

Optics & refraction

1. Myopia can be associated with:

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

Answer: B

Closed angle glaucoma comes with hypermetropia.

2. Doesn't cause Hypermetropia:

Answer: keratoconus

Keratoconus causes myopia & astigmatism.

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

2/3 of refractive power by the cornea & 1/3 by the lens.

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

Presbyopia patients they are hypermetropic. Keratoconus cause myopia.

6. Regarding myopia all true except:

Answer: Biconvex lenses are used for correction.

Biconcave lenses for myopia, biconvex lenses for hypermetropia.

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.

They need contact lenses or intraocular lens implantation.

(Aphakia means no lens).

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Which of the following is not a risk factor for myopia?

- A. Old age
- B. Long vertical axis
- C. Post cataract surgery
- D. Keratoconus

Answer: A

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Contraindication for lasik surgery?

- A. 26 year old Pregnant lady
- B. Mild dryness
- C. 22 year old medical student
- D. 40 year old businessman

Answer: A

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

Typically affects cranial nerve III (oculomotor nerve), leading to exotropia (eye turning out) and ptosis, not esotropia.

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

Direction of Gaze	Right Eye Muscle	Left Eye Muscle
Right gaze	Lateral rectus	Medial rectus
Left gaze	Medial rectus	Lateral rectus
Up and to the right	Superior rectus	Inferior oblique
Down and to the right	Inferior rectus	Superior oblique
Up and to the left	Inferior oblique	Superior rectus
Down and to the left	Superior oblique	Inferior rectus

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

It is essential to rule out serious intraocular or neurological causes such as, Retinoblastoma, Papilledema, ...

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. Amblyopia is common.
- D. Happen in 1st year of life.
- E. Treatment is only surgical

Answer: B or E?

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. Associated with refractive index like hypermetropia. (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. Most common cause of strabismus in child <1 year:

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

Answer: B

Nerves that pass through the cone: Optic nerve, Superior and inferior divisions of the oculomotor nerve, Nasociliary nerve, Abducent nerve.

20. 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

Total occlusion of the good eye for long periods can cause amblyopia in the good eye.

21. 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: E

22. A 2-month 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

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Which of the following is the least cause of extropia?

- A. 3rd CN palsy
- B. Posterior communicating aneurysm
- C. Craniosynostosis
- D. Myopia
- E. Fatigue

Answer: D

Cornea & sclera

23. Cornea anatomy, one is false:

- A. Descemet cannot regenerate.
- B. Bowman membrane is not a true basement membrane.
- C. Endothelial layer cannot regenerate.
- D. Epithelial layer defect stains green on fluroechein.

Answer: A

24. Diameter of the cornea is:

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

Answer: B

Diameter of the cornea 11-12mm, thickness is 0.5mm

25. Which's incorrect about cornea?

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

Answer: A

Stroma constitutes 90% of corneal layers.

26. 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

27. 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

Epithelial layer an regenerate, but endothelial layer cannot regenerate.

28. 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

29. 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

30. 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-

31. 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

Hutchinson sign seen Herpes Varicella Ophthalmicus.

32. Wrong about Acanthamoeba keratitis:

Answer: pyrimethamine is used in its treatment.

Treated with chlorhexidene and propamidine (may ends with corneal grafting).

33. 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

Progressive myopia and astigmatism is the cause of vision loss in Keratoconus (painless vision loss)

34. Which of the following is a wrong statement?

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

Most common indication worldwide is pseudophakic bullous keratopathy.

35. Munson's sign is found in:

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

Answer: A

It is the V-shaped lower eyelid >> seen in Keratoconus.

36. Does not lead to absent red reflex:

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

Answer: A

37. Wrong statement:

Answer: Thiamine used in corneal cross linking

The combination of riboflavin (vitamin B2) and UV A light creates cross-links between the collagen fibers in the corneal stroma.

38. What is the most common cause of localized eye redness:

- A. Episcleritis.
- B. Conjunctivitis.

Answer: A

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One is true about keratoconus:

- A. Is corneal degeneration
- B. Its onset is at 25
- C. Thinning is superior
- D. May cause corneal scar
- E. Does not affect vision

Answer: A

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Mostly seen with contact lens:

- A. Staph. Aureus
- B. Streptococcus
- C. Acanthamoeba

Answer: C

Lens and Cataract

39. 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

Visual rehabilitation means early recovery and visualization after the strand this is seen in phacoemulsification

40. 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

It is the most common complication after cataract surgery and treated as outpatient by YAG laser

41. Which is true about mature cataract?

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

Answer: A

In mature cataract is a lens that has become completely opaque. This opacity prevents light from reaching the retina and reflecting back, thus leading to an absent red reflex.

42. 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 Age Related Macular edema (AMD).

Answer: A

43. Most common complication of cataract surgery:

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

Answer: C

44. 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

45. Advantage of Phacoemulsification to ECCE:

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

Answer: A

46. Wrong about cataract:

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

The indication of surgery is cataract reducing the quality of life.

47. 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

48. All are complications of cataract surgery except:

- A. Leukocoria.
- B. Retinal detachment.
- C. Iris prolapse.
- D. Posterior capsular opacification.

Answer: A

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

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

Answer: mostly A

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.

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loss of lens in the pupil is called:

- A. Aphakia
- B. Anisometropia
- C. Aniseikonia

Answer: A

Diabetic Retinopathy

52. Correct about diabetic retinopathy:

Answer: cotton wool spots.

53. The most common 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: B

Flame-shaped hemorrhages are due to capillaries rupture in the superficial layers.

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

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Not feature of severe NPDR:

- A. Venous changes
- B. Iris neovascularization
- C. IRMAs
- D. Flame shaped hemorrhages

Answer: B

All are risk factors for diabetic retinopathy except:

- A. Myopia
- B. Pregnancy
- C. Nephropathy
- D. HTN
- E. Uncontrolled high blood sugar

Answer: A

Which of the following is not related to microvascular leakage in diabetic retinopathy?

- A. Hard exudates
- B. Circinate exudates
- C. Cystic macular edema
- D. Focal macular edema
- E. Cotton wool spots

Answer: E

Glaucoma

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

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

Answer: D

Corneal hydrops refers to acute rupture of Descemet's membrane with sudden stromal edema, and is a feature of advanced keratoconus, not congenital glaucoma.

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

Pilocarpine is a miotic agent (parasympathomimetic) that constricts the pupil, pulling the iris away from the trabecular meshwork and opening the angle to improve aqueous outflow.

70. Wrong about Glaucoma:

Answer: all associated with increased IOP.

In normal tension glaucoma", the patient is never found to have a pressure over the normal limits

71. In treatment of glaucoma all true except:

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

Answer: A

Cycloplegic agents (e.g., atropine, cyclopentolate) dilate the pupil, which can worsen angle-closure glaucoma by narrowing the anterior chamber angle further.

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

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

Answer: C

It cause optic disc cupping and atrophy.

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

In congenital glaucoma, due to increased intraocular pressure (IOP), the eyeball may enlarge (buphthalmos), and the axial length increases. This usually leads to progressive myopia, not hypermetropia.

76. Wrong about closed-angle glaucoma:

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

Answer: A

In acute angle-closure glaucoma, intraocular pressure (IOP) is usually elevated, but a pressure below 21 mmHg does not exclude the diagnosis, especially in intermittent or subacute cases.

77. Most common type of glaucoma:

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

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

Surgical drainage is not part of initial emergency treatment.

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

POAG usually responds well to medical treatment (e.g., prostaglandin analogs, beta-blockers, carbonic anhydrase inhibitors). Medications are first-line treatment.

80. Does not cause open-angle glaucoma:

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

Answer:

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Which of the drugs and its use in ophthalmology is incorrect

- A. Riboflavin used for staining in retinal surgery
- B. Topical beta blockers are contraindicated in patients with heart block
- C. Acetazolamide causes severe hypokalemia

Answer: A

Which of the following is false about treatment of acute angle closure glaucoma:

- A. Anterior chamber paracentesis
- B. Intravenous acetazolamide
- C. Intravenous hyperosmolar agent
- D. Pilocarpine
- E. Laser Iridotomy

Answer: A

All of the following are risk factors for primary open angle glaucoma except:

- A. Old age
- B. Caucasian race
- C. Myopia
- D. Family history
- E. Increase intraocular pressure

Answer: B

Uveitis

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

Answer: Stellate keratic precipitates

82. Most common presentation in Fuchs heterochromic iridocyclitis is:

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

Answer: C

The most common presentation in Fuchs' heterochromic iridocyclitis (FHI), also known as Fuchs' uveitis syndrome, is decreased visual acuity, often due to cataract formation.

83. Doesn't require emergency management:

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

Answer: A

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

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

Answer: D

85. Not present in anterior uveitis:

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

Answer: A

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

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

Answer: A

87. 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

88. 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

89. 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

Most commonly presents with the oligoarticular type, which affects 4 or fewer joints and is more strongly associated with uveitis. Polyarthritis (≥ 5 joints) is less common.

90. Which is incorrect about uveitis:

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

Answer: D

The majority of uveitis cases are non-infectious and immune-mediated (e.g., associated with HLA-B27, sarcoidosis, JIA, Behçet's). Infectious causes (bacterial, viral, parasitic) are less common.

Eye injuries

91. What is hypopyon?

Answer: WBCs collection in anterior chamber.

92. 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

Rebleeding is often larger and more severe than the initial hyphema.

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

Answer: pilocarpine

Pilocarpine is a miotic agent that causes contraction of the ciliary muscle and pupillary constriction. In the setting of hyphema, it is contraindicated because: it may promote rebleeding. Miotic-induced ciliary muscle spasm can worsen inflammation and pain.

94. 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

95. Wrong about alkaline trauma to the cornea:

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

Answer: B

Alkali injuries are typically more severe and penetrate deeper than acid injuries as acids tend to cause coagulative necrosis, forming a protein barrier that limits deeper penetration.

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

Answer: Irrigation

97. 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

98. 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

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

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

Answer: A

100. 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

101. Painless visual loss:

Answer: retinal detachment.

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

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

Answer: A

103. 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

104. Main optic radiation:

Answer: contralateral congruous homonymous hemianopia.

The main optic radiation, also known as the geniculocalcarine tract, transmits visual information from the lateral geniculate nucleus (LGN) of the thalamus to the primary visual cortex in the occipital lobe. A lesion affecting the entire optic radiation on one side results in a contralateral congruous homonymous hemianopia.

105. 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

106. 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

Final 020

Which of the following causes sudden painless unilateral vision loss?

- A. Central retinal vein occlusion
- B. Cataract
- C. Closed angle glaucoma
- D. Optic neuritis

Answer: A

One of the following isn't a cause of painful vision loss

- A. Gains cell arteritis
- B. optic neuritis
- C. Acute anterior uveitis
- D. Acute closed angle glaucoma
- E. Rhegmatogenous Retinal detachment

Answer: E

Lids and Lacrimal systems

107. Not present in 7th nerve palsy:

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

Answer: A

108. Where does the nasolacrimal duct open?

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

Answer: C

109. 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

Entropion involves the inward turning of the eyelid, not eversion.

110. 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

111. 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.

Ptosis, miosis & anhidrosis >> Horner's syndrome.

112. 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

The standard initial treatment is surgical excision, often using Mohs micrographic surgery

113. Entropion is caused by all of the following except for:

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

Answer:

114. 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: A or D?

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

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

Answer: C

116. Ptosis not cause 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

117. Congenital ptosis, which is wrong?

Answer: Levator muscle is normal.

Final 020

Which of the following is not a symptom of aqueous deficient dry eye:

- A. Gritting
- B. Photophobia
- C. Ocular fatigue
- D. Worse in the morning
- E. Decreased visual acuity

Answer: D

The most common cause of eyelashes loss?

- A. Blepharitis
- B. Trachiasis
- C. Ectropion
- D. Entropion

Answer: A

The most common cause of acquired ptosis?

- A. Myasthenia gravis
- B. Levator dehiscence (disinsertion)
- C. 3rd nerve palsy
- D. Congenital ptosis

Answer: B

The orbit

118. About lacrimation wrong:

Answer: lacrimal gland in the superiomedial aspect of the orbit.

Located in the superiolateral aspect of the orbit.

119. 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

It measures the distance from the lateral orbital rim to the apex of the cornea (anterior surface of the globe), not the lens.

120. The most common primary malignant orbital tumor in pediatrics is?

Answer: rhabdomyosarcoma.

121. One is wrong about proptosis?

Answer: The most common symptoms are the orbital symptoms.

122. Wrong about dysthyroid eye disease:

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

Answer: A

In thyroid eye disease, diplopia (double vision) occurs due to muscle restriction, not paralysis. The extraocular muscles become enlarged and fibrotic, particularly the inferior and medial rectus, limiting eye movement.

123. Right about hemangioma:

Answer: the most common orbital tumor in kids.

124. A 70-year old female had head Injury, 2 weeks later she was presented to clinic with proptosis of the 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

125. 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

Blowout fractures commonly entrap the inferior rectus muscle, not the inferior oblique. Inferior rectus entrapment causes vertical diplopia and restricted upward gaze.

126. 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

It requires systemic IV antibiotics, not just topical treatment.

127. Unilateral proptosis in children most common cause:

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

Answer: A

128. One will not cause exophthalmus:

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

Answer: E

129. 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

130. 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

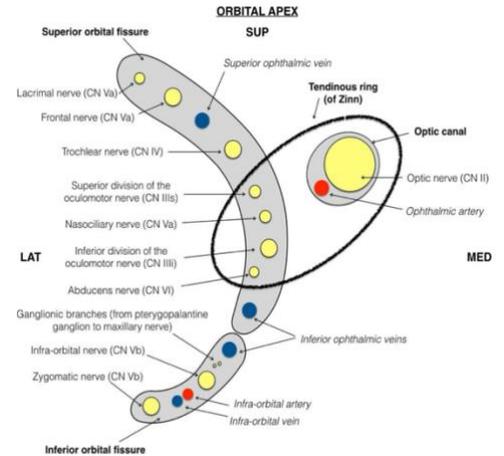
131. Wrong about blow out fracture of orbit:

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

132. 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



Anatomy and others ...

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

Answer: Ora serrata

134. Most important for accommodation is:

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

Answer: C

The ciliary body contains the ciliary muscle, which changes the shape of the lens to focus on near objects—a process called accommodation. When the ciliary muscle contracts, it relaxes the zonular fibers, allowing the lens to become more convex for near vision.

135. 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:

136. 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

137. Direct Ophthalmoscope image is

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

Answer: B

138. Light-near reflex dissociation occur in:

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

Answer: A

Argyll Robertson pupil is characterized by light-near dissociation – the pupil does not constrict to light but does constrict normally during accommodation (near response).

139. 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:

140. 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

141. 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

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

Answer: an AIDS defining illness

143. Bilateral vitritis:

Answer: lymphoma.

144. 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