

بسمالله الرحمن الرحمن	
1. CorrectaboutDM :cottonwoolspots	
2. Cause of loss vision in DM:	
a.macular edema	
b. Retinal detachment	
c. Vitrous hemorrhage	
Answer:a	
3. 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	
4. 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

5. On fundoscopic examination which one indicates proliferative DR:

a. hemorrhage

b. microaneurysms

c. Venous beading

Answer :a

6. first sign of diabetic retinopathy***

a. microaneurysm

b.macular edema

c. dilated veins or something

Answer:A

7.Which of the following doesn't affect development of diabetic retinopathy:a- HTNb- Ocular HTNc- Pregnancy

Answer:B

8. The most important sign (hallmark) in Proliferative Diabetic retinopathy:** a- Neovascularization b- hemorrhage

C-microaneurysm

d-soft exudate.

Answer:a

9.Wrong association about diabetic retinopathy: A. cotton wool spots and dot blot hemorrhages – severe nonproliferative diabetic retinopathy

10. 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

I'm not sure I think C is the answer.

11.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

12. Doesn't cause open angl eglaucoma: a Neovascular

b Neuroglucoma
c Angle recession
Answer:a
13. Wrong about Glaucoma: all associated with increased IOP
14. 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
14. All done for acute angle closure glaucoma except:
a. Beta blcoker eye drops
b. Pilocarpine
c. Mannitol
d. Surgical drainage
e. Acetazolamide
Answer:d
15. glaucoma most common:
a. primary open angle
b. primary closed angle
c. secondary open angle
d. secondary closed angle
answer: a
16.wrong about closed angle glaucoma
: a- we must have pressure of 21 to DX
b- can be caused by large cataract
C- perpheral iris obstruct the TM

Answer:a

17.One causes irreversible loss of vision which's treatable and unnoticeable by patient(I supposed they mean it's Asymptomatic till late) :	
a- Uveitis	
b- Iritis	
c- Corneal ulcer	
d- Closed angle glucoma	
e- Open angle glaucoma	
Ansv	ver:e
18.Myopia can be associated with:	
a- Closed angle glaucoma	
b- open angle glaucoma	
Answ	er:b
19 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	
Ansv	ver:a
19. Wrong about anti-glaucoma drugs – pilocarpine increases drainage via the	
uveoscleral canal	
20. Wrong about glaucoma – disk cup size is a definite diagnosis	
21.optic disc edema can be found in all of the following except:	
a. Papilledema	
B.hypertensive retinopathy	

C. Open angle glaucoma	
	Answer:c
22. In treatment of glaucoma all true except:	
a-, Cycloplegia	
b- Subconjunctival steroids	
c- Steroid drops	
	Answer:b
22. Doesn't require Emergency-management:	
a. anterior uveitis	
b. orbital floor fracture	
c. corneal ulcer	
	Answer:a
23. Which one of the following most causes posterior uveitis****	
a. CMV	
b. SARCOIDOSIS	
d. Syphilis	
e. Toxoplasmosis.	A
	Answer:e
	Answer:e
24.all of the following true about toxoplasmosis EXCEPT****	Answer:e
24.all of the following true about toxoplasmosis EXCEPT**** a. systemic steroids are contraindicated in posterior uveitis	Answer:e
	Answer:e
a. systemic steroids are contraindicated in posterior uveitis	Answer:e Answer:a
a. systemic steroids are contraindicated in posterior uveitis	
a. systemic steroids are contraindicated in posterior uveitis B. Congenital vs acquired	
 a. systemic steroids are contraindicated in posterior uveitis B. Congenital vs acquired 25. not present in anterior uveitis: 	
 a. systemic steroids are contraindicated in posterior uveitis B. Congenital vs acquired 25. not present in anterior uveitis: a- hyphema 	
 a. systemic steroids are contraindicated in posterior uveitis B. Congenital vs acquired 25. not present in anterior uveitis: a- hyphema b- post psynechia 	
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diagnosis is:***

a- Anterior uveitis

b- Bacterial conjunctivitis

c- Glaucoma

Answer:a

27. 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

28.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

29. 4- 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
- c. intermediate uveiti
- d. ciliary flush
- e. Fixed mid dilated pupils

Answer:c

30.regarding systemic uveitis , one is false:

- a. Juenile 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
31. Most common presentation in Fuchs heterochromiciridocyclitis is :	
a. Floaters	
b. Painful red eye	
c. Cataract	
	Answer:c
32. 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
33.3 months post cataract surgery man came complaining of decreased vision, o examination posterior capsular opacity, management:	n
a.Excimer laser	
b.Keratoplasty	
c.YAG Laser	
	Answer:c
34. One is not manifestation of diabetic retinopathy:	
a- Cataract	
b- PDR	
c- Retinopathy	
d- Maculopathy	
e- PDR and it's complications	
	Answer:a

35.which is true about mature cataract

a. causesabsent red reflex
b. best is to put lens in anterior chamber chamber
answer : a
36.69-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
37. Most common complication of cataract surgery: ***
a.retinal detachment
b. Vitreous loss
c. Opacification of the post capsule
Answer:c
38. A patient came to you after cataract surgery with painful red eye , the first thing to think of is :**
a. Bacterial Endophthalamitis
b. Blephiritis
c. Secondary glaucoma
d. Conjunctivitis
Answer:a
39. Painless visual loss: retinal detachment**
40. 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

41. All present with sudden painful loss of vision except: A.central retinal artery occlusion **B**.anterior uveitis C. Acute closed angle glucoma Answer :a 42. advantage of phacco to ECCE:** a- decrease astigmatism **b-** decrease infection Answer:a 43. wrong about cataract: a- adults with early cataract should be treated by placing lens as soon as possible 44. 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 45. 5.All of the following associations are true regarding visual field defects except: Select one: a. Lateral genculate body lesions, contralateral homonymous hemianopia b. Chismal 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 hemianopiay

Answer:b

Answer:c

- 46. Main optic radiation: contralateral congruous homonymous hemianopia
- 47. . 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

- 47. Right congruous hemonymous 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

- 48. Doesn't cause Hypermetropia: keratoconus
- 49. Keratoconus, not used in management: LASIK
- 50. Wrong about Corneal dystrophy:

endothelial most commonly causes vision loss due to abrasions

- 51. The most common complication after LASIK surgery is :****
- a. Endophthalamitis
- **b.** Infection
- c. Blephritis
- d. Dryness
- e. Glaucoma

Answer:d

52. Anatomy of Cornea , all of the following are correct except :
A.Stromal layer forms 90%
B.Endothelial layer does not regenerate
C. Conaints 5 layers .
d. in keratoconus it may ruptured
Answer:d
53. All of the following are indications for corneal transplant:
a. High myopia
b. Pseudophakic bullous keratopathy
c. Aphakic bullous keratopathy
d. Severe keratoconus
e. Corneal scarring
Answer:a
54. Does not lead to absent red reflex:
a. Keratoconus
b. Vitreous hemorrhage
c. Endophthalmitis
d- dense cataract
Answer:a
55. what is hypopyon?
a. WBCcollection in anterior chamber
56. about hyphema one is wrong:
a- the source of blood is from iris & ciliary body b- most often innocuous & transient
c- may be associatedwith traumatic uveitis
d- rebleeding is usually smaller than the original bleed
e- may complicate corneal blood stain
Answer:d

57. Diameter of the cornea is: a- 13.5 b- 11.5 c- 16 d- 18 e- 10 Answer:b 58.Regarding comeal structure which's incorrect** a- Epithelial layer cannot be regenerated b- Bowman membrane has no cell c- Give 2/3 of refraction Answer:a 59. 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 60.cornea anatomy, one is false: A. Descment 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 61.false about acanthaoemeba keratitis: A.contact lens wear is arisk factor b.white circular ulcer is a characteristic C. Topical antibiotics are used to treat superimposed infections D. Treated by antiacanthameba drugs

62Regarding 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
63. Wrong about Acanthomoeba keratitis – pyrimethamine is used in its treat	ment
64. Hyphema, contraindicated to give: pilocarpine (what Dr. Na5leh said)	
65. Macular edema not cause of vision loss in:	
A. Fuch's iridocyclitis	
B. sarcoidosis	
	Answer:a
66. about lacrimation wrong:	
a- lacrimal gland in the superiomedial part	
67. 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
68. Major contributor to refractive power is:***	

68. 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
69 .Cylindrical lenses are prescribed for:***	
a. Astigmatism.	
b. Presbyopia.	
c. Hypermetropia	
d. Myopia	
e. Squint.	
	Answer:a
70. 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
71.Not associated with hypermetropia:	
A. Presbyopia	
B.keratoconus	
	Answer:B
72. Wrong about Dysthyroid eye disease:	
A. diplopia due to rectus paralysis	
B. most common cause of bilateral proptosis in adults	
	Answer:a
73. Ptosis not cause by:	
a. Facialnerve palsy	
b. Upper eyelid capillary hemangioma	
c. Horner's and 3rd n. Palsy	

d. Jaw winking marcus

e. Can be cong

Answer:most probably A ,but Dr said All can cause.

74. Regarding myopia all true except:

a-Biconvex lenses are used for correction

75. Cannot be used for a patient of with one aphakic eye to correct vision – glasses

76. Doesn't cause Esotropia: **

a. 4th nerve palsy

b.optic atrophy

C.moderate hypermetropia

Answer:a

76. Wrong About hemangoima: the most common orbital tumor in kids (its rhabdomyosarcoma)

77. 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. Fundoscopyisamust
- e. Reassure mom

Answer:d

- 78. 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

79. All of the following are present in blephiritis except :

- a. Thick Mebomian secretions
- **b.** Entropion
- c. Dandruff on lashes
- d. Loss of eyelashes

Answer:b

80. A 70-year-old female had head Injury , 2 weeks later she was presented to clinic with prptosed 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

- 81. 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

I think Answer is C ,but I'm not sure 100%

- 82. all of the following are found in congenital glaucoma EXCEPT
- a. excessivewatering of the eye and photophobia
- b. haab striae
- c. cupping of optic disc
- d.comeal hydrops

Answer:D

83. Ptosis not cause by:	
a. Facialnerve palsy	
b. Upper eyelid capillary hemangioma	
c. Horner's and 3 rd n. Palsy	
d. Jaw winking marcus	
e. Can be congenital	
A	nswer:A
84. all are complications of cataract surgery except	
a. Leukocoria	
b. Retinal detachment	
c. Iris prolapse	
d. Post. Capsular opacification	
Α	nswer:a
85. in infantile esotropia what is wrong?	
a. simillar 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	
A	nswer:B
86. about orbital trauma, all ofthe following are true EXCEPT	
a. blowout fractures damage the medial wall and the base more than the lateral w	vall
b. limitiation of eye movements due to entrapments of inferior oblique	
c. enopthalmus is indiacation of surgery	
A	nswer:b
87. entropion which is wrong	
a. weakness of orbicularis occuli	
b. trachoma is a common cause	
c. lead to lid eversion and epiphora and excessive tearing Ans	swer:c

88.orbital cellulitis wt is wrong	
A. we only give topical antibiotic	
B-rnost common cause of proptosis in children	
C - cause pain and decrease vision	
	Answer:a
89. 37. 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
90.bilateral vitritis: lymphoma **	
91. unilateral ptosis in children most common cause:	
a. orbital cellulitis	
b. dysthyroid	
	Answer:a
92. 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
93. all can present with leukocoria except:***	
a. congenital glaucoma	
b. gout diseae	
c. Congenital cataract	

d. Severe degree of premature disease-of retina	
e. retinoblastoma	
	Answer:b
94. all are causesof eosotropia except {means both eyes adducted}:	
a- 3rd nerve palsy	
b- Hypermetropia	
c- Nystagmus	
d- Infantile	
e- tumors	
	Answer:a
95. not present in 7th nerve palsy: **	
a- entropion	
b- depresseb brow	
c- exposure keratitis	
d- lacriamtion	
	Answer:a
96. wrong about alkaline trauma to the cornea: **	
a- immediate irrigation with allot of normal saline	
b- acid penetrates more than alkali	
	Answer:b
97. One will not cause exophthalmus:	
a- Endocrine	
b- Tumors	
c- Cavernous sinus thrombosis	
d- Sinusitis	
e- Horner	
	Answer:e
98. Most common cause of strabismus in child <1 year:	
a- Accommodative	

b- Infantile esotropia syndrome	
c- H ypertropia	
	Answer:b
99. Light-near reflex dissociation occur in:	
a- Argyll Robertson pupil	
b- Horner syndrome	
	Answer:a
100. Most important for accommodation is:	
a- Anterior capsule	
b- Posterior capsule	
c- Ciliary body	
d- Iris	
	Answer:c
101. Which's the first step to do when dealing with chemical injury to the eye? a Irrigation	1-
102. 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
103. Where does the nasolacrimal duct open?	
a- Superior nasal meatus	
b- Middle nasal meatus	
c- Inferior nasal meatus	
	Answer:c

104. 9- A 20 year old femakle patient with estropia and amblyopia, all can be done except:

- a- Measure angle of deviation
- b- Use glasss 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

105. Which;s incorrect about uveitis:

- a-Steroids are effective in treatment
- b- Can cause post. Synechiae
- c- Cells in anterior chamber are neutrophilis
- d- Mostly caused by bacterial infection
- e- You may see flare

106.Wrong about blow out fracture of orbit – enophthalmos is an early complication OR emphysema results from ethmoid cells mainly

107.All are possible causes of esotroppia 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

108. A 5month old child presents with leukocoia. All are possible causes except:

- a. Retinoblastoma. **b.** Corneal opacity
- E. Cataract c. Retinopathy of prematurity. **D.** Toxoplasmosis.

Answer:all of them are possible causes!

Answer:d

Answer:d

109. 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
110. 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
111.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:D
112: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

113.A 2month old child came with bilateral medial deviation of the eyes, what is true **	
A, fundoscopy is a must	
B. Epicathic folds rule out serious causes	
C. This presentation in adults is never due to serious cause	
	Answer:a
114. 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
115. 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
11C Museus shout blow out functions of orbit is an arbitraria is an apply complia	

116. Wrong about blow out fracture of orbit – enophthalmos is an early complication OR emphysema results from ethmoid cells mainly

