015/26

The West Bengal University of Health Sciences

MBBS 3rd Professional Part-II Examination (New Regulation)

March - April 2026

Subject: Ophthalmology **Full Marks: 100**

Time: 3hours

*Attempt **all** questions. The figures in the margin indicate full marks.*

1.

a) A 40-year old female patient has come to OPD with an attack of pain, redness, blurring of vision in left eye for last three days. On examination affected eye shows small irregular pupil. Other eye is normal. She is having joint pain and no history of trauma. 1+3+2+4+3+2

i) Which is the most probable diagnosis?
ii) What are the other signs you will get supporting your diagnosis?
iii) Why the pupil is small and irregular?
iv) How will you treat the patient?
v) What complication can occur?
vi) How will you counsel the patient?

b) A 2 year old boy presented to the eye OPD with unilateral white papillary reflex. His parents noticed it during feeding. 3+6+6
i)What is your differential diagnosis?
ii) How will you approach to reach at a provisional diagnosis in this case?
iii) Briefly outline the management of a life threatening condition that might present like this.

2. Answer the following:

a) Draw a labelled neat diagram of the upper eyelid. Describe the layers of the upper eyelid. Enumerate the glands of eyelids, their location and function. 3+5+2

b) A 35year-old female patient comes to your OPD with H/O on and off watering with discharge in Left eye for past 6 months. There is no complain of dimness of vision in that eye. 1+3+6
i) What is the most probable diagnosis?
ii) How will you confirm the disease?
iii) Write down the management of this patient.

c) Define hypermetropia. What are its components? Write the etiological classification and the management of hypermetropia. 2+3+3+2

3. Write short notes on the following: 2 x 5

a) After cataract.
b) A patient is diagnosed as a case of Primary open angle glaucoma (POAG) with 6/6 vision in both eyes. How will you counsel the patient before starting the anti-glaucoma drugs?

4. Explain the following statements: 5 x 4

a) Atropine in small children (less than 5 years) must be applied in ointment form.
b) Sutures are not needed in Small incision cataract surgery.
c) KPs are mostly seen in lower 1/3rd of corneal endothelium.
d) Diabetic patients should have regular fundus examination by an ophthalmologist.
e) Pterygium is more common on the nasal aspect of the eye.

5. Choose the correct option for each of the following: 10x1

i) Dark adaptation of eye is mainly due to regeneration of:
a) Cone pigments b) Rhodopsin c) Iodopsin d) Melanin

ii) Approximate power of cornea is:
a) +33D b)+43D c)+53D d)+63D

iii) Which of the following drugs is not an anticholinergic?
a)Atropine b) Cyclopentolate c) Tropicamide d)Phenylephrine

iv) All of the following are antifungal drugs except:
a) Natamycin b) Amikacin c) Voriconazole d) Itraconazole

v) Accomodation is associated with all of the following except:
a) Contraction of ciliary muscles b) Increase in anterior curvature of lens
c) Divergence d) Constriction of pupil

vi) Jack-in-the-box Phenomenon is seen in:
a) Myopia b) Hypermetropia c) Astigmatism d) Aphakia

vii) Vitreous haemorrhage is seen in:
a) Moderate NPDR b) Severe NPDR c) Very Severe NPDR d) PDR

viii) Siderosis Bulbi results from retained IOFB is made of:
a) Iron b) Copper c) Silver d) Gold

ix) A lesion at optic chiasma classically produces:
a) Homonymous hemianopia b) Central scotoma
c) Bitemporal hemianopia d) Inferior altudinal defect

x) Nerve supply of cornea is by:
a) Facial nerve b) Optic nerve c) Occulomotor nerve d) Trigeminal nerve