

Date: 23-05-2024

0524 E037

Third Year MBBS Examination

MBBS Part 1 Ophthalmology

Time: 2 hours

Max Marks: 40

1. Answer to the points.
2. Figure to the right indicates marks.
3. Use separate answer books for each section.
4. Draw diagrams wherever necessary.
5. Write legibly.

Section 1

- 1. Structured long question (any | of
2) (1x10 marks=10@ marks) (10)**

a) Classify ocular injuries. Draw a concept map(flow diagram) to manage a patient of open globe injury presenting to emergency room.

Enumerate the do's and don'ts of first

aid for fire cracker open globe injury

b) Give 5 differences between pre-septal cellulitis and orbital(post septal) cellulitis. Describe briefly one ocular and one life threatening complication of orbital cellulitis. Draw a labelled diagram of the cavernous sinus and its eannection with the orbit.

1. Case based scenario/applied short notes (any 2 of 3) (2x6 marks-12 marks) (12)

a) Classify ocular injuries. Draw a concept map(flow diagram) to manage a patient of open globe injury presenting to emergency room. Enumerate the do's and don'ts of first aid for fire cracker open globe injury

b) Give 5 differences between pre-septal cellulitis and orbital(post septal) cellulitis. Describe briefly one ocular and one life threatening

complication of orbital cellulitis.

Draw a labelled diagram of the cavernous sinus and its connection with the orbit.

3. Write short notes(any 3 of 4): (3x6 marks 18 marks) (18)

- a) Clinical signs of anterior uveitis.
- b) Relative Afferent Pupillary Defect (RAPD)
- c) Leukocoria.
- d) Management of chemical ocular injury

4. Answer only in 2-3 sentences (any 5 of 6) (5x2 marks '0 marks) (10)

- a) Corneal transparency
- b) Presbyopia
- c) Topical Atropine 1%
- d) Oculo-cardiac reflex
- e) Amblyopia

f) Papilledema

Section 2

5. Structured long question (any 1 of 2) (1x10 marks-(0 marks) (10)

a) Classify conjunctivitis.

Differentiate between bacterial and viral conjunctivitis. Enlist the steps that can be taken for prevention of spread of infectious conjunctivitis from one person to another. (2+4+4)

b) Write the signs and symptoms of post-operative endophthalmitis. Enumerate the pre-operative, per-operative and post-operative measures necessary for the prevention of endophthalmitis. (4+2+2+2)

6. Case based scenario/applied short notes (any 2 of 3) (2x6 marks =12 marks) (12)

a) A 70 year old female presented

with unilateral eye pain and loss of vision since 2 days with vomiting and one sided headache. On examination there is circumcorneal congestion, cloudy cornea, shallow anterior chamber, mid-dilated fixed pupil, mature cataract and raised intraocular pressure. The other eye is pseudophakic. (24+2+2) a. Name the clinical diagnosis? b, Enlist the drugs that can be used in the management. c Write about the definitive management of this condition?;

b) A farmer presented with a history of vegetative matter injury to the eye while working in the fields a week ago. On examination, he has a corneal ulcer with a hypopyon. (24242) a. What is the investigation of choice to confirm the causative organism? b. Enlist 2 anti-fungal medication available topically for fungal keratitis. c. Discuss the role of Atropine 1% in

the treatment of keratitis.

c) A. 60 year old male presented with a wing shaped fleshy lesion on the nasal bulbar conjunctiva extending onto the cornea. (24242) a. Name 2 differential diagnosis for this presentation. b, What are the causes of diminution of vision due to this clinical condition? c. Describe the management?:

7. Write short notes (any 3 of 4) (3x6 marks-18 marks) (18)

- a) Keratoplasty
- b) Dacryocystitis
- c) Entropion
- d) Chalazion

8. Answer only in 2-3 sentences (any 5 out of 6) (5x2 marks=10 marks) (10)

- a) Avoidable blindness

- b) Metamorphopsia**
- c) Corneal endothelium**
- d) Cystoid Macular edema**
- e) Ophthalmia neonatorum**
- f) Trachoma sequelae**

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