OPHTHALMOLOGY MCQs

Following are important MCQs from Ophthalmology for 4th Year MBBS students for their 3rd Professional Examination.

1. The first line of treatment in chemical injury is
   a. admission if severe
   b. topical antibiotics
   c. topical cycloplegia
   d. neutralization of pH by irrigation
   e. oral analgesia

2. In blow out fracture the commonest bone to fracture is
   a. maxillary (floor)
   b. zygomatic (lateral wall)
   c. lachrymal (medial wall)
   d. frontal (roof)
   e. ethmoidal (medial wall)

3. Following are the features of orbital floor fracture
   a. diplopia on up gaze and down gaze
   b. damage to supra-orbital nerve
   c. hemoptysis
   d. numbness of lateral canthus
   e. haziness of ethmoidal sinus on x ray

4. The commonest painless lid swelling is
   a. stye
   b. cyst of moll
   c. cyst of Zeis
   d. internal hordeolum
   e. chalazion
5. The most common cause of proptosis is
   a. orbital infection
   b. orbital hemorrhage
   c. orbital tumor
   d. orbital pseudo-tumor
   e. thyroid ophthalmopathy

6. A patient presents with red eye, decreased visual acuity, raised intraocular pressure & shallow anterior chamber. The likely diagnosis is
   a. cataract
   b. open angle glaucoma
   c. retinal detachment
   d. hyphema
   e. acute angle closure glaucoma

7. Female with uncontrolled diabetes presents with painful red eye and visual acuity is also decreased. On examination there was raised Intraocular Pressure and new blood vessels on the iris. The treatment includes all except.
   a. atropine
   b. beta blockers
   c. steroids
   d. pain killers
   e. pilocarpine

8. The commonest cause of cataract is
   a. trauma
   b. diabetes
   c. hypo-parathyroidism
   d. TORCH infections
   e. old age

9. Regarding Phaco-Emulsification, better visual outcome is expected when
   a. Operation is performed via superior clear corneal incision
   b. Operation is performed via superior scleral tunnel incision
c. Operation is performed via supero-temporal clear corneal incision
d. Operation is performed via temporal clear corneal incision
e. Operation is performed via temporal scleral tunnel operation

10. **Phaco-Emulsification is done except in**
   a. Immature cataract
   b. Mature cataract
   c. Hyper-mature cataract
   d. Hype-mature Morgagnian cataract
   e. Dislocated cataract

11. **On gonioscopy following structures are visible**
   a. Most anterior is Bowman’s layer
   b. Next is trabecular meshwork
   c. Next scleral spur
   d. Next ciliary body
   e. And lastly iris recess

12. **In Addition to High IOP and High vertical cup-disc ratio, risk factors for POAG include all of the following except**
   a. Old age
   b. Family history
   c. Retinal nerve fiber defects
   d. Parapapillary changes
   e. Hypermetropia

13. **The earliest visual field defect in POAG is**
   a. Isolated paracentral nasal scotoma
   b. Bjerrums scotoma
   c. Arcuate scotoma
   d. Altitudinal Scotoma
   e. Centrocceal scotoma
14. **Chronic simple glaucoma**, is a generally bilateral, but not always symmetrical disease, characterized by:
   a. An IOP 21mmHg.
   b. Angle grade II.
   c. Glaucomatous optic nerve head damage.
   d. Altitudinal field defects

15. **Specific sign of glaucomatous damage is**
   a. Baring of circumlinear blood vessels
   b. Bayoneting
   c. The laminar dot sign
   d. Disc haemorrhages
   e. Superior or inferior polar notching of the cup

16. **in myopia**
   a. Length of eye ball is short
   b. Corneal radius of curvature is less
   c. Lens is less spherical
   d. Image forms in front of the retina when the patient accommodates
   e. Patient can see far objects clearly when he exerts accommodation

17. **Symptoms of cataract include all of the following except**
   a. Halos
   b. Decreased vision in low illumination
   c. Decreased vision in bright light
   d. Glare
   e. Sudden loss of vision

18. **Treatment options in POAG may include all except**
   a. pilocarpine
   b. beta blockers
   c. prostaglandin analogues
   d. carbonic anhydrase inhibitors
   e. atropine
19. **WHO grading of trachoma includes all except**
   a. TF follicles
   b. TI inflammation
   c. TS scarring
   d. TT trichiasis
   e. TP pannus

20. **Least common cause of sudden loss of vision is**
   a. Vitreous hemorrhage
   b. Optic neuritis
   c. Central retinal venous occlusion
   d. Central retina artery occlusion
   e. Retinal detachment

21. **Best vision in moderate myopia is achieved by**
   a. glasses
   b. soft contact lenses
   c. rigid gas permeable lenses
   d. Laser vision correction procedures
   e. kerato-melieusis

22. **Complications of contact lenses include all of the following except**
   a. Allergy
   b. Corneal infiltrates
   c. Corneal ulcer
   d. Permanent loss of vision
   e. Corneal pigmentation

23. **Pupil in acute anterior uveitis is**
   a. miosed and regular with poor reaction
   b. miosed and irregular with poor reaction
   c. dilated and irregular with good reaction
   d. dilated and regular with poor reaction
   e. mid-dilated and oval with poor reaction
24. According to WHO a person is blind when
   a. vision in better eye is less than 2/60 and/or visual field is less than 30 degrees in better eye
   b. vision in better eye is less than 3/60 and/or visual field is less than 30 degrees in better eye
   c. vision in better eye is less than 3/60 and/or visual field is less than 20 degrees in better eye
   d. vision in better eye is less than 3/60 and/or visual field is less than 60 degrees in better eye
   e. vision in better eye is less than 5/60 and/or visual field is less than 30 degrees in better eye

25. The most common cause of reduced vision in the world is
   a. trachoma
   b. diabetic retinopathy
   c. refractive errors
   d. glaucoma
   e. cataract

26. A young male of 22 years present with gradual decrease of visual acuity in both eyes and change of refractive error on examination with retinoscope there was high astigmatism. Give likely diagnosis?
   a. keratoglobus
   b. keratoconus
   c. megalocornea
   d. buphthalmos
   e. keratitis

27. A young boy presented in emergency with watering and photophobia in right eye. Which test is appropriate?
   a. Schirmer test
   b. Tear breakup time
   c. Rose Bengal staining
   d. Applanation tonometry
   e. Fluorescine staining
28. **When the eye is medially rotated, the prime depressor muscle of eye ball**
   a. Inferior rectus
   b. Inferior oblique
   c. Superior oblique
   d. Inferior rectus and inferior oblique
   e. Lateral rectus

29. **A patient on slit lamp examination shows hypopyon in anterior chamber after trauma, which is due to**
   a. Pus in anterior chamber
   b. Cells in anterior chamber
   c. Protein in anterior chamber
   d. Blood in anterior chamber
   e. Foreign body in anterior chamber

30. **A patient have blunt trauma with tennis ball and having hyphema, which is**
   a. Pus in anterior chamber
   b. Foreign body in anterior chamber
   c. Uveal tissue
   d. Blood in anterior chamber
   e. Cells in anterior chamber

31. **Calculation of IOL power is called**
   a. Biometry
   b. Pachymetry
   c. Tonometry
   d. Keratometry
   e. Ophthalmoscopy

32. **Benign tumors of eye except**
   a. Limbal dermoid
   b. Chalazion
   c. Orbital cyst
   d. Dermoid cyst
   e. Rhabdomyosarcoma
33. An infant presented with sticky discharge both eyes and extreme congestion of conjunctiva. Provisional diagnosis is the ophthalmia neonatroum which is caused by
   a. Gonococcus
   b. E.coli
   c. Staph. aureus
   d. Streptococcus
   e. Diphtheria

34. Timolol is
   a. Beta blocker
   b. Carbonic anhydrase inhibitor
   c. Antibiotic
   d. Alpha blocker
   e. Calcium channel blocker

35. Aphakia can be corrected by following
   a. Spectacles
   b. Contact lenses
   c. Anterior chamber IOL
   d. Posterior chamber IOL
   e. All of above

36. A patient presented with diplopia in primary position along with ptosis in left eye. The eye was deviated infrolaterally. The diagnosis will be
   a. Fourth nerve palsy
   b. Third nerve palsy
   c. Sixth nerve palsy
   d. Seventh nerve palsy
   e. All above

37. Retinoscopy is done for
   a. Examination retina
   b. Examination optic nerve
c. Refractive power of eye
d. Axial length of eye
e. To find out the power of IOL

38. A patient presented with sudden painless loss of vision in left eye. Patient is known diabetic. How you are going to examine the patient except
   a. Retinoscopy
   b. Direct ophthalmoscopy
   c. Indirect ophthalmoscopy
   d. Slit lamp examination
   e. Examination with triple mirror

39. A young patient presented with Rosette shaped cataract which is characteristic of
   a. Senile cataract
   b. Complicated cataract
   c. Secondary to diabetes
   d. Radiation induced cataract
   e. Traumatic cataract with blunt trauma

40. A patient presented with photophobia and watering in left eye. On examination with fluorescein staining revealed dendritic ulcer which is caused by
   a. Staphylococci
   b. Fungal
   c. Herpes simplex virus
   d. Herpes zoster virus
   e. Mycobacterium

41. Distichiasis is
   a. Misdirected eye lashes
   b. Accessory row of lashes
   c. Everted lid margin
   d. Inverted lid margin
   e. Drooping of upper lid
42. **Trachoma is associated with except**
   a. Tranatas dots  
   b. Follicles  
   c. Papillae  
   d. Herbit pits  
   e. Corneal pannus

43. **Nasolacrimal duct opens in**
   a. Superior meatus  
   b. Inferior meatus  
   c. Middle meatus  
   d. Nasopharynx  
   e. None of above

44. A patient of 45 years old presented with facial palsy. The epiphora in this patient was due to
   a. Ectropion  
   b. Entropion  
   c. Lagophthalmos  
   d. Lacrimal pump failure  
   e. Hyper secretion of tears

45. **Foreign body sensation can be produced by all except**
   a. Allergic conjunctivitis  
   b. Viral conjunctivitis  
   c. Cataract  
   d. Contact lens wear  
   e. Trichiasis

46. **Exophthalmos associated with thyroid ophthalmopathy have following clinical signs except**
   a. Proptosis  
   b. Ptosis  
   c. Lid retraction
47. A patient presented with gross decrease of vision. On torch examination there was conjunctival congestion and pupil miosis. Which is the probable diagnosis
   a. Anterior uveitis
   b. Acute congestive glaucoma
   c. Conjunctivitis
   d. Scleritis
   e. Foreign body

48. A patient with sudden painless loss of vision and no fundal view was possible. Which of the investigation is helpful to see the retina.
   a. Keratometry
   b. Pachymetry
   c. B-Scan
   d. A-Scan
   e. Indirect ophthalmoscopy

49. A hypertensive and diabetic patient presented with sudden painless loss of vision. What are the possibilities except
   a. CRAO
   b. CRVO
   c. Vitreous Hemorrhage
   d. Retinal detachment
   e. Neovascular glaucoma

50. Myopia is a condition which is
   a. Farsightedness
   b. Correction with concave lens
   c. Correction with convex lens
   d. Image formed behind the retina
   e. Eye ball is small
51. **Hypermetropia is a condition in which except**
   a. Axial length of eye ball is small
   b. Correction with convex lens
   c. Image formed behind the retina
   d. Refractive error can be diagnosed by retinoscopy
   e. Rays of light converged behind the retina when accommodation reflex is active

52. **A patient who was operated for cataract four months back comes to you with foggy vision. On examination there was posterior capsular thickening, which mode of treatment is most useful.**
   a. Excimer laser
   b. YAG-Laser
   c. Argon laser
   d. Krypton laser
   e. Diode laser

53. **In diabetic retinopathy the new vessel formation is due to following pathology**
   a. Retinal hemorrhage
   b. Vitreous hemorrhage
   c. Retinal edema
   d. Retinal ischemia
   e. Retinal breaks

54. **Esotropia is**
   a. Divergent squint
   b. Latent convergent squint
   c. Associated with accommodation reflex
   d. Associated with accommodation and Hypermetropia
   e. None of above

55. **Exophoria is**
   a. Latent convergent squint
   b. Alternate divergent squint
c. Associated with accommodation reflex
d. Latent divergent squint
e. None of above

56. **Which of the following regarding atropine is true**
   a. Increases IOP
   b. Used in Neovascular glaucoma
c. Miosis
d. Atropine is weak cycloplegic
e. All of above

57. **Pathognomonic clinical signs of proliferative diabetic retinopathy is**
   a. Micro aneurysms
   b. Hard exudates
c. Deep retinal hemorrhages
d. Neovascularization of retina
e. Vitreous hemorrhage

58. **A child of one year old presented with watering in left eye and sticky discharge. On examination regurgitation test was positive. What is the diagnosis?**
   a. Nasolacrimal duct block
   b. Common canaliculus block
c. Punctal atresia
d. Buphthalmos
e. None of above

59. **Regarding probing and syringing test, which statement is true?**
   a. Recommended for acute dacryocystitis
   b. Regurgitation is positive
c. Congenital nasolacrimal duct block
d. Chronic dacryocystitis in old age
e. None of above
60. Optic disk oedema is seen in all except
   a. Papilloedema
   b. CRVO
   c. Open angle glaucoma
   d. Hypertensive retinopathy
   e. Papilitis

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