28. Anatomy of Cornea , all of the following are correct except :

- A. Stromal layer forms 90%.
- B. Endothelial layer does not regenerate.
- C. Contains 5 layers.
- D. In keratoconus it may ruptured.

Answer: D

29. Regarding corneal structure which's incorrect**

- A. Epithelial layer cannot be regenerated.
- B. Bowman membrane has no cell.
- C. Give 2/3 of refraction.

Answer: A

30. The most common cause of visual loss in stromal corneal dystrophy is:

- A. Macular edema.
- B. Corneal opacity.
- C. Corneal edema.
- D. Corneal thinning.
- E. Refractive error.

Answer: B

31. Corneal grafting, one is false:

- A. Rejection is type 2 hypersensitivity reaction.
- B. Most common indication worldwide is pseudophakic bullous keratopathy.
- C. Occurs in all layer of the cornea stroma, endothelium and epithelium.

Answer: A

32. False about acanthamoeba keratitis:

- A. Contact lens wear is a risk factor.
- B. White circular ulcer is a characteristic.
- C. Topical antibiotics are used to treat superimposed infections.
- D. Treated by antiacanthameba drugs.

Answer: B (Ring-shaped corneal infiltrate or abscess -not ulcer-)

33. Regarding herpetic disease of the eye, one statement is FALSE:

- A. Herpes simplex keratitis can present with the Hutchinson sign.
- B. Interstitial keratitis denotes involvement of the corneal stroma.
- C. Treatment of herpes zoster ophthalmicus is with parenteral antivirals.
- D. Treatment of herpes simplex keratitis is topical antivirals.
- E. Herpes zoster ophthalmicus can precede herpetic meningioencephalitis.

Answer: A

34. Wrong about Acanthamoeba keratitis:

Answer: pyrimethamine is used in its treatment.

35. In keratoconus the most common cause of vision loss is:

- A. Corneal edema.
- B. Corneal scar.
- C. Myopic astigmatism.
- D. Deposits of hyaline material in anterior stroma.
- E. Hypropic shift

Answer: C

36. Which of the following is a wrong statement?

Answer: most common indication/cause of keratoplasty is corneal ectasia.

37. Munson's sign is found in:

- A. Keratoconus.
- B. Retinal detachment.
- C. Glaucoma.
- D. Horner syndrome.

Answer: A

38. Does not lead to absent red reflex:

- A. Keratoconus.
- B. Vitreous hemorrhage.
- C. Endophthalmitis.
- D. Dense cataract.

Answer: A

39. Please choose the wrong statement of the following:

Answer: Thiamine used in corneal cross linking

40. What is the most common cause of Localized eye redness:

- A. Episcleritis.
- B. Conjunctivitis.

Answer: A

Lens and Cataract

41. The earliest visual rehabilitation occurs in:

- A. Phacoemulsification.
- B. ECCE with lens.
- C. ICCE with lens.
- D. ECCE without lens.
- E. All of the above.

Answer: A

42. 3 months post cataract surgery man came complaining of decreased vision, on examination posterior capsular opacity, management:

- A. Excimer laser.
- B. Keratoplasty.
- C. YAG Laser.

Answer: C

43. Which is true about mature cataract?

- A. Causes absent red reflex.
- B. Best is to put lens in anterior chamber chamber.

Answer: A

44. 69-year old male, blurring of vision through last 6 months, can see near objects (can read near words ...)' most likely:

- A. Bilateral nuclear cataract.
- B. Bilateral AMD.

Answer: A

45. Most common complication of cataract surgery:

- A. Retinal detachment.
- B. Vitreous loss.
- C. Opacification of the post capsule.

Answer: C

46. A patient came to you after cataract surgery with painful red eye , the first thing to think of is:

- A. Bacterial Endophthalmitis.
- B. Blepharitis.
- C. Secondary glaucoma.
- D. Conjunctivitis.

Answer: A

47. Advantage of phacco to ECCE:

- A. Decrease astigmatism.
- B. Increase infection.

Answer: A

48. Wrong about cataract:

Answer: adults with early cataract should be treated by placing lens as soon as possible.

49. Earliest visual rehabilitation occurs with:

- A. Intracapsular cataract extraction plus glasses.
- B. Small incision cataract extraction.
- C. Intracapsular cataract extraction plus intraocular lens implantation.
- D. Phacoemulsification plus intraocular lens implantation.
- E. Extracapsular cataract extraction plus intraocular lens implantation.

Answer: D

32. All are complications of cataract surgery except

- A. Leukocoria.
- B. Retinal detachment.
- C. Iris prolapse.
- D. Post. Capsular opacification.

Answer: A

33. Which of the following congenital cataract mandates the most urgent surgical intervention?

- A. Unilateral nuclear.
- B. Bilateral posterior lenticonus.
- C. Unilateral anterior polar.
- D. Unilateral lamellar.
- E. Bilateral nuclear.

Answer:

50. Which of the following statements about early complications of cataract surgery is incorrect?

- A. Posterior opacification.
- B. Intraocular lens dislocation.
- C. Endophthalmitis.
- D. Retinal detachment.

Answer: A

51. A patient complains of glare and decreased contrast sensitivity?

Answer: Posterior subcapsular cataract.

Diabetic Retinopathy

52. Correct about DM:

Answer: cotton wool spots.

53. Cause of loss vision in DM:

- A. Macular edema.
- B. Retinal detachment.
- C. Vitreous hemorrhage.

Answer: A

54. The most common cause of impaired vision worldwide , in working age group is

- A. Keratoconus.
- B. Corneal dystrophy.
- C. Diabetic retinopathy.
- D. Cataract.
- E. Hypertensive retinopathy.

Answer: C

55. 55-year-old diabetic patient presented with decreased right eye visual acuity, on examination non-proliferative DR in both eyes with macular edema in the right eye, your management is:

- A. Anti-VEGF in the right eye.
- B. Localized/grid laser to right eye then pan-retinal laser.
- C. Localized/grid laser to right eye only
- D. Pan-retinal laser to both eyes

Answer: A

56. On fundoscopic examination which one indicates proliferative DR:

- A. Vitreous hemorrhage.
- B. Microaneurysms.
- C. Venous beading.

Answer: A

57. First sign of diabetic retinopathy:

- A. Microaneurysm
- B. Macular edema.
- C. Dilated veins

Answer: A

58. Which of the following doesn't affect development of diabetic retinopathy:

- A. HTN.
- B. Ocular HTN.

C. Pregnancy.

Answer: B

59. The most important sign (hallmark) in Proliferative Diabetic retinopathy:

- A. Neovascularization.
- B. Hemorrhage.
- C. Microaneurysm.
- D. Soft exudate.

Answer: A

60. Wrong association about diabetic retinopathy:

Answer: cotton wool spots and dot blot hemorrhages - severe nonproliferative diabetic retinopathy.

61. All are true regarding diabetic retinopathy except:

- A. There are features of ischemia and leakage.
- B. Flame-shape hemorrhages are due to rupture of microaneurysms.
- C. Narrowing of blood vessels lumen may be found.
- D. There is loss of pericytes.
- E. Thickening of the basal membrane is seen.

Answer:

62. One of the following is a sign of proliferative DR:

- A. Cotton-wool spots.
- B. Venous changes.
- C. Pre-retinal hemorrhage.
- D. Intra-retinal micro vascular abnormalities

Answer: C

63. One is not manifestation of diabetic retinopathy:

- A. Cataract.
- B. PDR.
- C. Retinopathy.
- D. Maculopathy.
- E. PDR and it's complications.

Answer: A

64. One of these isn't the cause of vision loss in DR:

- A. Subretinal hemorrhage.
- B. Macular edema.
- C. Macular ischemia.
- D. Subhyloid hemorrhage.

Answer: A

65. One of these is a sign of proliferative DR:

- A. Neovascularization.
- B. Flame shaped hemorrhage.
- C. Cotton wool spots.
- D. Dot & Blot hemorrhage.

Answer: A

66. A patient with proliferative diabetic retinopathy and macular edema, what is the most appropriate management plan:

- A. Panretinal laser photocoagulation and anti-VEGF intravitreal injection.
- B. Anti-VEGF intravitreal injection alone.
- C. Panretinal laser photocoagulation alone.
- D. Focused laser photocoagulation.

Answer: A

67. Which condition does NOT cause macular edema?

- A. Acute closed-angle glaucoma.
- B. Diabetic retinopathy.
- C. Macular degeneration.
- D. Retinal vein occlusion.

Answer: A

Glaucoma

68. All of the following are found in congenital glaucoma EXCEPT:

- A. Excessive watering of the eye and photophobia.
- B. Haab striae.
- C. Cupping of optic disc.
- D. Corneal hydrops

Answer: D

69. Which's the eye drop that's green as first line treatment with IV acetazolamide for acute close angle glaucoma?

- A. Timolol.
- B. Pilocarpine.

Answer: B

70. Wrong about Glaucoma:

Answer: all associated with increased IOP.

71. In treatment of glaucoma all true except:

- A. Cycloplegia.
- B. Subconjunctival steroids.
- C. Steroid drops

Answer: A

72. Optic disc edema can be found in all of the following except:

- A. Papilledema.
- B. Hypertensive retinopathy
- C. Opera-angle glaucoma.

Answer: C

73. Wrong about anti-glaucoma drugs.

Answer: pilocarpine increases drainage via the uveoscleral canal.

74. Wrong about glaucoma.

Answer: disk cup size is a definite diagnosis.

75. One of the following about congenital glaucoma is wrong:

- A. Presence of progressive hypermetropia is a poor sign.
- B. Excessive tearing.
- C. Large cornea.
- D. Corrected by surgery.

Answer: A

76. Wrong about closed angle glaucoma:

- A. We must have pressure of 21 to Dx.
- B. Can be caused by large cataract.
- C. Peripheral iris obstruct the TM.

Answer: A

77. Most common type of glaucoma:

- A. Primary open angle.
- B. Primary closed angle.
- C. Secondary open angle.
- D. Secondary closed angle.

Answer: A

78. All done for acute angle closure glaucoma except:

- A. Beta blocker eye drops.
- B. Pilocarpine.
- C. Mannitol.
- D. Surgical drainage.
- E. Acetazolamide.

Answer: D

79. All of the following are correct about primary open angle glaucoma except :

- A. Poor response to medication.
- B. Progressive visual loss.
- C. Open iridocorneal angle on gonioscopy.

Answer: A

80. Wrong about Glaucoma.

Answer: all associated with increased IOP.

81. Doesn't cause open angle glaucoma:

- A. Neovascular.
- B. Neuroglaucoma.
- C. Angle recession.

Answer: A

Eye injuries

82. What is hypopyon?

Answer: WBCs collection in anterior chamber.

83. About hyphema .. one is wrong:

- A. The source of blood is from iris & ciliary body.
- B. Most often innocuous & transient.
- C. May be associated with traumatic uveitis.
- D. Rebleeding is usually smaller than the original bleed.
- E. May complicate corneal blood stain.

Answer: D

84. Which of the following is contraindicated to give in hyphema:

Answer: pilocarpine

85. Laceration of the anterior chamber, all are aims of treatment except:

- A. Prevent secondary complications.
- B. Prevent infection.
- C. Retain normal ocular anatomy.
- D. Prevent loss of vision.
- E. Evisceration of the eye to avoid sympathetic ophthalmitis.

Answer: E

86. Wrong about alkaline trauma to the cornea:

- A. Immediate irrigation with allot of normal saline.
- B. Acid penetrates more than alkali.

Answer: B

87. Which's the first step to do when dealing with chemical injury to the eye?

Answer: Irrigation

88. Patient presented after sustaining a chemical injury to his (Alkali), what is the most appropriate management

- A. Flood with saline for 10-20 mins.
- B. Prescribe painkillers and discharge.

Answer: A

Loss of vision

89. Which of these conditions is NOT a cause for painless vision loss

- A. Optic neuritis.
- B. Central retinal artery occlusion.
- C. Central retinal vein occlusion.
- D. Retinal detachment.

Answer: A

90. Which of the following is not painless vision loss?

- A. Hydrops keratoconus.
- B. Retinal detachment.

Answer: A

91. One of the following causes irreversible loss of vision which's treatable and unnoticeable by the patient.

- A. Uveitis.
- B. Iritis.
- C. Corneal ulcer.
- D. Closed angle glaucoma.
- E. Open angle glaucoma.

Answer: E

92. Painless visual loss:

Answer: retinal detachment.

93. All present with sudden painful loss of vision except:

- A. Central retinal artery occlusion.
- B. Anterior uveitis.
- C. Acute closed angle glaucoma.

Answer: A

94. All of the following associations are true regarding visual field defects except:

- A. Lateral geniculate body lesions, contralateral homonymous hemianopia.
- B. Chiasmal lesions, bitemporal visual field defect.
- C. Optic tract lesions, ipsilateral homonymous hemianopia.
- D. Optic nerve lesions, monocular visual field defect.
- E. Visual cortex lesion, contra lateral macular sparing homonymous hemianopia.

Answer: C

95. Main optic radiation:

Answer: contralateral congruous homonymous hemianopia.

96. Injury in the main optic radiation will cause:

- A. Contralateral homonymous hemianopia with macular sparing.
- B. Contralateral incongruous homonymous hemianopia.
- C. Contralateral congruous homonymous hemianopia.

Answer: C

97. Right congruous homonymous hemianopia is caused by damage to

- A. Optic chiasm.
- B. Right optic tract.
- C. Left optic tract.
- D. Left temporal optic radiation (or something like that).
- E. Left main radiation

Answer: E

Lids and Lacrimal system

98. Where does the nasolacrimal duct open?

- A. Superior nasal meatus.
- B. Middle nasal meatus.
- C. Inferior nasal meatus.

Answer: C

99. Entropion which is wrong:

- A. Weakness of orbicularis oculi.
- B. Trachoma is a common cause.
- C. Lead to lid eversion and epiphora and excessive tearing.

Answer: C

100. All of the following are present in blepharitis except:

- A. Thick Meibomian secretions.
- B. Entropion.
- C. Dandruff on lashes.
- D. Loss of eyelashes.

Answer: B

101. A patient complain of drooping of the upper eyelid, constricted pupil), lack of sweating on the right side of the face, what is the diagnosis?

Answer: Horner's syndrome.

102. All of these are part of Basal cell carcinoma management except for

- A. Radiation is the first step in treatment.
- B. It is found in 2/3 of the patient in the lower eyelid.
- C. It constitutes 85-95% of eye malignancies.

Answer: A

103. Entropion is caused by all of the following except for

- A. Facial palsy.
- B. Horizontal eyelid laxity.
- C. Tight orbicularis oculi muscle.

Answer: A

104. Which of these statements about the Tarsal plate is incorrect

- A. Does NOT include lash follicles.
- B. Upper part is 10mm.
- C. Lower part is 4mm.
- D. It contains cyst of zeiss.

Answer: D (Cysts of Zeiss originate from the glands of Zeiss, which are located at the eyelash follicles on the eyelid margin, not within the tarsal plate itself. The tarsal plate primarily houses the Meibomian glands).

105. One of the following doesn't occur in ectropion:

- A. Weakness of orbicularis oculi
- B. Cicatricial changes.
- C. Medial canthi weakness.
- D. Loose eyelid.

Answer: C

106. Ptosis not caused by:

- A. Facial nerve palsy
- B. Upper eyelid capillary hemangioma.
- C. Horner's and 3rd nerve palsy.
- D. Congenital ptosis.
- E. Jaw winking marcus

Answer: A

107. Congenital ptosis, which is wrong?

Answer: Levator muscle is normal.

The orbit

108. About lacrimation wrong:

Answer: lacrimal gland in the superiomedial aspect of the orbit. (The true: superiolateral)

109. All of these are true about Hertel exophthalmometer except for

- A. A difference of 2 mm or more between the eyes is significant and abnormal
- B. It is used to test for proptosis.
- C. Measures the globe position of the eye by calculating the distance from the lateral orbital rim to the anterior lens.
- D. The results should include baseline and actual measurements.
- E. A measurement of 26mm is considered moderate proptosis

Answer: C

110. The most common primary malignant tumor in pediatrics is?

Answer: rhabdomyosarcoma.

111. One is wrong about proptosis?

Answer: The most common symptoms are the orbital symptoms.

112. Wrong about dysthyroid eye disease:

- A. Diplopia due to rectus paralysis.
- B. Most common cause of bilateral proptosis in adults.

Answer: A

113. Right about capillary hemangioma:

Answer: the most common orbital tumor in kids.

114. A 70-year-old female had head injury, 2 weeks later she was presented to clinic with proptosis of th eyes, visual acuity was normal, your diagnosis is:

- A. Dysthyroid eye disease.
- B. Orbital varix.
- C. Orbital hemangioma.
- D. Carotid cavernous fistula.
- E. Dermoid cyst

Answer: D

115. About orbital trauma, all of the following are true EXCEPT:

- A. Blowout fractures damage the medial wall and the base more than the lateral wall.
- B. Limitation of eye movements due to entrapments of inferior oblique.
- C. Enophthalmus is indication of surgery.

Answer: B

116. About orbital cellulitis which is wrong

- A. We only give topical antibiotic.
- B. Most common cause of proptosis in children.
- C. Cause pain and decrease vision

Answer: A

117. Unilateral proptosis in children most common cause:

- A. Orbital cellulitis.
- B. Dysthyroid eye disease.

Answer: A

118. One will not cause exophthalmus:

- A. Endocrine.
- B. Tumors.
- C. Cavernous sinus thrombosis.
- D. Sinusitis.
- E. Horner syndrome.

Answer: E

119. All of the following differentiate orbital cellulitis from preseptal cellulitis, except:

- A. Absence of conjunctival hyperemia.
- B. Decrease in vision.
- C. The presence of fever.
- D. Proptosis.
- E. Decrease in extraocular motility.

Answer: C

120. The most common primary site for orbital metastasis in children is:

- A. Kidney.
- B. Sympathetic chain (neuroblastoma).
- C. Lung.
- D. Retina (retinoblastoma).
- E. Gastrointestinal system

Answer: B

121. Wrong about blow out fracture of orbit:

Answer: enophthalmos is an early complication OR emphysema results from ethmoid cells mainly.

Uveitis

122. One of the following is not characteristic of sarcoidosis?

Answer: Stellate keratic precipitates

123. Most common presentation in Fuchs heterochromic iridocyclitis is :

- A. Floaters.
- B. Painful red eye.
- C. Cataract.

Answer: C

124. Doesn't require Emergency-management:

- A. Anterior uveitis.
- B. Orbital floor fracture.
- C. Corneal ulcer.

Answer: A

125. Which one of the following most causes posterior uveitis?

- A. CMV.
- B. Sarcoidosis.
- C. Syphilis.
- D. Toxoplasmosis.

Answer: D

126. Not present in anterior uveitis:

- A. Hyphema.
- B. Posterior synechia.
- C. KP.
- D. Cells in the anterior chamber

Answer: A

127. Young male with red eye, photophobia, lacrimation and eye pain most likely diagnosis is:

- A. Anterior uveitis.
- B. Bacterial conjunctivitis.
- C. Glaucoma.

Answer: A

128. A 50 year old male with history of low back pain came to the emergency department complaining of blurred vision, photophobia and red eye on examination visual acuity was 6/12, ciliary flush + 3 cells in the anterior chamber and fine keratic precipitates were found. The best treatment option Select one:

- A. Lubricant eye drops.

- B. Systemic antibiotics.
- C. Topical steroids and cycloplegic agents.
- D. Topical antibiotics.
- E. Cyclosporin eye drops

Answer: C

129. A patient presents with blurring of vision and floaters in the right eye for 2 weeks. He has a history of Crohn's disease on sulfasalazine. The most expected ocular finding in this case should be:

- A. A relative afferent pupillary defect b. Retinal vascular sheathing.
- B. Intermediate uveiti.
- C. Ciliary flush.
- D. Fixed mid dilated pupils

Answer: B

130. Regarding systemic uveitis , one is false:

- A. Juvenile RA most commonly presents with polyarthritis.
- B. Sarcoidosis is Associated with lymphadenopathy and ACE level.
- C. CMV retinitis is an HIV defining disease.
- D. Behcet disease is associated with painful ulcers

Answer: A

131. Which is incorrect about uveitis:

- A. Steroids are effective in treatment.
- B. Can cause post. Synechiae.
- C. Cells in anterior chamber are neutrophils.
- D. Mostly caused by bacterial infection.
- E. You may see flare.

Answer: D

Anatomy and others ...

132. What is the boundary between the retina and the ciliary body in the eye?

Answer: Ora serrata

133. Most important for accommodation is:

- A. Anterior capsule.
- B. Posterior capsule.
- C. Ciliary body.
- D. Iris.

Answer: C

134. Which of the following statements about the orbital septum is true?

- A. It is 10mm in length .
- B. It originates from the periosteum .
- C. It separates the eyelid from the orbital fat.
- D. It is composed of the ethmoid bone.

Answer: C?

135. The orbital walls are composed of all the followings bones except :

- A. Ethmoid bone.
- B. Frontal bone.
- C. Lacrimal bone.
- D. Maxillary bone.
- E. Nasal bone.

Answer: E

136. Direct Ophthalmoscope image is

- A. Virtual, inverted, magnified.
- B. Virtual, erect, magnified.
- C. Real, inverted, magnified.
- D. Real, erect, magnified

Answer: B

137. Light-near reflex dissociation occur in:

- A. Argyll Robertson pupil.
- B. Horner syndrome.

Answer: A

138. A 5 month old child presents with Leukocoria. All are possible causes except:

- A. Retinoblastoma.
- B. Corneal opacity.
- C. Retinopathy of prematurity.

- D. Toxoplasmosis.
- E. Cataract

Answer: all the options listed can potentially cause leukocoria, maybe the less likely cause is B.

139. All can present with leukocoria except:

- A. Congenital glaucoma.
- B. Gout disease.
- C. Congenital cataract.
- D. Severe degree of premature disease of retina.
- E. Retinoblastoma.

Answer: B

140. All of the following can cause amblyopia except:

- A. Esotropia.
- B. Hemangioma of the upper eye lid.
- C. Optic atrophy.
- D. Patching of the eye of an infant.
- E. Corneal clouding.

Answer: C

141. Which of the following is wrong about CMV hepatitis?

Answer: an AIDS defining illness

142. Bilateral vitritis:

Answer: lymphoma.

143. Retrobulbar neuritis, all are true except:

- A. Usually affects adult women between the ages of 20 and 40.
- B. Most cases show optic disc swelling.
- C. Often associated with pain upon eye movement.
- D. Associated with color desaturation.
- E. Associated with relative afferent pupillary defect.

Answer: B

144. The orbital walls are composed of all the followings bones except:

- A. Ethmoid bone.
- B. Frontal bone.
- C. Lacrimal bone.
- D. Maxillary bone.
- E. Nasal bone.

Answer: E