**OPTHALMOLOGY MCQS UoN**

 **(some are TRUE/FALSE while others require a single answer)**

1. Which of the pathogens can produce corneal infections in the presence of an intact epithelium?
2. N.gonorrhoea
3. N.meningitides
4. Staphylococcus
5. Diptheriae
6. Irrespective of the etiology of a corneal ulcer,the drug always indicated is,
7. Corticosteroids
8. Cycloplegics
9. Antibiotics
10. Antifungals
11. Corneal sensations are lost in:
12. Herpes simplex
13. Conjunctivitis
14. Fungal infections
15. Marginal keratitis
16. Regarding Herpes simplex keratitis
17. Herpes simplex keratitis is caused by HSV-2
18. Primary ocular infection occurs below the age of six months
19. Steroids are contraindicated in viral keratitis
20. Corneal sensations are normal following viral keratitis
21. Which is true regarding Herpes Zoster:
22. Varicella Zoster is antigenically identical to herpes simplex but morphologically different.
23. Approximately 50% of herpes zoster affects the ophthalmic division of the trigeminal nerve.
24. Hutchison’s sign is a pathognomonic sign
25. The condition is essentially bilateral
26. In preseptal cellulitis
27. The globe is involved
28. Ptosis is a feature
29. The ocular motility is normal
30. Pain and fever are uncommon finding
31. Incision and drainage is indicated in case of abscess formation
32. Retinoblastoma
33. Bilateral disease indicates a germinal mutation of the retinoblastoma gene.
34. Unilateral disease manifests earlier than bilateral disease
35. The commonest presentation is leukocoria
36. It does not occur in children under one month of age
37. Is more common in girls than boys
38. A 3-month old baby presents to the outpatient clinic with history of squinting of the right eye since birth
39. The mother should be advised to continue observing the baby until the age of 2 years
40. If the pupils appear normal there will be no cause of concern
41. The baby should be referred immediately to an opthalmologist
42. A positive family history of a squint is useful in making a diagnosis
43. An ocular ultrasound may be a useful investigation
44. In orbital cellulitis
45. The commonest source of infection is from the sinuses
46. Haemophilus influenza is a common aetiology in children
47. Is usually self limiting and does not require aggressive treatment
48. Crystallin penicillin is the drug of choice in treatment
49. Complications include otitis media, meningitis and cavernous thrombosis
50. Commotio retinae is seen in
51. Concussion injury
52. Retinopathy of AIDS
53. Central vein occlusion
54. Central artery thrombosis
55. Diabetic retinopathy
56. The following is a triad of early symptoms of congenital glaucoma
57. Blepharospasms, photophobia and tearing
58. Cloudy cornea, large disc and photophobia
59. Refractive error, tearing and large cornea
60. Blepharospasms, blue eyes and proptosis
61. Haab’s striae, Blepharospasms and cloudy cornea
62. Bitemporal hemianopia is associated with lesions of the
63. Optic tract
64. Central chiasma
65. Lateral part of the chiasma
66. Optic radiation
67. Visual cortex
68. A 20 year old man complains of difficulty in reading the newspaper with his right eye,3 weeks after evisceration of his left eye following penetrating injury.Likely diagnosis is/are
69. Macular oedema
70. Sympathetic opthalmicus
71. Optic nerve avulsion
72. Delayed vitreous hemorrhage
73. Cataract
74. In a worker engaged in stone breaking with a chisel and hammer,the most common foreign body lodged in his eye would be
75. Stone particle
76. Particle from the chisel
77. Particle from the hammer
78. None of the above
79. All the above
80. In a patient with a painful eye with ciliary injection, the following are common differential diagnosis
81. Episcleritis
82. Herpes simples keratitis
83. Anterior uveitis
84. Retinal vasculitis
85. Orbital cellulitis
86. Possible causes of corneal scarring in ocular leprosy include
87. Entropion
88. Interstitial keratitis
89. Exposure keratitis
90. Neurotrophic keratitis
91. Secondary infective keratitis
92. Regarding simple episcleritis
93. It is commonly benign and self-limiting
94. Typically affects children
95. Is seldom associated with a systemic disorder
96. Responds well to topical steroids
97. Commonly leads to scleromalacia perforans
98. The following are signs of optic nerve dysfunction
99. Reduced visual acuity
100. Afferent pupillary defect
101. Diminished light brightness sensitivity especially in red light
102. Loss of red fundus reflex
103. Positive Seidel’s test
104. Optic neuritis associated with ingestion of cheap locally brewed liquor such as chang’aa
105. Is related to methanol toxicity
106. IS associated with metabolic acidosis
107. Leads to demyelination
108. Is reversible in the early stages (24-48 hours)
109. Can be treared by giving the patient more methanol to take orally
110. Features of papilloedema include
111. Is usually bilateral
112. Vision is mostly spared
113. Dull disc margins
114. Absent venous pulsations
115. Splinter haemorrhages around the disc
116. Well established treatment modalities for Glaucomas are:
117. Laser Iridotomy for Angle Closure Glaucoma (ACG)
118. Betablocker eye drops to cause miosis
119. Oral Acetazolamide for very high intra-ocular pressures
120. Steroid eye drops for congenital glaucoma
121. Trabeculectomy for Primary Open Angle Glaucoma
122. Signs of congenital glaucoma are
123. Photophobia
124. Lachrymation
125. Cataract
126. Hazy cornea
127. Small eyes
128. Regarding the treatment of diabetic retinopathy and cataract
129. Central laser is an effective treatment in managing diabetic maculopathy
130. Intravitreal injection of Triamcinolone can assist in treating diabetic retinopathy
131. Extensive panretinal laser coagulation has no significant side effects
132. Vitrectomy is an important treatment modality for advanced diabetic proliferative vitreo-retinopathy
133. Cataract extraction in diabetics can be done to improve visual acuity of the patient and to facilitate diagnosis and management of diabetic retinopathy
134. Major ocular complications and findings of leukaemia include
135. Spontaneous subconjunctival haemorrhage
136. Retinal hemorrhages and Roth spots
137. Infiltrative optic neuropathy
138. Orbital involvement (eg in children)
139. Cataract
140. Which of the following are risk factors of developing blinding Vitamin A deficiency
141. Allergic eyes
142. Breast feeding for too long
143. Many years inprison
144. Prolonged treatment with steroids
145. Young age
146. About trachoma developmental cycle
147. The causative agent is a bacterium
148. Metabolically active infectious elementary body (EB) infects susceptible host cells by endocytosis
149. Reticulate body (RB) has no cytochrome system and relies on host ATP and transform to infective EB within 20 hrs
150. EBS and RBs enclosed in inclusion bodies and cannot make the cell rupture
151. Domestic animals are known reservoir of infection
152. Regarding the treatment of Cytomegalovirus retinitis in patients with HIV/AIDS
153. Steroids always be combined with antiretroviral therapy
154. Foscarnet and Gancylovir are appropriate first line drugs
155. Can only be treated systemically
156. Intravitreal antiviral induction therapy is given twice per week for 14 days
157. Maintenance therapy is lifelong for non-responders to antiretroviral therapy (ARV)
158. Which of the following is/are true about Herpes Zoster opthalmicus
159. It is associated with chicken pox infection
160. The condition is essentially bilateral
161. It is associated with HIV infection
162. It is treated with acyclovir
163. The colour of fluorescein staining in a corneal ulcer is
164. Orange
165. Green
166. Cobalt blue
167. Red
168. The following are predisposing factors for corneal ulcers
169. Dry eyes
170. Lagopthalmos
171. Contact lenses
172. Topical steroids
173. The most common organism causing orbital cellulitis in children less than 5yrs is
174. Pneumococcus
175. Staphylococcus aureus
176. Streptococcus pyogenes
177. Influenza
178. Toxic optic neuropathy is caused by
179. Streptomyci
180. Ethanol
181. Ethambutol
182. Pyrazinamide
183. Pupil-sparing third nerve lesion is caused by
184. Trauma
185. Diabetes
186. Aneurysm of the posterior communicating artery
187. Meningioma
188. Blunt trauma to the eye can lead to
189. Posterior subcapsular cataract
190. Intraocular foreign body
191. Lens sublaxation
192. Iridodialysis
193. The following ocular tumors are associated with HIV infection
194. Kaposi’s sarcoma
195. Choroidal melanoma
196. Squamous cell carcinoma of the conjunctiva
197. Rhabdomyosarcoma
198. The following lead to blindness in leprosy
199. Glaucoma
200. Acute iritis
201. Cataract
202. Lagopthalmos
203. Hypermetropia may result from
204. Age related changes in the lens
205. A longer antero-posterior length of the eyeball
206. Congenital aphakia
207. Atropinization of the eye
208. Squint
209. Myopia
210. May be accompanied by vitreo-retinal degenerations
211. May be complicated by macula haemorrhage
212. Is not accompanied by astigmatism
213. Is best corrected by convex lenses
214. May be caused by higy blood sugar
215. Uveitis is caused by
216. Trauma
217. Tuberculosis
218. Syphilis
219. Rheumatoid arthritis
220. Cytomegalovirus
221. Complications of uveitis include
222. Corneal opacity
223. Posterior synechiae
224. Glaucoma
225. Cataract
226. Vitiligo
227. Squints may result from
228. Cataract
229. Retinoblastoma
230. Refractive error
231. Trigeminal nerve palsy
232. Grave’s disease
233. Regarding the ocular features of tuberculosis
234. Most of the lesions are immune related
235. Uveitis is the most common manifestation
236. Phlyctenulosis (Phlyctenular keratoconjunctivitis) has allergic origin
237. Primary infective keratitis is rare
238. Uveitis in these patients responds well to steroids
239. The following are known risk factors for rhegmatogenous retinal detachment
240. Myopia
241. Ocular trauma
242. Prior cataract surgery
243. Family history of retinal detachment
244. Rhegmatogenous detachment in the fellow eye
245. The following are disadvantages of using aphakic spectacles after cataract surgery
246. Jack in the box phenomenon
247. Images are magnified 33%
248. Chromatic aberrations
249. Pin-cushion effect
250. Which of the following ia/are true about ophtalmia neonatorum
251. N.gonorrhoea is the commonest cause in Kenya
252. Crede’s prophylaxis is commonly used in Kenya
253. Chlamydia usually presents within 1-2 days of birth
254. Tetracycline eye ointment prophylaxis is effective
255. A dense corneal scar with incarceration of iris is known as
256. Adherent leucoma
257. Staphyloma
258. Iris bombe
259. Posterior synechia
260. In control of trachoma,the acronym “SAFE” stands for
261. S=Surgery for trachoma scars
262. A=Avoiding flies
263. F=Facial cleanliness
264. E=Eating healthy foods
265. A=Antibodies treatment for active disease
266. Which of the following parasites are known tocause blindness
267. Pthiriasis palpebrarum
268. Onchocerciasis
269. Loa loa
270. Ascaris lumbricoides
271. Toxoplasmosis
272. About ocular onchocerciasis
273. It is an important cause of blindness in Kenya
274. Affects all tissues of the eye including the lens
275. Optic neuritis and keratitis are causes of blindness
276. The causative agent is a somatic nematode
277. The treatment of choice for the ocular disease is niclosamide
278. Regarding the cornea
279. It is the main refracting structure in the eye
280. The stroma is the thinnest layer
281. The bowman’s layer is able to regenerate after damage
282. Damage to the endothelium leads to corneal oedema
283. Regarding the crystalline lens
284. It is an avascular tissue
285. The main source of nutrients is the aqueous
286. Metabolism of glucose is mainly through anaerobic glycolysis
287. It contains high levels of vitamin C
288. It has a similar protein composition to the cornea
289. Which of these lasers is used for treating diabetic retinopathy
290. Excimer laser
291. Carbon dioxide lase
292. Diode laser
293. Infrared
294. The following is true about acute angle closure glaucoma
295. It presenta with painless loss of vision
296. It is commoner in females
297. It is rare in Kenya
298. Pilocarpine is used in its treatment
299. The most common cause of visual loss in background of diabetic retinopathy is
300. Flame shaped haemorrhages
301. Vitreous hemorrhage
302. Macula oedema
303. Vasodilation
304. About ocular toxoplasmosis
305. Macular scars are always bilateral
306. Recurrence may occur next to a healed congenital lesion
307. May present as chronic endopthalmitis in adults
308. Systemic steroids are contraindicated
309. AIDS patients require treatment only when the recurrence is progressively spreading towards the optic disc or macula
310. Which of the following are clinical features of Xeropthalmia
311. Conjunctival scarring
312. Bitot spot
313. Trichiasis
314. Night blindness
315. Uveitis
316. Regarding the tear film
317. The aqueous layer is produced by the accessory lacrimal glands
318. It is important in the refractive function of the cornea
319. It consists of 4 layers
320. It contains immunoglobulins
321. The innermost layer is mucinous
322. The following are features of Horner’s syndrome
323. Miosis
324. Ptosis
325. Anhydrosis
326. Exophthalmos
327. Pulsatile proptosis with a bruitis seen with
328. Encephalocoele
329. Meningocoele
330. Carotid-carvenous fistula
331. Orbital cellulitis
332. A common cause of adult unilateral proptosis is
333. Thyroid orbitopathy
334. Metastasis
335. Lymphoma
336. Meningioma
337. Decrease in visual acuity in proptosis is due to
338. Optic nerve compression
339. Choroiditis
340. Exposure keratopathy
341. Choroidal folds
342. Most common cause of epiphora in children is
343. Congenital glaucoma
344. Retinoblastoma
345. Nasolacrimal duct block
346. Puncta blockage
347. In Xeropthalmia
348. Measles is an aggravating factor
349. On diagnosis give oil based 100,000 i.u of Vitamin A intramuscularly
350. On diagnosis give Vitamin A 100,000 i.u orally if the child is 6 years old
351. On diagnosis give 200,000 of Vitamin A if the child is 8 years
352. On diagnosis give antihelminthic full course of septrin and injection of Vitamin A water-based 5,000 i.u
353. The following are complications of trachoma
354. Uveitis
355. Entripoin
356. Keratinization of the lower conjunctiva
357. Corneal opacity
358. Herbet’s pus
359. In blow-out fracture involving the floor of the orbit,the followingmay be found
360. Crepitus around the lower orbital region
361. Fluid level is seen radiologically in the maxillary antrum
362. Superior rectus muscle incarceration
363. Hypoaesthesia of the infraorbital region
364. The most preferred treatment for Cicatricial entropion is
365. Wedge resection with base-tip
366. Skin graft with nasal septum to replace the tarsus
367. Tarsal plate rotation of the tarsus
368. Mucous graft
369. Conjunctival graft
370. Left Homonymous hemianopia indicates lesion in the
371. The chiasma postero-inferiorly
372. Left meyer’s loop
373. Left optic radiation
374. Right optic tract
375. Right optic nerve
376. Which of the following will present with bruit in the supra-orbital area
377. Pseudotumor
378. Carotid-carvenous fistula
379. Haemangioma of the lower lid
380. Meningioma of the sphenoidal ridge
381. Cavernous haemangioma of the orbit
382. Pinpoint pupils can be caused by
383. Organophosphate poisoning
384. Cocaine
385. Alcohol
386. Barbiturates
387. Features of herpes simplex keratitis include the following
388. Dendritic ulcer
389. Geographical ulcer
390. Corneal anaesthesia
391. Satellite lesions
392. Papilloedema is commonly associated with
393. Visual sparing
394. Flame shaped haemorrhages at the disc
395. Raised intraocular pressure
396. Unilateral involvement
397. Complications of topical steroid use in the eye include the following except
398. Herpes simplex keratitis
399. Glaucoma
400. Cataract
401. Hypertension
402. The following are effective intraocular prophylaxis against opthalmia neonatorum
403. Tetracycline eye ointment
404. 2.5% povidone iodine solution
405. 1% copper sulphate
406. 0.5% erythromycin ointment
407. Regarding the extraocular muscles
408. The inferior oblique muscle is responsible for elevation in adduction
409. A palsy of the 6th cranial nerve will lead to an esotropia of the affected eye
410. All the recti muscles are supplied by the occulomotor nerve
411. They consist of smooth muscle fibres
412. All the muscles insert into the eyeball
413. Incision for drainig a Chalazion should be
414. Vertical on the skin
415. Vertical on the tarsal conjunctiva
416. Horizontal on the tarsus if infected
417. Oblique to enable excusion of the capsule
418. Star shaped to allow for more room
419. In the visual fields,the Blind spot for the left eye issituated:
420. On the right of the centre
421. On the left of the centre
422. At the centre
423. On the left but inferior to the centre
424. Chronic dacryocystitis
425. In children is commonly due to injuries
426. Affected patients complain of epiphora
427. Pressure on lacrimal sac causes pus regurgitation
428. Treatment of chronic is surgery
429. The following could be true of chronic simple glaucoma
430. Presence of severe painful symptoms
431. Early visual acuity compromise
432. Normal findings on slit-lamp examination
433. Elevated intraocular pressures
434. Unilateral aphakia may be managed with
435. Aphakia spectacles
436. Spectacles with prisma
437. Spectacles with cylinders
438. Contact lenses
439. The earliest organic pathological change in diabetic retinopathy:
440. Pre-retinal haemorrhages
441. Hard exudates
442. Soft exudates
443. Microaneurysms
444. The normal refractive state of the eye is contributed by
445. The cornea
446. The anterior chamber
447. The axial length of the eye
448. The lens
449. The following are seen in acute anterior uveitis except
450. Pain
451. Cilliary injections
452. Mucopurulent discharge
453. Small pupil
454. Scleritis is associated with the following
455. Rheumatoid arthritis
456. Systemic Lupus Erythematosus
457. Herpes Zoster Opthalmicus
458. Ocular surgery
459. The following is true about cataracts
460. Cortical cataract is the most common type in adults
461. Cataract is the commonest cause of blindness worldwide
462. Diabetic cataract can be treated by controlling the patient’s blood sugar
463. Zonular cataract is the most common type of congenital cataract
464. The most common cause of congenital cataracts
465. Rubellla
466. Rubella
467. Toxoplasmosis
468. Diabetes in pregnancy
469. Regarding the lacrimal system
470. Nasal lacrimal duct obstruction (NLDO) is a common cause of epiphora in children
471. The tear-break-up time evaluates the quantity of the watery component of the tear fim
472. Reduction in tear production can lead to keratoconjunctivitis sica
473. 95% of children with NLDO require surgery by the age of 12 months
474. Lacrimal gland carcinoma has a good prognosis
475. Major ocular complications and findings of Systemic Hypertension include:
476. Retinal arteriosclerosis
477. Retinal vein occlusion
478. Retinal artery occlusion
479. Arteritic anterior ischemic optic neuropathy
480. Ocular motor nerve palsy
481. In patients with HIV/AIDS
482. Ocular and cerebral toxoplasmosis lesions concurrently present in upto 25% of patients
483. Conjunctival squamous cell carcinoma is an established marker of HIV/AIDS in Eastern Africa
484. Herpes Zoster Opthalmicus (HZO) is best treated with foscarnet eye drops
485. Ocular lues and cytomegalovirus retinitis never appear simultaneously
486. Immune recovery uveitis (IRU) can be a sight threatening complication of successful antiretroviral treatment
487. Established screening guidelines for diabetic retinopathy (DR) are
488. Type 2 diabetics should be screened first for DR three years after diagnosis
489. Slit lamp biomicroscopy (eg 90 or 78 D loupes) is highly sensitive and specific as it combines high magnification with stereoptic view
490. Direct ophthalmoscopy can be a useful screening tool for DR but has the disadvantage of monocular vision
491. Type 1 diabetics must be screened for DR on onset of their condition
492. All diabetics must undergo Fluorescein Angiography
493. Orbital cellulitis should be treated:
494. With systemic steroids
495. With antibiotic druf and drainage of paranasal sinuses if involved
496. Excision of involved tssue
497. With steroid antibiotic eye drops
498. Rhegmatogenous detachment of the retina is caused by
499. Inflammation of the orbit
500. Formation of a hole or tear in the retina
501. Systemic diseases like diabetes or hypertension
502. Retinoblastoma
503. Corneal ulcers
504. Are not caused by fungi
505. Can be stained by fluorescein dye
506. Are caused by bacteria except pseudomonas
507. During treatment rarely requires padding of the affected eye
508. This is true about eyelashes
509. There are two rows at eye margin
510. Are absent at the medial part of the eyelid
511. Helps in warding off foreifn bodies entering the eye
512. Helps in directing tears flowing on the cornea
513. Which of the following is not a cause of cataract
514. Trauma
515. Advancing age
516. Conjunctivitis
517. Uveitis
518. The following are contraindications to the use of contact lens
519. Inflammatory condition of cornea
520. Muscle imbalance
521. Dusty environmental condition
522. Keratoconjunctivitis sicca
523. Cicatricial entropion occurs secondarily to which of the following condition?
524. Cicatricial pemphigoid
525. Trachoma
526. Chemical burns
527. Steven-Johnson syndrome
528. The bacterial conjunctivitis which causes purulent lymphadenopathy
529. Pneumococcus
530. Staphylococcus aureus
531. Gonococus
532. C.diptheriae
533. Regarding trachoma:
534. Commonly caused by serotypes D to K
535. Follicles present are generally small 0.5 mm
536. Herbet’s pits are present at the superior limbus
537. Healed trachoma generally has no activity
538. Regarding the following
539. Chalazion is a chronic lipogranulomatous inflammation secondary to retention of sebum caused by obstruction of meibomean gland.
540. Hordeolum internum is a small abscess of meibomean gland caused by an acute streptococcal infection.
541. Hordeolum externum is commonly associated with staphylococcal blepharitis
542. Chalazion is not a true cyst
543. The following are risk factors for retinal detatchment
544. Myopia
545. Blunt trauma
546. Previous cataract surgery
547. Previous retinal photocoagulation
548. Regarding trachoma
549. It is caused by chlamydia subtypes D to K
550. Chlamydia trachomatis is an obligate intracellular organism
551. Its vector Musca sorbens prefers animal dung to human faeces
552. It is the commonest infectious cause of blindness
553. The following are causesof leukocoria except
554. Retinal detatchement
555. Retinoblastoma
556. Coat’s disease
557. Toxoplasmosis
558. The following is true about retinoblastoma except:
559. Autosomal dominant inheritance
560. Treatment is enucleation
561. Radiotherapy is also given
562. Treatment is evisceration
563. Bull’s eye maculopathy is associated with
564. Chlorpheniramine
565. Chloriquine
566. Chlorpromazine
567. Clorfibrate
568. Main site of obstruction in primary open angle glaucoma is
569. At Schlemm’s canal
570. Juxtacanalicular trabecular meshwork
571. Episcleral veins
572. Scleral spur
573. Features of an acute attack of ACG (Angle Closure Glaucoma) include:
574. Eye becomes rd and congested
575. IoP rises markedly
576. Attack broken only with treatment
577. AC has flare and cells and no KP’s
578. In retinal detatchement, fluid accumulates between:
579. Layers of outer plexiform layer and inner nuclear layer
580. Neurosensory retina and layer of retinal pigment epithelium
581. Nerve fiber layer and rest of retina
582. Between the retinal pigment epithelium and Bruch’s membrane
583. Most common cause of visual loss in background of diabetic retinopathy
584. Retinal haemorrhage
585. Preretinal haemorrhage
586. Maculopathy
587. Vascular dilatation
588. Proliferative diabetic retinopathy includes
589. Cotton wool spots
590. Intraretinal microvascular abnormality
591. Venous looping and beading
592. Flame shaped haemorrhage
593. The following is/are true of allergic conjunctivitis
594. Papillae are seen in the tarsal conjunctiva
595. It is treated with topical steroids
596. It is the commonest eye disease in Kenya
597. Horner-Trantas dots can be found at the limbus