

1.

- A) False - The symptoms described here point to scleritis
- B) True - Itchy eye is characteristic of **allergic** conjunctivitis, often treated with antihistamine.
- C) False - This is iritis.
- D) True - This is a viral conjunctivitis. It is very contagious and often bilateral.
- E) True - Secretions associated with bacterial conjunctivitis are often purulent and sticky. Often presents unilaterally but may progress to both eyes.

2.

- a) False - Bechet's disease classic symptoms: Pan uveitis (with hypopyon) in association with arteritis, oral and genital ulcers and HLA-B51 positive.
- b) True - gives a cottage cheese and tomato appearance on fundoscopy. Pt. will likely have low (<100) CD4 count.
- c) True - This might be a sign of HIV infection in young adults.
- d) True - May be found hidden in the conjunctival fornix.
- e) False - This may be the result of vasculitic conditions e.g. Rheumatoid arthritis.

3.

- a) True
- b) False - This is more often of inflammatory aetiology.
- c) False - Posterior uveitis is more prominent.
- d) False - Scleritis.
- e) True - This is an enteric cause.

4.

- a) True
- b) False - Steroids are the main treatment.
- c) False - Antivirals are the main treatment.
- d) False - Eye protection and emergency referral.
- e) True - Long term lubricants may be required to prevent further abrasions from occurring as a result of a poorly healing abrasion.

5.

- A) True - This is acute angle glaucoma which presents with a congested eye. Corneal oedema causes halos. The pupils are often asymmetrical with the affected eye slightly dilated.
- B) True - Inflammation in the anterior/posterior chambers of the anterior segment can often present with light sensitivity or photophobia.
- C) False - There is painless visual loss
- D) True - There is severe dull pain, which may keep the patient up at night.
- E) False - There is no visual loss or pain

6.

- a) False - The peripheral visual fields are slowly and progressively lost in primary open angle glaucoma.
- b) False - The key symptoms are soreness and irritation with crusting on the eyelid.
- c) True - Cataract is one of the most significant causes of reversible blindness worldwide.
- d) True - Almost 1/3 of patients with pseudophakia will have a posterior capsular opacification within 5 years post cataract surgery.
- e) True - Nuclear cataracts can cause a change in refractive power of the lens towards myopia. Therefore a history of changing glasses prescription is an indicative sign of a nuclear sclerotic cataract.

7.

- a) True - This is “positive” when there is macular involvement and “negative”, when there is optic nerve involvement.
- b) True - Vitritis (WBCs) or RBC in the vitreous may precede detachment or retinal tear.
- c) True - Glare can be a result of posterior sub capsular cataract.
- d) False - This is often experienced in (subacute) angle closure glaucoma.
- e) True - This may be a result of retinitis pigmentosa or other inherited eye diseases.

8.

- a) False – Accompanied by pain.
- b) True – It is also gradual.
- c) True - Risk factors include hypertension and diabetes
- d) True - There is retinal nerve fibre damage leading to optic disc cupping. Usually there is no pain
- e) True - There may be ischemia or serous fluid accumulation causing visual disturbance.

9.

- a) True - There is increased hydration of the lens with glycosylation of lens proteins leading to lens opacification.
- b) True – Can result in congenital cataract.
- c) True - Cataract is one of the side effects of long-term corticosteroid use, both topical and systemic.
- d) True – A possible consequence of both penetrating and non-penetrating trauma.
- e) True - Ocular inflammation can accelerate the development of cataract.

10.

- a) True - There is scalp tenderness and pain after prolonged chewing (jaw claudication).
- b) False - Occurs with painless and sudden visual loss.
- c) True - This can arise as a result of rheumatological conditions or infection.
- d) True - This can prevent sleep, especially with posterior scleritis.
- e) False - This occurs with a painless and acute loss of vision.

11.

- a) False - Increased tear production often occurs.
- b) True - Ectropion of the lower lid is the result of reduced tone of the orbicularis oculi muscles.
- c) True - There is reduced drainage due to reduced apposition of the puncta resulting in tears running on to the cheek.
- d) True - Acquired or congenital
- e) False - A conjunctival growth from the nasal aspect of the eye encroaching the cornea. Grows towards the pupil. Associated with dusty/sandy/windy environments.

12.

- a) False – Not necessarily. Additionally, a raised IOP in one individual may be low or normal in another.
- b) False - A parietal lobe infarct may cause this field defect
- c) True - Retinal ganglion cell (RGC) axons are compressed in the optic nerve head that may result in cell death of nerve fibre layer cells (i.e. RGCs).
- d) True - Paracentral scotoma or nasal step scotomas are typical POAG field defects.
- e) False - Disc cupping (increased cup:disc ratio) is a feature.

13.

- a) False - There is ocular pain.
- b) True - A feature of sub acute angle closure glaucoma.
- c) True - This is a CNS response.
- d) False - Photophobia is a symptom.
- e) False - There is a characteristic rash associated with herpes zoster ophthalmicus. There may be headache affecting the ipsilateral side.

14.

- a) True
- b) True
- c) True - This is useful in narrow/closed angle glaucoma.
- d) True
- e) True - Can be used if glaucoma is caused by uveitis.

15.

- a) True – One manifestation of diabetic retinopathy.
- b) True - A sign of proliferative diabetic retinopathy.
- c) True - A sign of proliferative diabetic retinopathy.
- d) True - A complication of proliferative diabetic retinopathy.
- e) True - Sudden loss of vision that is painless results from bleeding.

16.

- a) True - This requires a referral.
- b) True - Macular grid or focal laser may be necessary.
- c) False
- d) True - Will require closer monitoring.
- e) True - Pan-retinal laser photocoagulation is be necessary.

17.

- a) False – ‘Floaters’ is not a common feature of angle closure glaucoma.
- b) True – A retinal tear has to be excluded.
- c) False – Macula-off retinal detachment has a very poor outcome.
- d) True - There is a triad of symptoms: Photophobia, floaters and slight peripheral visual loss.
- e) True - There may be ‘tobacco dust’.

18.

- a) True - A thorough neurological and ophthalmological examination is required in this case.
- b) False - This is a monocular cause of double vision/diplopia.
- c) True - Assessment of eye movements is required when this condition is suspected.
- d) True - A varying degree of double vision is common in this condition.
- e) True - The medial and inferior rectus muscles are often affected during the inflammatory phase of this condition.

19.

- a) True - Proptosis may be the result of tumours in the orbit.
- b) False - Ptosis of varying severity may be a feature of myasthenia gravis.
- c) False - Proptosis is a feature of orbital cellulitis.
- d) True - This is the most frequent cause of proptosis, whether uni/bi-lateral or a/symmetrical.
- e) True - Inflammatory disorders of the orbit can cause proptosis.

20.

- a) False – Although an upper eyelid chalazion may cause a mechanical Ptosis and effect vision.
- b) True - This is a result of the lid speculum causing stretching.
- c) True - Ptosis of 1mm.
- d) True - The degree of Ptosis is variable.
- e) False - Lid lag and retraction occurs.

21.

- a) False
- b) True - Urgent bloods are required (for ESR) when there is diplopia in the elderly.
- c) True – Pathognomonic.
- d) True – A possibility in extra cranial vessel disease.
- e) True - This is a feature if embolism leads to arteritic anterior ischaemic optic neuropathy.

22.

- a) True - This can occur in giant cell arteritis when there is extracranial vessel involvement.
- b) False - Neovascularisation occurs at the optic disc.
- c) False - Drusen deposits at the optic disc can make it look swollen.
- d) True - Bilateral papilledema with raised ICP indicated by lumbar puncture.
- e) True - Orbital tissues compress the optic nerve causing a neuropathy.

23.

- a) True - Compression of the optic disc cause cupping as seen on cross section.
- b) False - Macular drusen.
- c) True - Rubiosis is neovascularisation on the iris and can occur with an ischaemic retina.
- d) True - A pale optic disc is suggestive of an old optic neuropathy.
- e) True - Meningioma or glioma can cause compression of the optic disc with this outcome.

24.

- a) True - Visual acuity is an essential examination.
- b) False - Eye movements test oculomotor, trochlear and abducens cranial nerves (III, IV and VI).
- c) True - Optic neuritis can cause an enlarged blind spot
- d) True - This is an early and sensitive sign of optic nerve disease
- e) True - This cannot be done if one eye is not present

25.

- a) True - Anisocoria may be normal in some people
- b) True - Optic nerves are normal but only the right pupil is functional
- c) False
- d) True - A positive RAPD may still occur despite both pupils being equal and reactive to light
- e) True - The Left pupil is working and both optic nerves are functional

26.

- a) True - Retinal exudation can cause a white reflex.
- b) True
- c) True – This is one of the more sinister causes of white reflex.
- d) False - Familial exudative vitoretinopathy may be cause of white reflex.
- e) True – Toxoplasmosis, Rubella, Cytomegalovirus and Herpes Simplex may all cause this (Request a ToRCH screen for the patient).

27.

- a) False - Essential test if pt. is old enough.
- b) True – Can help to diagnose strabismus.
- c) True – refractive errors such as anisometropia, are key causes of amblyopia.
- d) True - Performed to exclude retinal disease and opacities.
- e) False – Too difficult in young kids. An attempt at measuring visual acuity is very important.

28.

- a) True - There may be Halb's striae, corneal haze and buphthalmos (enlarged globe).
- b) True - There may be lenticular or corneal opacities following intrauterine infections.
- c) True - Descemet's membrane can be damaged as a result of birth trauma.
- d) False – Phakomatosis.
- e) False – Associated with other system manifestations of this condition.

29.

- a) True - A sign of haemorrhage in which blood collects in the anterior chamber with a visible blood level and maybe even RBCs.
- b) True - Anterior segment WBCs are seen with the slit lamp.
- c) True - The pupil can remain dilated for several days-weeks following trauma.
- d) True - Commotio retinae (bruised retina) and detachment may be present as well.
- e) True – If patient is non-diabetic then there may be retinal detachment or a tear.

30.

- a) True - Air escapes from the nasal cavity through the orbital fracture and into the subcutaneous tissue under the skin, leading to a bubble wrap feeling.
- b) True - CT-orbit can assist in preoperative planning and detect inferior herniation ('tear drop sign') of the globe.
- c) False - Ipsilateral teeth, gums and cheek are innervated by the infraorbital nerve.
- d) True - This is also seen in optic neuritis.
- e) True - This results in diplopia due to restricted muscle movement.