

Ophthalmology

- 1) Which statement about corneal abrasions is incorrect?
 - a) Abrasions are accompanied by photophobia
 - b) Abrasions are painful
 - c) The eye is often red
 - d) Fluorescein will delineate the abraded area
 - e) Abrasions often cause scarring
- 2) A patient complains of sudden onset flickering lights and a persistent loss of part of the visual field but no pain. This patient likely has:
 - a) Posterior cerebral artery occlusion
 - b) Retinal detachment
 - c) Migraine
 - d) Optic neuritis
- 3) The most common cause of an ISOLATED third cranial nerve palsy with pupil involvement is:
 - a) Vascular hypertension
 - b) Multiple sclerosis
 - c) Diabetes mellitus
 - d) An aneurysm
 - e) A neoplasm
- 4) A patient with acute angle closure glaucoma can present with all of the following EXCEPT:
 - a) A fixed, dilated pupil
 - b) Nausea and vomiting
 - c) Complaint of haloes around objects
 - d) Ocular hypotension
 - e) A steamy cornea on ocular exam
- 5) Signs of diabetic retinopathy include all of the following EXCEPT:
 - a) Dot and blot hemorrhages
 - b) Hard exudates
 - c) Venous beading
 - d) Macroaneurysms
 - e) Macular Edema
- 6) Patients with type II diabetes should be initially seen by an ophthalmologist for a dilated fundus exam:
 - a) Within 5 years of diagnosis
 - b) Within a year of diagnosis
 - c) At 10 years
 - d) When vision changes
 - e) At the time of diagnosis
- 7) Which of the following is false concerning herpes zoster ophthalmicus:
 - a) It is more common in elderly and immunocompromised patients
 - b) Vesicles on the tip of the nose suggest involvement of first branch of the fifth cranial nerve
 - c) Corneal sensation may be reduced on testing
 - d) Early treatment with an antiretroviral such as Acyclovir is of limited benefit
 - e) Referral to ophthalmology should be made if ocular involvement is suspected
- 8) Which of the following concerning a chalazion is false?
 - a) Systemic antibiotics are a useful initial treatment
 - b) It is a chronic granulomatous inflammation of the meibomian gland
 - c) Hot compresses are of value as initial treatment
 - d) A recurrent lid mass should be biopsied
 - e) Initial treatment with topical antibiotics may be beneficial
- 9) If multiple vertical epithelial lesions are seen on slit lamp exam, one should suspect:
 - a) Herpes zoster ophthalmicus
 - b) Herpes simplex keratitis
 - c) Foreign body behind the upper lid
 - d) A chalazion
 - e) Dye eye syndrome

10) Which is not a major risk factor for open angle glaucoma?

- a) Black race
- b) Family history of glaucoma
- c) Intraocular hypertension >21 mm Hg
- d) Hyperthyroidism
- e) Age

11) A 57-year-old female patient presents with a 6-day history of new onset headache that is moderate-severe in nature. She says that the headache is unilateral and she has also experienced a blurring of her vision during this time. Upon further questioning she also complains of some pain in her jaw when eating. On examination, you find a pale optic nerve in her left eye. What is the next step in this patient's management?

- a) Reassure the patient that she is experience migraine headaches and advise her to follow-up after 2 weeks with a headache diary
- b) Order bloodwork for ESR and CRP and treat with oral Prednisone if these are elevated
- c) Treat the patient through surgical excision of her temporal artery
- d) Obtain a temporal artery biopsy and start the patient on oral prednisone therapy

12) A 55-year-old male patient presents to the ER with sudden painless loss of vision in his right eye. The patient's medical history consists of Rheumatoid Arthritis currently well controlled on Plaquenil and poorly controlled Hypertension. The patient says that he had sudden loss of vision in his right eye 5 days ago and that the vision has not recovered since. On ocular examination, you discover a normal anterior segment while funduscopy reveals widespread hemorrhages and areas of infarction throughout the retina. What is the most likely diagnosis?

- a) The patient has likely developed uveitis secondary to his diagnosis of Rheumatoid Arthritis
- b) Bulls-eye maculopathy caused by Plaquenil
- c) Retinal Detachment
- d) Central Retinal Vein Occlusion

13) An 84-year-old female patient presents with a 2-year history of gradually worsening vision. She continues to see 20/40 in both eyes. On examination, you see a normal anterior segment and normal lenses. Funduscopy reveals mild drusen in both maculae with no hemorrhages visible. What is the most appropriate next step in the management of this patient's condition.

- a) Treat with anti-VEGF agents such as Avastin or Lucentis
- b) Place the patient on a regimen of ocular vitamins such as Vitalux
- c) Laser Photocoagulation
- d) Photodynamic therapy with Visudyne

- 14) A 55-year-old man presents with a complaint of seeing floaters in his vision over the last 1.5 years. There has been a gradual increase in the number of these floaters but there has not been any sudden change in his vision. He does not complain of seeing any flashes of light and has not noticed any shadows or curtains over his vision. There is no photophobia and no ocular pain. Examination reveals mild cataracts in both eyes and his retina appear normal and healthy. What is the most likely cause for this patient's symptoms?
- Peripheral Retinal Detachment not visible with slit lamp examination
 - Central Retinal Artery Occlusion
 - Posterior Vitreous Detachment
 - Cataract
- 15) Which lesion would produce a homonymous hemianopia?
- To the optic tract
 - To the optic nerve
 - At the chiasm
 - At the retina
- 16) In Horner's syndrome (choose correct answer)
- 1.0% hydroxyamphetamine will dilate a postganglionic lesion
 - 1.0% phenylephrine will dilate a preganglionic lesion
 - The miosis is most apparent in low light levels
 - The ptosis only affects the upper lid
- 17) In afferent pupil defects (choose correct answer)
- The pupil is fixed and dilated
 - The pupil responds to light shone into the second, normal eye
 - Both pupils constrict when light passes from the normal to the abnormal eye
 - The damage could be to the oculomotor nerve
- 18) The causes of efferent pupil defects include... (choose the correct answer)
- Damage to the medial geniculate nucleus
 - Damage to the optic nerve
 - Adie's syndrome
 - Damage to the lateral geniculate nucleus
- 19) A 59-year-old male presents to his family physician with a 6-month history of progressive ptosis and diplopia. On examination, the left eye is normal, but the right eye exhibits a significant ptosis, limitation of all extraocular movements, a small pupil not reactive to light, and loss of corneal sensation. What is the most likely diagnosis?
- Graves ophthalmopathy
 - Myasthenia gravis
 - Multiple sclerosis
 - Intercavernous internal carotid artery aneurysm
- 20) A 2-year-old girl presents with a white pupillary reflex (leukocoria) which the child's mother noticed in some recent family photos. What is the least likely diagnosis?
- Retinopathy of prematurity
 - Retinoblastoma
 - Congenital glaucoma
 - Cataract

ANSWERS

1. E
2. B
3. D
4. D

5. D
6. E
7. D
8. A

9. C
10. D
11. D
12. D

13. B
14. C
15. A
16. C

17. B
18. C
19. D
20. C